

The SAGE Encyclopedia of

CRIMINAL PSYCHOLOGY

Robert D. Morgan
Editor

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Reader's Guide

The Reader's Guide is provided to assist readers in locating articles on related topics. It classifies articles into 13 general topical categories: Biases in Crime Policies and Prevention; Crime Policies; Criminal Justice Legal Processes; International Perspectives; Offender Assessment; Offender-Crime Theories and Typologies; Preparing for a Criminal Justice Career; Prison Services and Treatment; Prisons and Prisoners; Rehabilitation and Reentry; Research in Criminal Psychology; State, Federal, and Private Criminal Justice Agencies; and Theories of Crime. Entries may be listed under more than one topic.

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About the Editor

Robert D. Morgan is the John G. Skelton Jr. Regents Endowed Professor in Psychology, chairperson for the department of Psychological Sciences, and director of the Institute for Forensic Science at Texas Tech University. He completed a BS degree in psychology from the University of Nebraska at Kearney in 1991, an MS degree in clinical psychology from Fort Hays State University (Kansas) in 1993, and a PhD in counseling psychology from Oklahoma State University in 1999. He completed a predoctoral internship at the Federal Correctional Institution–Petersburg (FCI–Petersburg, Virginia) in 1998–1999, and a postdoctoral fellowship in forensic psychology at the Department of Psychiatry, University of Missouri–Kansas City School of Medicine and Missouri Department of Mental Health in 1999–2000.

Dr. Morgan’s research and scholarly activities include treatment and assessment of justice-involved persons with mental illness, effects of incarceration including in restricted housing units, and forensic mental health assessment. His

research has been funded by the National Institute of Mental Health, the National Institute of Justice, and the Center for Behavioral Health Services & Criminal Justice Research. He has authored or coauthored over 95 peer-reviewed articles and book chapters, and he has authored or edited four books including *A Treatment Program for Justice Involved Persons With Mental Illness: Changing Lives and Changing Outcomes* and *A Clinician’s Guide to Violence Risk Assessment*. In addition, he codeveloped a treatment program for inmates placed in segregated housing units (i.e., *Stepping Up and Stepping Out: A Mental Health Treatment Program for Inmates Detained in Restrictive Housing* to be published by Routledge Press).

He has over 20 years of experience in correctional and forensic psychology, he has completed approximately 1,000 criminal pretrial mental health evaluations and posttrial criminal risk assessments to include issues of competency to stand trial, criminal responsibility, and criminal risk, and he consults with state and private correctional agencies to inform practice.

About the Associate Editors

Mark E. Olver, PhD, RD Psych, is a professor and registered doctoral psychologist at the University of Saskatchewan, in Saskatoon, Saskatchewan, Canada, where he is involved in program administration, graduate and undergraduate teaching, research, and clinical training. Prior to his academic appointment, Mark worked as a clinical psychologist in various capacities, including providing assessment, treatment, and consultation services to young offenders in the Saskatoon Health Region and with adult federal offenders in the Correctional Service of Canada. He currently supervises a clinical placement that involves training psychology graduate students on conducting forensic psychological assessments with federally sentenced men. He has published over 100 journal articles and book chapters and his research interests include offender risk assessment and treatment, young offenders, psychopathy, and the evaluation of therapeutic change. Mark is the action editor for the journals *Sexual Abuse* and *Criminal Justice and Behavior* and was recently appointed as a Fellow of the Association for the Treatment of Sexual Abusers. He is codeveloper of the Violence Risk Scale–Sexual Offense version (VRS-SO) and Violence Risk Scale–Youth Sexual Offense Version (VRS-YSO), two sexual violence risk assessment and treatment planning tools, and he provides training and consultation services internationally in the assessment and treatment of sexual, violent, and psychopathic offenders. Mark is an avid runner and guitar player—he may be found doing either of these when he is not somewhere sitting in front of a computer.

Keira C. Stockdale obtained a PhD in clinical psychology from the University of Saskatchewan in

2008. Her doctoral research involved a psychometric evaluation of a violence risk assessment and treatment planning tool for youth: the Violence Risk Scale–Youth Version. Keira’s clinical experiences have included the provision of assessment and treatment services to violent and high-risk adult and young offenders in both institutional and community settings. She is a registered doctoral psychologist with the Saskatchewan College of Psychologists and practices in Saskatoon, Saskatchewan, Canada.

Keira is currently employed with the Saskatoon Police Service with a mandate to provide clinical and behavioral science knowledge/expertise to the design, implementation, and evaluation of police and integrated community practices with the goal of increasing community safety. As part of this role, she supervises psychology residents working with a specialized team of police and community partners (e.g., probation, prosecutions, justice community support workers) providing integrated risk management/reduction services to high risk, violent offenders in the community.

Keira is an adjunct professor in the Department of Psychology at the University of Saskatchewan where she has served as a sessional lecturer and is involved in doctoral student research. She is also involved with a newly established police analytics lab (Saskatchewan Police Predictive Analytics Lab or SPPAL) and is currently working with university, government, and police partners on an inaugural SPPAL initiative focusing on missing persons. When not working on these initiatives, Keira is a long-standing true-crime junkie, mindfulness mediation aficionado, and Pilates enthusiast.

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Introduction

Crime and response to crime elicit fear, anger, intrigue, and curiosity while serving as a focal point for social, professional, and political discussions worldwide. One only need to turn on the evening news or review highly rated television shows such as *Law & Order*, *FBI*, *CSI*, and other crime and law shows that frequent the airwaves to observe the prominence of crime in U.S. culture. Crime is interesting. It is also harmful and costly in terms of fiscal as well as physical and emotional costs.

Given the proliferation of crime, it behooves us as a society to understand criminal behavior and responses to crime. Psychology, the science of behavior, offers one scientific lens from which to view and understand crime. Psychology is rooted in the scientific method, and thus, the psychology of crime is also scientifically grounded.

The psychology of crime must span the criminal enterprise from the commission of crime, to the apprehension of a criminal, to the legal process, to the sentencing, sanctioning, treatment, and community reentry of those convicted of crime. An encyclopedia on crime and psychology must include perspectives on the criminal, but also victims, practitioners (e.g., law enforcement officers, judges, attorneys, health professionals, mental health professionals, correctional officers, probation officers), researchers and scholars, and policy makers alike. All of society is impacted by crime, and, thus, *The SAGE Encyclopedia of Criminal Psychology* must be holistic in topical coverage.

That is the aim of this encyclopedia, to take readers through the entire landscape of crime from the act, to the impact on victims (and society), to suspect identification and arrest, to legal adjudication, to sentencing, sanctioning, treatment and rehabilitation, and community reentry, and hopefully concluding with desistance from further crime—all from a psychological perspective. This resource is intended to inform and educate students,

laypersons, clinicians, scholars, and policy makers alike as we strive as a collective society to reduce not only the incidence but also the harms of crime.

Organization and Content of the Encyclopedia of Criminal Psychology

The SAGE Encyclopedia of Criminal Psychology is a broad, interdisciplinary reference work aimed at students, laypersons, and professionals interested in the intersection of clinical psychology, forensic psychology, social psychology, and criminology. My aim was to provide a state-of-the-art survey of the field of criminal psychology and address questions that span the criminal justice spectrum including intriguing questions such as *What are some of the theories behind criminal behavior? What tools do forensic psychologists employ to help prevent repeat offending? How does early childhood maltreatment contribute to criminal behavior? Does imprisonment contribute to mental illness?* This encyclopedia looks at crime, criminal behavior, and criminal justice processes primarily through the lens of psychology, presenting up-to-the-minute research and ready-to-use facts, sorting out findings on the psychological roots of criminal behavior and their social implications. To accomplish this, I recruited the top researchers and clinicians across multiple fields—psychology, criminology, social work, and sociology—to contribute to the 512 entries.

The entries included in *The SAGE Encyclopedia of Criminal Psychology* are listed in alphabetical order but are organized around 13 categories, as presented in the Reader's Guide. These categories aimed to provide coverage of the process of crime from criminal intent and action, to arrest and adjudication, to sanctions and interventions, and to community reentry. In addition, those working in criminal justice and who review global perspectives

on crime and psychology are included where possible. These 13 thematic categories include the following:

- Biases in Crime Policies and Prevention
- Crime Policies
- Criminal Justice Legal Processes
- International Perspectives
- Offender Assessment
 - Criminal Risk Assessment and Recidivism Prediction
 - Forensic Assessment
 - Mental Health Assessment
 - Offender Risk Assessment and Risk Level Classification
 - Protective Factors Assessment
 - Suicide and Self-Harm Risk Assessment
- Offender-Crime Theories and Typologies
 - Criminal Organizations and Networks
 - Cybercrime
 - Female Offenders
 - Juvenile Offenders
 - Occupational and Corporate Crime
 - Offenders With Mental Illness
 - Property Offenders
 - Psychopathy
 - Sexual Offenders
 - Substance-Abusing Offenders
 - Violent Offenders
- Preparing for a Criminal Justice Career
- Prison Services and Treatment
- Prisons and Prisoners
- Rehabilitation and Reentry
- Research in Criminal Psychology
- State, Federal, and Private Criminal Justice Agencies
- Theories of Crime

Developing the Encyclopedia

After developing these 13 categories, members of the editorial board, my associate editors, and I developed a list of all crime and psychology topics we could think of and I assigned these topics to appropriate thematic categories. It was our mission to develop an exhaustive list of content relevant to crime and psychology, and these topical categories guided our thought process. Each entry included in this encyclopedia is categorized into one or more of these 13 thematic categories.

Once categories were identified, I developed a list of potential contributors from personal and professional contacts, recommendations by my associate editors and editorial board, and by scouring scientific, professional, and popular media literature to identify potential contributors. This process ensured that all contributors were recognized experts in the content of their entries, resulting in entries written by eminent content experts.

Contributors were asked to write entries to appeal and to educate as broad an audience as possible, with a target audience of high school and college/university students (to include both undergraduate and early graduate) within departments and programs of psychology, counseling and human services, social work, forensics, sociology, criminology, criminal justice, law, and political science. Laypersons and paraprofessionals with interests or work at the intersection of crime and psychology were also included in our target audience. To provide readers comprehensive coverage of the topic, contributors were instructed not only to provide a review of the topic but also to include a list of recommended readings and to refer readers to other related entries in this encyclopedia.

Upon receipt of entries, members of the editorial board, associate editors, and/or I reviewed the entry to ensure accurate and comprehensive coverage of topics. I define accuracy here as providing all relevant information of a topic and not limiting coverage to one's professional perspective. After the entry was accepted by my team, the entry was forwarded to Carole Maurer, developmental editor for this encyclopedia. Ms. Maurer provided invaluable edits and additional content guidance where appropriate. Ms. Maurer and her team reviewed and approved every entry before the entry was submitted for copy editing and eventual publication.

As a result of this process, each entry was developed by an expert (frequently the eminent expert on the topic), reviewed by content and editorial experts, and subsequently published to form an encyclopedia that is broad yet comprehensive in its coverage of crime and psychology content. It is my hope that you will find *The SAGE Encyclopedia of Criminal Psychology* to be a rich and valuable resource for you, your students, staff, clients, and colleagues.

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Robert D. Morgan

Sara Miller McCune founded SAGE Publishing in 1965 to support the dissemination of usable knowledge and educate a global community. SAGE publishes more than 1000 journals and over 800 new books each year, spanning a wide range of subject areas. Our growing selection of library products includes archives, data, case studies and video. SAGE remains majority owned by our founder and after her lifetime will become owned by a charitable trust that secures the company's continued independence.

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ACADEMIC DISCIPLINES

An academic discipline can be defined as a field of study. Usually an academic discipline focuses on one area of knowledge, studied at a university or higher education institution. An academic discipline is comprised of many working pieces, such as intellectual experts who may educate others, issues and inquiries within the discipline leading to research, and application of knowledge to real-world settings. There are a number of academic disciplines connected to the field of criminal psychology. It is important to have an understanding of the various academic disciplines associated with criminal psychology, as it is an interdisciplinary field. Often, experts in different academic disciplines collaborate on research and applied work in criminal psychology. This entry describes academic disciplines associated with the field of criminal psychology. Each description includes a brief definition of the academic discipline, information on the origin of the discipline, and how the discipline is related to criminal psychology.

Many of the academic disciplines affiliated with criminal psychology fall under the larger category of social sciences and humanities. Disciplines within the social sciences and humanities category include psychology, sociology, criminology, anthropology, philosophy, history, political science, and economics. Academic disciplines such as geography and law are also related to criminal psychology. Most academic disciplines have both an applied and experimental side and often a

complex combination of the two. The experimental side is concerned with conducting research to gain knowledge. The applied side focuses on applying knowledge to real-world settings.

Psychology

Psychology can be broadly defined as the scientific study of the human mind, including both behavioral and mental processes. Although psychology can fall within the social science and humanities category, it is increasingly classified as a science, technology, engineering, and mathematics discipline. Psychology is a highly scientific discipline with both qualitative and quantitative aspects. It emerged from the field of philosophy, as early philosophers began to create theories about the workings of the mind. True experimental psychology emerged in the 18th century. As the psychology discipline grew, it branched off into more specialized academic subdisciplines, such as social psychology, forensic psychology, correctional psychology, clinical psychology, cognitive psychology, developmental psychology, community psychology, abnormal psychology, and counseling psychology. There are also additional subdisciplines of psychology. All of the aforementioned subdisciplines of psychology have something to contribute to criminal psychology.

Social Psychology

The subdiscipline of social psychology examines human behavior and mental processes within

the interpersonal context of social situations. This includes the effects of other people, real or imagined, on human thoughts, behaviors, and emotions. Areas of research in social psychology include aggression, perception of self and others, attitudes, persuasion, leadership, group dynamics, helping behavior, social cognition, prejudice, conformity, and obedience to authority.

Forensic Psychology

Forensic psychology is a wide-ranging subdiscipline concerned with the intersection of psychology and the legal system. Traditionally, forensic psychology referred specifically to the clinical application of psychology in legal settings. Forensic psychology was originally synonymous with the broad-based study and application of all areas within psychology and law, including both the clinical and experimental areas. In 2001, forensic psychology was recognized by the American Psychological Association as its own subdiscipline of psychology. Forensic psychology includes topics such as psychological assessment and treatment of criminal offenders, risk assessment, police psychology, eyewitness testimony, police interrogations and confessions, domestic violence, sexual offending, jury decision-making, legal rights, children in the legal system, violent offences, deception, and the impact of crime on victims.

Correctional Psychology

Correctional psychology is an academic subdiscipline that encompasses the use of psychology within correctional settings. Prisons, jails, and juvenile detention centers are all considered correctional settings. Correctional psychologists are interested in persons who were, or are currently, offenders. Within correctional psychology, there is an emphasis on the assessment and rehabilitation of offenders, including their reentry into the community.

Clinical Psychology

The subdiscipline of clinical psychology focuses on the evaluation, diagnosis, and treatment of individuals with psychological issues. Psychological issues can include impairments or

disabilities, dysfunctional mental processes, and dysfunctional behaviors.

Cognitive Psychology

Cognitive psychology is a subdiscipline of psychology interested in the structures of the human brain and their connection to mental processes and behavior. Specifically, cognitive psychology is concerned with topics such as memory, motor abilities, thinking and reasoning, attention, the use and comprehension of language, and perception.

Developmental Psychology

Developmental psychology focuses on the ways in which behavior and mental processes develop, or change, over the life span. Developmental psychology includes the study of child development, from infants to adolescents, as well as adult development. Developmental psychology is concerned with a range of psychological processes, and often ties in with other subdisciplines of psychology, such as social and cognitive psychology. Topics covered in developmental psychology include personality, motor abilities as connected to brain functioning, morality and judgment, and issues of the self as an identity.

Community Psychology

The academic subdiscipline of community psychology focuses on individuals within communities. Community psychology is similar to social psychology; however, the scope of knowledge is generally narrower, with an emphasis on the fit of a person within their respective community.

Abnormal Psychology

Abnormal psychology is interested in the evaluation and treatment of persons who deviate from normal psychological functioning. Abnormal psychology generally focuses on mental disorders in relation to personality, thoughts, and emotions but also includes other forms of deviant behavior.

Counseling Psychology

Counseling psychology is a subdiscipline of psychology that focuses on techniques used to

provide treatment for psychological or developmental issues. Various forms of therapy are tested and applied in counseling psychology to find out which treatments should be used. There are different forms of counseling psychology, where counselors may work with individuals, couples, or families.

Sociology

Sociology is the study of society and the social activity of humans. Although sociology is closely related to psychology, there are some distinctions that separate them as academic disciplines. Sociology is generally focused on group behavior, whereas psychology focuses on individuals. Sociology is concerned with the role of society and what influences social relationships. Concepts of gender, religion, ethnicity, culture, and socioeconomic status are studied in terms of their influence on society. Sociology examines how institutions, organizations, and networks originate and develop over time. Sociology can be traced as far back to the thinking of the early Greek philosopher, Plato; however, some believe sociology originated in the 14th century. Sociology is associated with criminal psychology as crime has a direct impact on society, and many of the social aspects of sociology have an impact on criminal behavior.

Criminology

The academic discipline of criminology is interested in crime. Specifically, criminology is the study of criminal behavior, management or control of crime, causes and implications of crime, types of crime, and methods to prevent crime. Criminology has a multidisciplinary history and originally was designed to be an intersection of sociology, anthropology, psychology, social work, economics, law, and policing. Criminology has been studied since the 18th century. It is closely linked to criminal psychology as both disciplines consider the causes and consequences of crime, on both individuals and society.

Anthropology

Anthropology is the study of human beings, from our origins to the present day. Anthropologists are

interested in human culture as well as the physical and biological development of the human race. The concept of anthropology originated in the 15th century. As an academic discipline, however, anthropology expanded in the late 18th century when many organizations focused on studying anthropology emerged. The academic discipline of anthropology is relevant to criminal psychology as anthropologists are often experts on human anatomy as well on human social and cultural practices. Forensic anthropology is a subdiscipline of anthropology that is particularly relevant to criminal psychology; for example, forensic anthropologists are often asked to examine human remains at crime scenes.

Philosophy

Philosophy is a broad field of study concerned with understanding, and theorizing about, a wide range of topics. Concepts such as perception, reality, human existence and purpose, functioning of the mind, morals and values, reasoning, creativity, wisdom, and language are all relevant to the field of philosophy. Philosophy is one of the oldest academic disciplines, and its history is often divided and described by either western or eastern origins. Philosophy is connected to criminal psychology as many modern concepts about criminal psychology have origins in early studies of philosophy.

History

The academic discipline of history is concerned with the study of the past. The term *history* was coined in ancient Greece. The field incorporates subdisciplines, which focus on specific areas of interest, such as environmental history or economic history. History is associated to criminal psychology in that historians sometimes examine criminal behavior during some past time period. History of a specific individual, such as their development and events in their life, can be connected to their criminality.

Political Science

The academic discipline of political science is considered a social science. Studies of political science centralize around the role of social governments,

and their respective political institutions, actions, ideas, and behaviors. As governments vary widely in their policies and ideals across the world, political science focuses on how governments operate and interact with one another. Generally, policies created by governments are closely linked to social laws. As criminal psychology is interested in legal issues and breaking of laws, it is important to understand how these laws are managed and interrelated with politics.

Economics

Economics is an academic discipline that is concerned with the management of goods and services. This includes manufacturing, distribution, utilization, and consumption. The first theories of economics can be dated back to early civilizations. Goods and services generally have a cost and are traded either for one another or for monetary value. The academic discipline of economics is related to criminal psychology as crime frequently involves goods and services. Additionally, the socioeconomic status of an individual or place may influence the frequency and types of crime.

Geography

Geography is an academic discipline involving the surface of the Earth and its inhabitants. Geography focuses on the structure, pattern, and spatial distribution of landmasses. Maps have been dated back to the 9th century. The academic discipline of geography is related to criminal psychology as criminals are often studied based on their geographic location or spatial distribution of criminal acts. Geography can be used to help create a criminal profile of a suspect and to pinpoint where crimes have occurred and where future crimes might take place.

Law

The academic discipline of law focuses on the study and application of the system of rules designed to regulate society. Law varies across the world according to the rules and regulations defined by countries, states, and social institutions. The rule of law has been noted in early societies, as early as 3000 BCE in records from

ancient Egyptians. The academic discipline of law is closely related to criminal psychology as they directly influence each other. Laws govern individuals and societies and can have a significant impact on criminal psychology, including defining which behaviors are considered criminal. Social sciences, especially criminal psychology, examine the impact of laws on human behavior. Research can also influence and shape law, as laws may be modified as a result of research conducted by criminal psychologists. Generally, the subdiscipline of criminal law is most closely associated to criminal psychology.

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See also Academic Training for Criminal Justice Careers; Career Paths in Criminal Justice; Investigative Psychology; Research in Criminal Psychology

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ACADEMIC PROGRAMS FOR PRISONERS

Academic programs provided in adult and juvenile correctional facilities are designed to develop the knowledge and skills inmates need for success after release, focusing on instruction that leads to high school, career and technical, and postsecondary education credentials. These programs are widely considered to be a centerpiece of inmate rehabilitation efforts, often complementing other programs focused on life and vocational skills and those designed to reduce drug and alcohol

dependency, improve interpersonal relationships, gain financial literacy, and develop requisite job skills. This entry provides an overview of academic programs in correctional institutions, including information about inmate need and participation, a description of program types, an overview of program content and delivery approaches, and discussion of funding and public support.

Need and Participation

The need for academic programming is especially great among juvenile and adult inmates because they tend to be less educated and have lower literacy levels than their counterparts in the general population. For example, the rate of prior participation in special education programs among youth incarcerated in juvenile correctional facilities is 3–5 times the rate of all students in public schools, and approximately two thirds of state prison inmates have not completed high school.

Academic program availability varies substantially across states, as do requirements and incentives related to participation. According to data from the early 2010s, slightly fewer than half of states and the federal government have legislation or policy requiring mandatory education for inmates. Typically, participation in programs is required for those who have not achieved a specified level of achievement, such as a high school diploma, an equivalency certificate, or a minimum score on an academic assessment. Some states also offer incentives, such as the potential for early release, in return for participation in academic programs. Because juvenile offenders have a legal right to a public education, all facilities that serve incarcerated youth include correctional education programming.

Available data suggest that roughly one half of inmates participate in correctional education programs and that most participate in basic, secondary, and vocational programs. Participation in postsecondary programming is reported to be closer to 5 or 10% of inmates and tends to involve a small proportion of those who are eligible. Many inmates—even those with high school credentials—require substantial remediation to succeed in postsecondary courses because of poor academic preparation.

Participation in correctional education is frequently limited by available funding and capacity to deliver programming.

Program Content and Delivery

Information about the nature and extent of correctional education programming in the United States, such as the prevalence of different programs and how programs are delivered, is limited because states and correctional facilities rarely collect such data systematically and available data are often not comparable across sites. Information about correctional education in jails, for juveniles, and for individuals under community supervision is particularly scarce. This description, therefore, focuses on academic programs offered to adults in state and federal prisons, which house the majority of sentenced inmates in the United States. A primary distinction among correctional education programs is between those that are vocational (focused primarily on developing skills relevant to a particular job or workplace) and those that are academic (focused primarily on developing skills that lead to academic proficiency).

Available data suggest that nearly all juvenile and adult correctional facilities offer some form of education programming and that among academic programs, basic education (focusing on basic skills in mathematics, reading, writing, and English as a second language) and secondary education (focusing on instruction to prepare for a high school diploma or certificate of equivalency) are most prevalent. Other less prevalent forms of academic programs include special education programs (designed for individuals with learning challenges) and postsecondary programs (instruction that results in credit toward a college degree).

Basic education programs focus on language, reading, and mathematics skills for individuals who perform below the ninth-grade level. These programs are designed to develop basic academic knowledge and skills that will facilitate success in subsequent academic programs and the workplace. *Secondary education* programs focus on skills needed to obtain a high school diploma or equivalency certificate. Instruction frequently focuses on instruction in language arts, mathematical reasoning, science, and social studies knowledge and skills that are measured on assessments

required to obtain a certificate of high school equivalency. *Special education* programs tend to provide instruction for individuals under the age of 22 years with mental health, cognitive, or other learning impairments and are typically guided by education plans tailored to meet individualized student needs. These programs often combine academic topics such as literacy with employability and life skills. *Postsecondary* academic programs tend to include general education and liberal arts curricula that lead to an associate's degree. Degrees in science, applied science, general studies, and business are also sometimes offered. Typical courses include English, literature, writing, history, social sciences, and natural and physical sciences.

Programs are typically delivered via direct instruction by on-site instructors who may be facility staff members; faculty of a local college, university, or other partner organization; and/or volunteers from the community. Independent and small group work is also a component of many programs, particularly special education and postsecondary education programs, which tend to feature personalized and competency-based instructional approaches. Some academic programs also include peer education and tutoring, which involve inmates as both teachers and learners.

Various technologies are used as part of programming. These include computer-assisted instruction and assessment delivered via personal computer or tablet; interactive television (which allows for delivery of live lessons and use of interactive media to facilitate communication among students and an instructor in real time); and prerecorded audio and video lessons delivered via closed-circuit or satellite television, DVD players, and electronic files played back via computer or tablet. Security concerns prevent Internet use in most facilities; however, some models for limited Internet access and use of a simulated Internet environment have been used. Local computer networks are sometimes used to share instructional and other materials. Distance learning models are often offered by external organizations and include communication via U.S. mail and through a site coordinator who manages phone and e-mail contact with outside faculty. Community-based programs outside correctional facilities are also sometimes offered for those serving all or part of their criminal sentence under community supervision.

Oversight of academic programs varies across states. In some states, a single agency oversees education and other aspects of corrections. In other states, educational programs are overseen by a separate agency. At correctional facilities, administration and delivery of academic programming is usually managed through a combination of facility employees and contract personnel. For example, postsecondary academic programs are often implemented in partnership with one or more local community colleges. Course instructors come to the prison to teach courses, and institutional staff assist with courses by coordinating classroom space, providing security, and facilitating contact between students and instructors. For distance education programs, facility staff serve as liaisons with course instructors by distributing course materials, returning completed assignments, and proctoring exams.

The unique context of correctional facilities and needs of inmates suggest several considerations for program design and delivery, including the need to adapt curricula and instructional materials to address cultural and safety factors in these secure environments. Research on correctional education programs has identified several principles of effective programs, including:

- institutional commitment and support to ensure continuity of programming and availability of needed resources;
- maintenance of settings where students feel safe and supported in their work and where students have opportunities to learn together;
- implementation of programs by staff with appropriate knowledge, skills, and/or credentials who commit to their role in implementing programs and procedures and have accountability for outcomes;
- assessment and screening of students prior to participation and ongoing assessment to monitor their progress; and
- recognition of student achievement using interim milestones such as certificates.

Funding and Public Support

Various state and federal funding sources support correctional education programs. Personal and family funds and funding from private sources such as foundations are also used to

support programming. Changing attitudes about the value of correctional education among federal and state policymakers, prison administrators and staff, and the public have affected the nature and extent of support for and the availability of programs over time. For example, with the passage of the Higher Education Act in 1965, federal funds were used to support postsecondary correctional education leading to expansion of these programs through the 1970s and 1980s. In the mid-1990s, however, federal legislation eliminated these funds, which resulted in substantial reduction in available programming. In 2015, a pilot program was announced to restore some federal funding to support inmate participation in postsecondary programs through a selected group of postsecondary education institutions.

The success of correctional education programs and support for continued academic programming ultimately depends on the outcomes obtained. Research on prison educational programs has linked participation with a range of outcomes. These outcomes include development of academic knowledge and skills, improved behavior while incarcerated, reduced rates of recidivism, postrelease employment and education, and other public cost savings. Because the quality of available research on the impact of correctional education programs varies and there are few rigorous studies of impact, additional research is needed to explore questions about short- and long-term program effects, the models of instruction and curricula that are most effective in particular environments and with particular populations, and understanding of the costs and benefits associated with different types of programming.

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See also Correctional Rehabilitation Programs, Evaluation of; Correctional Rehabilitation Services, Best Practices for; Education and Crime; Rehabilitation; State Prisons; Vocational Education

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ACADEMIC TRAINING FOR CRIMINAL JUSTICE CAREERS

Since the 1990s, opportunities for a wide variety of careers in the criminal justice arena have been increasing, as have salaries and benefits attached to these careers. Criminal justice is, by definition, multidisciplinary in nature and includes a wide variety of specialties. Formal academic training can be extremely valuable in securing and advancing in this employment. This will include employment on the local, state, and federal levels. This entry considers a wide variety of specialty areas and explains the academic training most closely related. Broad categories are broken down into subspecialties, and each section describes potential career paths and discusses the important academic foundations.

Academic Training on the Undergraduate Level

Many students entering academia at the undergraduate level may have a general interest in

criminal justice but be unsure of an exact career path. Therefore, they may wish to explore a number of possibilities.

Legal Studies and Criminal Justice

These broad and general majors can provide a foundation for any number of criminal justice pursuits working with the courts, the police, in a correctional environment (including probation and parole), and in the realm of national security. General criminal justice majors are offered at both the associate and the baccalaureate levels. Work ordinarily begins with a large survey course that includes an overview of the criminal justice system, some fundamentals of criminal law, the psychology of offenders and victims, and an introduction to a variety of career paths. Coursework that follows tends to be interdisciplinary in nature, examining systems from various perspectives, such as working with offenders, providing victim services, providing various treatments in a correctional setting, crime prevention, the fundamentals of forensic science, law and legal research, and ethics as applied from a variety of viewpoints. Curricula also put emphasis on electronic crime and the need for technical skills in the computer area. Information provided should assist students in determining if there is some area in which they wish to specialize.

General education courses are also a key element of this study. Associate degrees typically require over half of total credit hours to be in general education. Students are expected to gain skills in critical thinking, oral and written communication, psychology, and establishing interpersonal relationships. Choices can be made from history, political science, sociology, English, and any of the humanities. Students more interested in the forensic science area may select more courses from the hard sciences and mathematics.

Training for Law Enforcement

Law enforcement officers operate at the local, state, and federal levels. They investigate crimes, arrest offenders, patrol the streets and highways, maintain order in tense situations, mediate difficult issues, and collect and process information to be used in courts of law. Since the early 1990s,

philosophy as to where training should best occur has changed. Whereas police organizations were once very paramilitary in nature, emphasizing that training is best done within the organization, the preference has shifted toward recruiting officers with broader educational backgrounds. Over 80% of police officers are employed on the local level. However, states also employ police in specialized agencies. A number of federal investigative agencies also have career paths to offer, including the Federal Bureau of Investigation, Drug Enforcement Administration, Immigration and Customs Enforcement, Alcohol Tobacco and Firearms, U.S. Marshalls, U.S. Postal Inspectors, Internal Revenue Investigators, Park Police, and the U.S. Secret Service.

General education in the liberal arts is important for any police officer. The work requires a rudimentary knowledge of the law, understanding of cultural diversity, and the ability to build relationships with constituents, particularly for positions in community policing. A major in criminal justice can provide a solid foundation. However, more career-specific training is included in courses on police science geared toward the investigation and prevention of crime. Particularly in areas dealing with immigrant populations, acquisition of foreign languages can be invaluable.

Training for Careers in Corrections

Correctional environments include state and federal prisons, local jails, and probation and parole departments. Personnel are often called upon to provide specialty programs in areas such as substance abuse treatment, sex offender treatment, and anger management. Those with specialized training in general education, medical services, and facilities management (e.g., plumbers, electricians) are also in demand. From clerks to correctional officers to wardens to directors of agencies, knowledge of management and funding of prison operations can be very important, as is an understanding of prison culture from a sociological point of view. In correctional facilities, it is not unusual for promotion to occur from within. For example, in the U.S. Bureau of Prisons, it is common for wardens to have begun their careers as correctional officers; promotion is tied not only to performance on the job but also to knowledge

and skills the individual brings to the next level. A degree or additional academic education can provide a competitive edge.

Training in Forensic Science

Forensic science is the application of material from the hard sciences to the investigation of crime. Employment is available in independent forensic laboratories as well as in those established within larger police agencies. Specialists in this area also work as assistants to medical examiners. Since the turn of the 21st century, professionals in this area have become increasingly specialized. Subspecialties include arson, drugs, general crime scene investigation, serology, fingerprints, polygraphs, document authentication, and ballistics.

Education in basic science and the scientific method generally precedes forensic training. This may be in the form of a major in one of the physical or life sciences. An emphasis on computer science and technology can often be important as well.

Legal Training

An individual need not be an attorney to practice in the legal arena. Paralegals are often trained in 2-year academic programs. Skills are required in drafting basic legal documents, interviewing offenders and victims, researching areas of law relative to specific cases, and generally gathering information needed by attorneys. There are career paths for clerks, court administrators, and victim service providers. In the 21st century, foreign language skills are also at a premium.

Training for National Security

Since September 11, 2001, detection and prevention of terrorism has become a prominent concern. The Department of Homeland Security was established in 2002 and has a particular need for persons with expertise in cybersecurity, digital forensics, and network/systems engineering. To fill these very technical positions, the Department established the Cybersecurity Internship Program that recruits candidates from select graduate and undergraduate programs. Candidates who have

training in forensic analysis and the analysis of malicious code are particularly competitive. Student volunteers are also accepted for certain programs.

Academic Training on the Graduate Level

Students interested in pursuing graduate training in the criminal justice field may choose to enter law school and become attorneys. They may also select from a number of master's-level or doctoral-level programs in criminal justice or related disciplines.

Law School

In the criminal justice field, agencies at all levels (e.g., federal, state, and local correctional facilities, police departments, states' attorney general offices, district attorney departments) employ legal counsel. Attorneys are in demand to represent criminal defendants either privately or as agents of public defender services. They also serve as consultants to a variety of organizations involved with the criminal justice system (e.g., the National Alliance on Mental Illness).

Students considering law school typically major in some area of the liberal arts. Although a few institutions have a formal prelaw major, most counsel students in this direction simply through the advisement process. Law school typically takes at least 3 years of full-time training. Many programs include clinics in which students receive practical experience under supervision. Then, they are required to pass the bar exam in their respective jurisdictions before beginning practice.

Master's-Level Programs

For those wishing to pursue a career in teaching and/or research, there are numerous programs offering master's degrees in various areas of criminal justice and criminology. Master of Forensic Science degrees are also available for those seeking promotion and advanced positions in forensic laboratories. Smaller colleges and universities may have instructor positions open at the master's level. However, for the serious scholar seeking an academic position with a tenure track, a doctorate is typically required.

A number of institutions offer a master's degree in forensic psychology. These are generally 2-year programs that prepare the student to work in research positions in legal firms, work in correctional facilities and community mental health agencies providing counseling to offenders and victims, provide prerelease consultation, and assist in establishing suicide prevention programs, violence prevention programs, and various specialty treatment programs. These offerings often have research and clinical track options. Those on the research track receive fundamental training in research methodology, often for the purpose of preparing to go on for the doctoral degree. Those on the clinical track are likely to enroll in clinical internships at a facility. Graduates are prepared to do mental health screenings, make referrals for treatment, do case research, and recommend diversion programs. Those with master's degrees often work in collaboration with, and/or under, the supervision of a licensed psychologist.

Doctoral Programs

Many universities and professional schools offer doctoral degrees (either doctor of philosophy or doctor of psychology) in clinical or counseling psychology. In most jurisdictions, this is the minimum level of education required for a license to practice independently as a psychologist. In many jurisdictions, this is also the minimum requirement for testifying as an expert witness in criminal court. Completion of the degree typically takes 5–6 years and includes a year of internship and the completion of a dissertation. A number of programs offer various tracks from which to choose, including an emphasis or concentration in forensic psychology. The specific forensic emphasis generally comes after a solid clinical foundation is established. Clinical and counseling psychology programs typically include a variety of supervised practicum experiences either in a university-based clinic or at an outside agency.

Persons with a doctoral degree who have become licensed often work as supervisors of clinical work or chiefs of service in correctional facilities. For those working in forensic hospitals, the doctorate is generally required to obtain hospital staff privileges. Licensed psychologists are also eligible to engage in private

practice, work in court clinics, or provide consultation to the legal system. Those with advanced degrees are most likely to be chosen to engage in the formulation of policy and program evaluation. Academic positions are also available for those more intensely interested in research and teaching.

The predoctoral internship required for a doctoral degree in clinical or counseling psychology provides another opportunity to obtain training uniquely suited to the legal arena. This is composed of 2,000 hr of clinical experience, usually in the last year of graduate school. Internships are available with an intense concentration in forensic work or general correctional psychology (such as those offered by the United States Bureau of Prisons). Other programs offer major or minor rotations concentrated on forensic applications.

A few academic institutions offer a joint degree program. Here, students achieve a doctorate in psychology along with a law degree. This effort can take at least 10 years beyond a bachelor's degree. This is most often chosen by those destined for an academic career.

Postdoctoral Fellowships

Formal postdoctoral training in specialized areas of psychology developed during the 1970s. Typically, postdoctoral fellowships are 1 year, 2 years, or 1 year with the option of a second year. The great majority of these fellowships offer intensive clinical training and experience. They also provide extensive opportunities to network with other professionals in a particular specialty. Many states still require a year of postdoctoral supervision before being eligible for a license to practice independently; the postdoctoral fellowship fulfills this requirement. Some postdoctoral experiences are more formal than others. Some are accredited by the American Psychological Association and some are not.

It is common, and almost expected, for physicians to pursue board certification in their chosen specialty. For psychologists, this is much less common. However, postdoctoral training can prepare an individual to take the examinations necessary to become board certified. This leads to the highest level of specialty certification, the diplomate. This credential can be especially

valuable for those wishing to serve as expert witnesses. For those interested in academic research, fewer postdoctoral opportunities are available, and the credential is less emphasized by academic institutions.

Mary Alice Conroy

See also Career Paths in Criminal Justice; Federal Bureau of Prisons; Field Training for Criminal Justice Careers; Law Enforcement Agencies; U.S. Department of Homeland Security

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ADAM WALSH CHILD PROTECTION AND SAFETY ACT OF 2006

On July 27, 2006, President George Walker Bush signed into law H.R. 4472, the Adam Walsh Child Protection and Safety Act of 2006 (AWCPSA 2006). The act addresses four issues:

- *P. L. 109-248* provides the reformulation of federal standards regarding sex offender registries for states, territories, and tribal lands, resulting in more inclusive, informative, publicly available, and uniform information about the protections for children from violent crime with an emphasis on the prevention of sex offenders' access to children.
- *P. L. 109-248* provides for the creation, amendment, or revision of grant programs designed to reinforce local, private, state, territorial, and tribal prevention law enforcement (particularly justice systems) to create, pool, and share resources to identify individuals who pose a threat of harm to children.
- *P. L. 109-248* strengthens a diverse set of amendments to federal criminal law and procedures that created processes for the civil commitment of convicted sex offenders upon their release from prison and provides for random search authority over sex offenders on probation or supervised release as well as new mandatory minimum prison sentences for new and existing federal sex offenses.
- *P. L. 109-248* promotes and prescribes a variety of administrative or regulatory initiatives and programs (e.g., funds for online child safety and fingerprinting programs) aimed at preventing crimes against children such as the National Child Abuse Registry.

The AWCPSA 2006 also gave state social service agencies with child protection responsibilities access to the National Crime Information Center (NCIC) database. The NCIC database provides social service agencies with criminal history records, domestic violence records, identification records, protection order records, and stalking records.

The AWCPSA 2006 provided procedures for states to conduct criminal background investigations on individuals and couples applying as prospective foster or adoptive parents to include the requirement for fingerprinting and records checks through the NCIC and National Child Abuse Registry before approval and placement. If a prospective foster parent or adoptive parent has a conviction for a felony involving child abuse or neglect, spousal abuse, crimes against children including child pornography, crimes of violence including domestic violence, rape, sexual assault, assault, battery, or homicide, his or her application would be disallowed.

The AWCPSA 2006 also eliminated states' *opt-out provisions* of compliance with the full provisions contained within the AWCPSA 2006 effective October 1, 2008. Section 209 of the AWCPSA

2006 also denoted a change to section 2258 of title 18, U.S. Code, increasing the penalties for a *covered professional* found guilty of failure to report child abuse to include a fine and incarceration for not more than 1 year. The term *covered professionals* applies to those individuals engaged in professional activities on federal land or in a federally operated or federally contracted facility.

The AWCPSA 2006 also requires the Secretary of the U.S. Department of Health and Human Services to create and maintain an electronic National Registry of Substantiated Cases of Child Abuse and Neglect accessible via the Department of Health and Human Services' Child Welfare Information Gateway.

After reviewing the circumstances that led to the AWCPSA 2006, this entry focuses on the implications of the act with regard to child protection.

Background

The Adam John Walsh Case

On July 27, 1981, at 12 p.m., 6-year-old Adam John Walsh was abducted outside of the Hollywood Mall in Hollywood, FL. A Sears and Roebuck department store manager alerted a security guard that several boys had become involved in a scuffle at a video game display. The responding security officer spoke with the boys who reported to be at the mall without their parents. Adam was part of the group but failed to inform the security guard that his mother was in the Sears lamp department. All the boys were escorted outside the mall and left alone without adult supervision; this was the last time Adam was seen alive.

On August 10, 1981, Adam's severed head was discovered 130 miles away in a Vero Beach Canal by two fishermen. The coroner determined that Adam died of asphyxiation before being decapitated. As of 2018, Adam's body was still unrecovered.

On October 21, 1983, Ottis Elwood Toole, a convicted serial murderer and serial arsonist, confessed to having murdered Adam. Toole later recanted his confession. According to Toole's niece, before his death on September 15, 1996, Toole again confessed to her that he had, in fact, killed Adam. Toole's niece notified police and Adam's family of Toole's deathbed confession. On

December 16, 2008, Hollywood Police Chief Chad Wagner officially announced Toole as Adam's killer and closed the case.

Awareness Born Out of Tragedy

Following Adam's disappearance, his parents, Revé and John Edward Walsh, Jr., discovered that there were no coordinated local, state, or federal resources available to assist in the search for missing children. Law enforcement could enter information on stolen vehicles, guns, horses, household items, and jewelry into the Federal Bureau of Investigation's (FBI) NCIC database but not missing or abducted children. As a result, they founded the Adam Walsh Outreach Center for Missing Children, a nonprofit organization, to serve as the first national resource for families with missing children and to lobby for legislative reform. Because of Adam's parents' efforts, Congress ordered the Federal Bureau of Investigation to begin entering information on missing children into its NCIC database.

Because of Adam's case and multiple others, on May 25, 1983, President Ronald Reagan declared May 25 to be National Missing Children's Day. On April 9, 1984, the Walshes cofounded the National Center for Missing & Exploited Children (NCMEC). On June 13, 1984, Reagan officially opened the center with a national 24-hr toll-free hotline for reports of information regarding missing children: 1-800-THE-LOST (1-800-843-5678). In 1990, the Adam Walsh Outreach Center for Missing Children was merged with the NCMEC.

Implications for Child Protection

With the passage of the AWCPSA 2006 came the creation of the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). SMART administers standards for the sex offender registration and notification program outlined in Title I of the AWCPSA 2006. SMART also administers grants involving sex offender registration and notification under the AWCPSA 2006 and other programs as directed by the Attorney General. SMART works with and supports all U.S. states, territories, tribal governments, and public and private bodies involved

with sex offender registration and notification. It also acts as a supply line to these entities to ensure the protection of children and other members of the community.

Over the years, SMART has developed a website furthering access to its databases to those working with sex offender registration and notification. SMART provides resource materials to further the cause of child and community protection. Resources include educational and legislative materials. Government agencies, private for-profit, private nonprofit, faith-based organizations, students, and the public all can subscribe to and receive email updates from SMART at NewsFromSMART@ncjrs.gov.

Because of the creation of the NCMEC and passage of AWCPA in 2006, more than 211,000 missing children have been recovered as of 2016. The NCMEC currently has six operating divisions: Missing Children, Exploited Children, Case Analysis, Family Advocacy, Training, and External Affairs. According to the NCMEC's 2014 Annual Report, its CyberTipline (www.cybertipline.org) received more than 3.3 million reports, and its call center received more than 4 million calls since inception in 1984. NCMEC reports the review of more than 132 million child pornography images using its Child Victim Identification Program. NCMEC assisted local, state, federal, and tribal law enforcement agencies in identifying more than 2,480 victims bringing the total number of child pornography victims identified to 7,917. NCMEC indicated that in 2014 alone the CyberTipline experienced an increase of more than 600,000 reports of child pornography, representing 98% of the reports received.

The NCMEC also instituted its Notice Tracking System. Notice Tracking System is a voluntary initiative with the Internet industry, whereby the NCMEC notifies companies when their corporate servers are discovered to contain or have downloaded or saved web pages depicting apparent child pornography. In 2014, the NCMEC provided over 21,000 notices to companies of apparent child pornography located on their corporate systems. As a direct result, the affected companies were able to respond rapidly and have these images investigated and removed from their corporate servers in fewer than 28 hr of initial notification.

The NCMEC's Child Sex Trafficking Team in conjunction with the Federal Bureau of

Investigation and the Child Exploitation and Obscenity Section of the U.S. Department of Justice provides support to the Innocence Lost National Initiative. Since its partnership in 2003, the Innocence Lost National Initiative has developed more than 70 dedicated task forces in cooperation with local, state, and federal law enforcement agencies and the U.S. Attorneys' Offices. More than 4,800 children have been rescued with the prosecution of more than 2,000 offenders, and the seizure of real property, vehicles, and monetary assets of more than \$3.1 million because of these task-force partnerships. In at least 15 cases, the offenders received sentences of incarceration for life.

In October 2015, the Innocence Lost National Initiative conducted Operation Cross Country, resulting in the recovery of 149 sexually exploited children and the arrests of more than 150 offenders. More than 500 law enforcement officers and 100 victim specialists nationwide took part in the operation. In the sex trafficking component of Operation Cross Country, 168 trafficking victims were recovered and 261 offenders were arrested.

The death of 6-year-old Adam John Walsh resulted in a legacy that has and continues to save the lives of numerous children.

John L. Padgett

See also Community Notification Policies; Crime Prevention, Policies of; Sexual Offenders; Sexual Offender Registries

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ADVERSARIAL ALLEGIANCE

Courts often rely on expert witnesses to better understand complex scientific or clinical issues that may be unfamiliar to judges, attorneys, or

layperson jurors. Sometimes, courts appoint these experts directly, but more often, the adversarial parties select and retain the experts. In criminal trials, the prosecution or defense might select an expert to answer a question about scientific evidence, including mental health evidence on issues such as trial competence, sanity at the time of the offense, or risk of future violence. The opportunity for opposing sides to select experts raises obvious questions: Can experts who are retained by one side in adversarial legal proceedings offer the court genuinely objective findings and expert opinions? Or are these experts inevitably biased by the adversarial arrangements in which they work? Consistent with these concerns, recent research reveals strong evidence of *adversarial allegiance*, the tendency for some experts to drift from strictly objective findings toward findings that better support the party that retained them.

Legal scholars and other observers have long speculated that expert witnesses are probably biased toward the party that pays their fees. However, despite these long-standing concerns about allegiance and warnings against this type of bias, there has historically been no rigorous research on the topic. This entry reviews recent evidence of allegiance among forensic experts, explores potential explanations for allegiance effects, and discusses the wide range of forensic settings across which evidence allegiance effects have been observed.

Forensic Assessment Instruments Allow Studies of Allegiance

One of the reasons there has been little systematic proof of adversarial allegiance is that isolating and quantifying the effect of allegiance across cases is quite difficult. Experts may answer different types of questions in different cases, use different methodologies in similar cases, and express their opinions in different terms, making it hard to compare the results across many cases. One important development from forensic psychology, however, has made it easier to study certain types of expert opinions. Specifically, forensic psychologists increasingly use forensic assessment instruments to measure constructs such as psychopathic personality, risk of violence, or risk of sexual reoffense. These instruments have become increasingly popular; thus, it is common for evaluators to use

the same instrument across many similar cases, and for opposing evaluators to use the same instrument to assess the same offender. Many of these forensic assessment instruments are well designed and well researched, with ample evidence that the instruments can be highly reliable. In other words, different clinicians using the same instrument to score the same offender usually assign very similar scores, with no evidence of one type of rater assigning higher scores than another. However, if scores assigned in adversarial contexts reveal poorer agreement in the field and the direction of disagreement appears systematically related to the forensic expert's side of retention, such a pattern would suggest that the poorer agreement is somehow attributable to adversarial arrangements.

Field Research Suggests Allegiance

Since 2008, studies have used exactly this strategy of examining instrument scores to explore the possibility of allegiance among forensic mental health experts. In particular, researchers have examined scores on the Hare Psychopathy Checklist-Revised (PCL-R), a widely used instrument designed to assess psychopathic personality features that has become common and influential in forensic assessments of risk of violence or sexual violence, and the Static-99R, the most widely used instrument to quantify the risk of sexual reoffending.

In the first of these instrument-focused field studies, researchers collected PCL-R scores assigned by prosecution-retained and defense-retained psychologists in trials addressing sexual offenders. In the majority of these cases, there was a significant difference between the two PCL-R scores, and in these instances, it was the prosecution-retained evaluator who had assigned a higher score. In other words, prosecution-retained experts assigned higher risk scores to offenders (consistent with the prosecution's perspective of the case), and defense-retained experts assigned lower risk scores to the same offenders (consistent with the defense perspective). Similarly, researchers found continued evidence of bias in the scores experts assigned on instruments designed to predict future sexual offending.

Similar patterns of score discrepancies that suggest adversarial allegiance have emerged in case

law reviews of U.S. and Canadian criminal cases. Evidence of allegiance effects has also emerged in surveys of score reporting and interpretation practices. Evaluators who tend to work for the prosecution favor reporting practices that suggest higher risk and less measurement error, while those who work for the defense favor reporting practices that suggest lower risk and more measurement error.

Thus, a growing body of recent research suggests that the scores clinicians assign and the way in which they interpret those scores are, at least to some extent, related to the side for which they are working.

Allegiance Effects and Selection Effects

Field studies strongly suggest adversarial allegiance, but there are other possible reasons that opposing experts may reach different opinions. One possibility involves selection effects. Because experts are not randomly assigned to sides, the field study findings demonstrating differences in expert opinions may be a product of how attorneys select experts for their cases (selection effects), as opposed to the experts' decision-making after they begin to work on the cases (allegiance effects). Indeed, research demonstrates substantial individual differences among experts in their tendencies to reach particular forensic opinions, a pattern of variability that may be exploited by savvy attorneys. A savvy defense attorney, for example, would almost certainly select an expert with a greater history of reaching opinions that support insanity, incompetence, or low violence risk. A savvy prosecuting attorney would almost certainly select an expert with a greater history of reaching opinions that support sanity, competence, or high violence risk.

Experimental Research Demonstrates Adversarial Allegiance

Traditionally, observational field studies are the first step in scientific research, allowing researchers to observe phenomena and generate hypotheses. To conclusively demonstrate a phenomenon or to identify its cause, however, researchers must conduct strict experiments in which they carefully control the many factors that could influence or explain the phenomenon observed. To demonstrate the

phenomenon of adversarial allegiance—as distinct from other forms of bias or selection effects—requires a situation in which attorneys are randomly assigned forensic experts, experts are randomly assigned to attorneys, experts have access to exactly the same materials, and researchers have access to data from all experts who conducted an evaluation. Only in such a scenario, discrepant scores from opposing evaluators would be clearly attributable to adversarial allegiance rather than attorney selection effects, expert selection effects, or genuine differences in the data available to opposing parties.

In the only experimental study of this sort, researchers recruited over 100 practicing, doctoral-level forensic psychologists and psychiatrists and deceived them to believe they were performing a formal, large-scale forensic consultation. Unbeknownst to them, these forensic experts were randomly assigned to either a prosecution-allegiance or defense-allegiance group in which they were paid by what they believed was either a *public defender service* or a *special prosecution unit*. These participants met with an attorney who posed as leading either the public defender service or the specialized prosecution unit and requested that they score particular risk instruments on the basis of extensive offender records (a type of consultation that is common in forensic practice). Participants were led to believe that, as a group, they were reviewing and scoring cases from a large cohort. In truth, each participant was scoring the same four case files of authentic case materials.

Overall, the risk measure scores assigned by prosecution and defense experts showed a clear pattern of adversarial allegiance. That is, experts who believed they were working for the prosecution tended to assign somewhat higher scores and experts who believed they were working for the defense tended to assign somewhat lower risk scores. Allegiance effects were stronger for the PCL-R, a measure that requires more subjective clinical judgment, than for the Static-99R, a more structured measure that permits less judgment.

Of course, not every expert demonstrated biased scoring, but when researchers compared all possible pairings of opposing defense and prosecution experts, many demonstrated large score differences in the direction of adversarial

allegiance. This pattern could not be explained by chance or by other factors such as evaluator experience. Overall, findings from this rigorous experiment provided strong evidence that even scores on ostensibly objective forensic instruments can be compromised by adversarial allegiance, at least among some experts.

Potential Explanations for Adversarial Allegiance

Findings from field studies, surveys, and the experiment described earlier converge to show that performing an evaluation for one side in an adversarial setting can influence an expert's decisions. This adversarial allegiance effect is distinct from, but can be compounded by, selection effects, evaluator differences, and other possible causes of differences between opposing evaluators.

In any adversarial case, there is a pool of possible evaluators that an attorney may retain. These evaluators differ to some extent in their attitudes, their thresholds for coming to certain conclusions, and the typical scores they assign on forensic assessment instruments. Attorneys who are familiar with these differences can take advantage of them by selecting an expert who appears more favorable toward their side of the case.

After an attorney retains an expert, however, the expert's opinion (at least in some cases) begins to favor the retaining party to a greater extent than the case data warrant. None of the allegiance studies have empirically identified the precise mechanisms that cause these allegiance effects, but there seem to be three broad and overlapping theories. The first broad theory is relational: Adversarial allegiance results from social and psychological processes that encourage evaluators to feel as if they are on a side or team. The second broad theory is that allegiance results from common decision-making errors and cognitive biases. This viewpoint also holds that adversarial allegiance is unintentional but attributes allegiance effects primarily to well-known, common cognitive errors in human judgment, such as confirmation bias. Although the relational and cognitive-error explanations for adversarial allegiance effects are conceptually distinct, they probably interact. The third broad theory differs from the first two by assuming that adversarial

allegiance results from more intentional processes and motives that can best be summarized as financial gain.

Each of these mechanisms could have contributed to the allegiance effects among evaluators in field and experimental studies, but of course, different clinicians are probably influenced to different degrees by different mechanisms.

Adversarial Allegiance Is Not Unique to Mental Health Experts

Although adversarial allegiance has been best studied in *soft sciences* such as psychology, there is no reason to believe that only experts in mental health disciplines feel a pull toward allegiance. Observers have documented anecdotal evidence of adversarial allegiance in a variety of fields, ranging from forensic medicine to accounting. Scrutiny of the forensic sciences underscores the breadth of biases similar to adversarial allegiance. In 2005, the U.S. Congress mandated the National Research Council (NRC) to review the state of forensic science. The NRC critically assessed a wide range of forensic science disciplines, such as analyses of DNA, hair, fibers, tool marks, bite marks, and ballistics. In a 2009 report, the NRC concluded that forensic scientists are prone to a variety of contextual biases, including some that emerge because they lack independence from those requesting their services. For example, forensic science labs tend to work closely with law enforcement officials and prosecutors. Thus, they may operate much as members of those teams, receiving information about suspects and case developments that is irrelevant to the analyses they perform. In other words, operating as a member of a side or team (a form of allegiance effect) may lead to errors in interpretation and decision-making.

Consistent with the NRC's concerns, emerging research has clearly documented subjectivity and bias even in the forensic science procedures that courts have considered most reliable, such as analyses of DNA and fingerprints. This research revealing biases in forensic science procedures has proceeded in parallel with similar research addressing adversarial allegiance in forensic mental health evaluations. Although both research programs have revealed compelling evidence of bias, neither has yet developed to a point that specifically

identifies, at least via controlled experiments, the precise mechanisms or processes underlying these biases.

All the forensic experts who work in adversarial contexts are asked to form opinions by parties that are motivated to achieve a certain outcome. Consequently, all forensic experts inevitably approach their task with certain assumptions, expectations, and even desires. These influences—which may be described as allegiance effects, expectancy effects, or context effects, depending on the details—may shape forensic experts' perceptions and interpretations of the data they are asked to consider.

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See also Forensic Assessment of Offenders; Forensic Psychology, Research Methods in; Psychopathy Checklist (PCL); Risk Assessment, Actuarial

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ADVOCACY ORGANIZATIONS

Advocacy organizations are nongovernmental organizations (NGOs) concerned with civil and human rights. They respond to the needs of oppressed or marginalized individuals and groups and seek to redress actual or perceived social, political, or economic inequities. In their modern forms, they are sometimes incorporated as non-profit charitable organizations but may also be political action committees. Advocacy organizations can be secular or religiously affiliated, partisan, or nonpartisan. Their scope varies from local (e.g., the New York Society for the Prevention of Cruelty to Children) to global (e.g., Amnesty International). Their missions may be relatively specific (e.g., National Organization for the Reform of Marijuana Laws) or more general (e.g., American Civil Liberties Union). Advocacy organizations seek to influence public opinion, government policy, and/or law through education, research, and scholarship; involvement in the political process; or litigation. Related activities, in some cases the primary focus of the group, may include direct action, such as food distribution, provision of medical care, prison visitation, and so on. With the advent of the Internet, many such groups now function largely online and thus potentially reach a worldwide audience. This entry discusses the origin, nature, and function of advocacy organizations, notably those concerned with criminal justice issues.

History

From their earliest and local incarnations in 19th-century Europe, advocacy organizations have been concerned with improving the human condition. Those focusing on criminal justice matters, such as prison reform, have strong roots in religious tradition.

Origins

Advocacy organizations are often associated with reform initiatives. They evolved in Europe and North America during the Enlightenment (late 17th–early 19th centuries), a period of increasing religious toleration and humanitarianism, and one

of increasing interest in the role of science in improving the human condition. Prior to this time, poor relief and other forms of charity, such as there were, were essentially the province of the state and religious orders. These new groups were often a means by which interested members of the public could involve themselves collectively, despite differences in social class, and potentially to greater effect in worthy causes.

Among early British groups, the Philanthropic Society, founded in 1788, supported reform efforts on behalf of criminal children. The Jacobin Club, the Cercle Social, and the Society of Friends of the Rights of Man were French political activist groups organized during the Revolutionary era. These groups pressed grievances against the monarchy and rival groups and notably, in some instances (e.g., the Society of Revolutionary Republican Citizenesses), gave voice to particular women's rights agendas. In 1863, the International Committee of the Red Cross was formed in Switzerland and became one of the first advocacy organizations with a global reach. The first Geneva Convention was held in 1864 under its auspices.

In the United States, a variety of causes, including abolitionism (the Pennsylvania Society for Promoting the Abolition of Slavery, for the Relief of Free Negroes Unlawfully Held in Bondage, and for Improving the Condition of the African Race was formed in 1775), women's suffrage (National Woman Suffrage Association, 1869), and temperance/prohibition (Woman's Christian Temperance Union, 1874) began attracting popular support during the late 18th and 19th centuries. By the early 20th century, the National Association of the Deaf (founded 1880), the Indian Rights Association (founded 1882), and the National Association for the Advancement of Colored People (founded 1909) had been formed.

The Quaker Influence

Particularly prominent among early modern reform advocates were members of the Quaker sect, founded by George Fox (1624–1691), who also founded the prison reform movement. Over the past 300 years, and beginning in England, the Quakers have regularly been associated with a range of social causes, including prison and psychiatric asylum reform initiatives, abolition of

slavery, promotion of women's suffrage, and the concerns of aboriginal persons. At the same time, they were influential in the creation of the early modern penitentiary, particularly in the concept of isolating prisoners as a means of rehabilitating them (as distinguished from the reform of inhumane prison conditions per se). Among the earliest and most prominent Quaker reformers was Elizabeth Fry (1780–1845), an Englishwoman who was active in prison reform in the United Kingdom and Europe. Her efforts endure in the eponymous Elizabeth Fry Societies in the United Kingdom, Canada, Australia, and New Zealand. Today, the Quakers' continuing concern with prison issues may also be seen in organizations such as the Prisoner Visitation and Support program and the American Friends Service Committee.

The Evolution of Prison Reform Groups

Fox and his wife Margaret (1614–1702) were active in Great Britain, Europe, and the American colonies on behalf of the nascent prison reform movement. Their activities resulted in their own incarceration on several occasions. During his travels, Fox met and influenced William Penn (1644–1718), founder of the colony of Pennsylvania. Philadelphia subsequently became the center of Quaker activity in the colonies and then the United States. The career of the English sheriff John Howard (1726–1790) provided a further impetus. His books cataloging the prisons and jails he inspected in England brought wide attention to the often squalid living conditions inmates, including children, experienced in these facilities. As a result, and coincident with rising societal concern about human rights, increasing numbers of individuals, beginning in England, then throughout Western democracies, took an interest in various aspects of the criminal justice system.

Among the oldest continuously existing advocacy organizations in the United States is the Pennsylvania Prison Society (established in 1787 as the Philadelphia Society for Alleviating the Miseries of Public Prisons). Its founding members included Benjamin Rush (1745–1813), a signer of the Declaration of Independence and prominent American psychiatrist. When the Philadelphia Jail

opened in 1790, it was the first facility to promote isolating prisoners in order to promote reform, a principle that was integral to the first of the large penitentiaries (Auburn, Pittsburgh, and Philadelphia) built in the early 19th century. These and similar institutions failed to produce the desired results. At mid-century, inquiries found some of them to be compromised by corruption, overcrowding, and harsh discipline. Yet the reform movement endured. The first Geneva convention occurred in 1864, setting the stage for the establishment of international laws in later conventions that included the treatment of prisoners. The Howard League for Penal Reform was founded in England in 1866. In 1870, the National Congress on Penitentiary and Reformatory Discipline (later the American Correctional Association) was founded.

The American Civil Liberties Union was founded in 1920. Its broad mandate includes a range of criminal justice issues from capital punishment to prisoners' rights and mass incarceration. Over the years, it has participated in many court cases. In one notable instance, it supported Clarence Gideon in his petition (*Gideon v. Wainwright*) before the U.S. Supreme Court. The outcome of that case established the constitutional right of defendants to representation by counsel. Since that time, other NGOs, such as Amnesty International and Human Rights Watch, focusing on prisoner rights and welfare have proliferated in the United States and abroad.

Contemporary Advocacy Organizations and the Criminal Justice System

Advocacy organizations have evolved to respond to changing societal concerns, and many now function on a global scale, including some with a primary or secondary focus on criminal justice issues.

Conceptualizing Contemporary Advocacy Organizations

Advocacy organizations do not lend themselves to discrete categorization. For present purposes, the defining characteristics are that they are NGOs and that they support civil and/or human

rights. However, interests may be opposed to each other in framing these issues. Organizations advocating the legalization of one or more drugs (e.g., National Organization for the Reform of Marijuana Laws) act counter to the goals of groups like Citizens Against Legalizing Marijuana. Similarly, the National Rifle Association holds that broader ownership of firearms (excluding felons and persons with serious mental illness) promotes public safety and reduces crime, while the Brady Campaign to Prevent Gun Violence takes the opposite position.

Labor unions, religious groups, private foundations, and professional associations may serve advocacy functions ancillary to their core missions. For example, the Salvation Army provides food and shelter to the poor and homeless and conducts prison ministries but has also entered into a partnership with Indiana University to study and ameliorate poverty. Further, these organizations' activities may be interrelated. The Vera Institute of Justice has received funding in the form of grants from the Bill & Melinda Gates Foundation. Vera Institute of Justice, in turn, partners with local, state, and national governments and with other nonprofits. One such collaboration involved Vera Institute of Justice with the New Orleans Police and Justice Foundation, another nonprofit organization, to develop the New Orleans Pretrial Services.

It is also helpful to consider advocacy organizations in terms of the aspects of the criminal justice system they seek to impact. Following is a nonrepresentative sample from among hundreds of organizations with a focus on criminal justice issues:

- American Civil Liberties Union: Broad civil rights mission includes a range of criminal justice initiatives, often utilizing litigation to promote these.
- Amnesty International: global agenda, prevention and redress of human rights abuses including torture; advocates for political prisoners.
- Canadian Association of Elizabeth Fry Societies: advocates for and supports women and girls involved in the criminal justice system.
- Death Penalty Information Center: provides information, research, and analysis on range of death penalty issues.

- Just Detention Now International: prevention of sexual abuse in jails and prisons.
- The Fortune Society: supports successful community reentry from prison and alternatives to incarceration.
- The Innocence Project: exoneration of wrongly convicted persons.
- The Marshall Project: utilizes media to bring attention to criminal justice issues.
- National Association for the Advancement of Colored People Legal Defense and Educational Fund: racial justice agenda.
- National Organization for Victims Assistance: publicizing, promoting, and public education concerning crime victims' rights.
- Prison Activists Resource Center: seeks to abolish prisons.

Criminal Justice System–Advocacy Organization Partnerships

Consistent with the notions of reform, relationships between some advocacy organizations and the criminal justice system are regularly adversarial. However, there are instances in which advocacy NGOs and elements of the criminal justice system have found common ground. The New Orleans Pretrial Services, for example, was the outcome of one such partnership. The National Alliance on Mental Illness has collaborated with police forces in Memphis, TN, and several other cities to provide officers with crisis intervention training to improve outcomes of encounters with persons in the community dealing with acute mental illness. A task force convened by Correctional Service Canada and concerned with incarcerated women included representatives from the Canadian Association of Elizabeth Fry Societies and the Native Women's Association of Canada.

American Psychological Association (APA) and Criminal Justice Reform

The APA, the largest psychological association in the United States and a 501(c)(3) tax-exempt organization, has been involved in several criminal justice issues. For example, APA backed the Sensenbrenner-Scott Safe, Accountable, Fair, and Effective Justice Reinvestment (SAFE Justice) Act of 2015, H.R. 2944. This bill is intended to

support improved care for prisoners and reduce the numbers of persons housed in the federal prison system.

Notably, however, APA itself has also been the object of a high-profile criminal justice reform initiative. An agreement between APA and the Department of Defense authorizing psychologists' involvement in the interrogation of captured enemy combatants from the wars in Afghanistan and Iraq generated considerable controversy among the membership. Some of the methods used in these interrogations were widely considered to be torture. The Coalition for an Ethical APA led a grassroots protest against the policy permitting psychologists' participation. An independent investigation and related media coverage resulted, in 2015, in a change to organization policy entirely banning participation in these interrogations.

Robert K. Ax

See also American Correctional Association

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- Center for Victim and Human Rights. <http://www.cvhr.org/>
- Death Penalty Information Center. <http://www.deathpenaltyinfo.org/>
- The Fortune Society. <http://fortunesociety.org/>
- The Howard League for Penal Reform. <http://howardleague.org/>
- Just Detention International (formerly Stop Prison Rape). <http://www.justdetention.org/>
- Megan Meier Foundation. <http://www.meganmeierfoundation.org/>
- National Association for the Advancement of Colored People Legal Defense and Educational Fund. <http://www.naacpldf.org/>
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- Prisoner Visitation and Support. <http://www.prisoner-visitation.org/>
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AGING AND OLDER INCARCERATED OFFENDERS

The increase in the aging prison population is a major concern for policymakers in nearly every region of the world. The rapid growth of older adults in prison is particularly problematic in the United States, which has the largest incarceration rate per capita. Baby boomers and punitive sentencing practices have left prison administrators in a challenging position to accommodate the special needs of the rapidly growing prison population. In keeping with the mandates of the Eighth Amendment to the U.S. Constitution, which prohibits inflicting cruel and unusual punishment, prisoners have a right to timely access to an appropriate level of care, including the right to a medical judgment for serious medical needs. Yet, it has been acknowledged that medical facilities in many state and federal prisons are simply unequipped to effectively provide the appropriate care to treat advanced chronic diseases commonly found among older inmates. With older inmates disproportionately accounting for an escalating prison health-care

expenditure, how to best manage a geriatric prison population has emerged as one of the most significant concerns for prison administrators nationwide. This entry discusses the critical policy and program issues faced by the correctional system in order to effectively respond to the special housing, health, and reentry needs of a rapidly growing and diverse aging prison population.

A Graying Prison Population

Designated by the United Nations as a special needs population, the majority of states classify older inmates as individuals 50 years and older. This classification is based on the process of accelerated aging, which is attributed in older offenders to high-risk personal histories, chronic health conditions, poor health practices, and alcohol and drug abuse, coupled with stressful conditions of prison confinement.

Regardless of the age chosen to define an older inmate (e.g., 50, 55, or 60), the number of geriatric inmates in many state and federal prisons has been rising steadily since the early 1990s. According to the U.S. Bureau of Justice Statistics, the number of inmates age 50 and older has increased from 33,499 in 1991 to more than 280,000 at the end of 2014. The older prison population currently makes up 18% of the total prison population, a dramatic increase from 5% in 1991. Based on projected growth patterns and current sentencing policies, this group of inmates is projected to reach 500,000 by 2025. According to the Human Rights Commission, by 2030, inmates age 55 and older will comprise one third of the total prison population. Contributing to this enormous growth is the significant increase in arrests for specific felony crimes such as murder, sexual crimes, robbery, larceny-theft, drugs, and aggravated assaults among those in the 50 and older age category. Overall arrests for older offenders have increased 73% from 534,021 in 2002 to well over 923,000 in 2012, which is illustrative of the current geriatric crime trends.

Diverse Aging Prisoners

Inmates differ based on characteristics such as age, race/ethnicity, marital and family relationships, gender, mental and physical health statuses, and criminal offending histories. Such diversity

has important implications for coping mechanisms adopted for adjustment purposes. Although the projected mean age for the older offender is 57 years, there are marked differences when it comes to health-care needs between inmates in their early 50s and those in their 90s. As documented by Ann Carson in 2015, the vast majority are men (94.5%), and they are disproportionately minority racial ethnic groups (Black = 32%, Latino = 16%, Other = 9%) compared to 43% Whites. Only about one third of older inmates are married, but the majority have children and grandchildren on the outside. Prisoners often enter prison with backgrounds of poverty, little advanced education, and underdeveloped coping skills. Histories of cumulative trauma are an important consideration among older people in prison, especially for older women.

Sentence history and length are often key determinants of stressors faced and subsequent coping mechanisms developed for adjusting to incarceration. Older inmates entering prison after the age of 50 years collectively comprise slightly less than half of the total geriatric prison population. They frequently suffer from prison shock and difficulties in coping with late-life imprisonment, experience estrangement from families due to violent crimes committed against family members, suffer grief issues related to social losses, and may express fear associated with late-life incarceration, especially for frail vulnerable inmates. Other inmates have reached later life while incarcerated. Typically, these older inmates face complex problems in the areas of preserving external relations, establishing and maintaining internal relationships, and coping with physiological deterioration. Many long-term inmates have outlived family members or have slowly disengaged from them, which may impact eventual release plans. There is a realization that dying in prison is a likely outcome, and the fears associated with this process are commonplace. Loss of ability to make personal decisions due to dementia or other mental health disorders, as well as the gradual decline in functional health conditions, restrict prison movement.

Special Health Concerns

Older inmates are usually in worse health than their counterparts outside prison because they

develop health issues much earlier due to their previous lifestyle, socioeconomic factors, and the prison environment. This rapid decline or accelerated biological aging has been attributed to high-risk behaviors (e.g., smoking, drugs, alcohol, unhealthy diets) prior to incarceration, coupled with the stressors of prison life.

In general, aging prisoners rate their health as fair to poor, having deteriorated since incarceration and with a high degree of comorbidity. On average, older inmate samples report three to four chronic conditions, including arthritis, hypertension, heart diseases, emphysema, diabetes, and intestinal problems as leading health issues. About half of all inmates report having health problems at the time of arrival to prison. In addition to possessing a variety of physical health symptoms, many convicted felons enter the criminal justice system with acute mental health issues. Large nationwide surveys have estimated that 15–30% of aging prisoners have chronic mental health concerns. In particular, older inmates suffer from anxiety disorders, emotional problems, alcohol/drug abuse, post-traumatic stress disorder, and many have high rates of depression and personality disorders. Dementia is becoming a greater concern among older offenders who report advanced memory and cognitive disorders. Suicide ideation is also common among those inmates with excessive pain and chronic health conditions.

Programs and Housing Facilities

There has been an ongoing debate for some time on the advantages and disadvantages of both mainstreaming and segregating older inmates. Currently, the overwhelming majority of aging inmates are housed in age-integrated facilities. With the rapid increase of the aging prison population, it is virtually impossible for states with large numbers of aging inmates to provide housing in secure geriatric facilities. However, given the fact that older inmates are a diverse group, those supporting an integrative approach feel that housing arrangements should be based on need rather than solely on age. Living in a specialized facility can lead to inactivity, lack of work opportunities or access to prison programming, and, in some cases, eventual withdrawal and increased

depressive states. Also, being assigned to a special facility may create geographical barriers for inmates to want to remain in close proximity to family and friends. However, one argument in favor of age segregation has centered on the safety of older inmates, as older, frail inmates are frequently threatened. Although fewer incidents of victimization are reported in women's institutions than in men's, some harassment, cussing, teasing, pushing around, and other minor incidents have been reported.

Over the past 25 years, a significant number of states have had no choice but to build special needs facilities to accommodate the increasing number of geriatric inmates. A little over half of the states now provide geriatric accommodations, ranging from selected clustering, dedicated units, freestanding prisons, or dedicated secure nursing home facilities. Special geriatric accommodations provide aging inmates with a quieter living environment and are considered safer than living in the general prison population. Handrails, lower bunks on main-floor tiers, elevated toilets, and wheelchair accessibility are provided in most specialized units. When prisons have low security risks, the facilities often permit the older offender increased privacy by designing rooms with doors. Additional amenities in newer facilities include prison-controlled thermostats, fluorescent lighting, strobe light fire alarms, and nonslip flooring services. In some prisons, inmates are provided hospital-style beds equipped with extra padding and toilets, sinks, and showers that are handicap accessible. In some, inmates use a therapeutic gym equipped with a pool table configured at a lower height to accommodate wheelchairs. Closed-captioned television and specially equipped phones are available for the hearing impaired.

Reentry Challenges

Making a successful transition back to the community for the aging prison population involves effective case management planning and public health partnerships. The case management process includes not only placement orientation but also eligibility for Medicaid, Medicare, disability, Social Security benefits, and available veterans' programs. Public health partnerships with specific nursing homes, public housing, home- and

community-based care, hospice/palliative care, occupational therapy skills, and public and mental health agencies can all be instrumental in development of a treatment plan that will serve to facilitate the reentry process. Locating volunteer companion services and enhancing family connections and other social supports are of equal importance. Reentry challenges remain, however, as some older offenders suffer from institutional dependency and have a difficult time transitioning back to a free society. Mental illness and crime histories are also barriers to renewing a life on the outside. Many have disengaged from or outlived family members. Finally, there may be a general lack of organized structures available for aging inmates, who have spent the better part of their adult lives incarcerated, to successfully succeed.

Despite these challenges, research has found that recidivism rates for older inmates are in the 3–5% range. As harsher prison policies have resulted in longer prison sentences and extensive and costly medical needs, some states are examining their sentencing practices. Although 15 states have provisions for age-related geriatric release, it is well-documented that these provisions are rarely implemented. Political pressure, public opinion, and narrow eligibility criteria procedures often discourage inmates from applying for release. Due to the complicated and lengthy referral and review processes, in a large number of cases, older inmates simply die in prison before a decision is reached to make a formal pardon or they are moved to a facility that can provide adequate health care. It has been recommended that states continue to examine early release for geriatric inmates as a cost-saving measure. There is little consistency or clarity concerning attitudes toward the well-being of those near the end stage of life.

Future Challenges

The aging prison population will no doubt continue to pose a significant dilemma for decades to come as officials responsible for executing prison policy grapple with the problems associated with this special subgroup of prisoners. With an economic crisis challenging budgets to simply maintain the status quo, prison officials

will be hard pressed to provide safe living conditions for the increasing number of frail, older prisoners. A variety of steps must be taken to ensure the safety and well-being of older inmates, including:

- an understanding of inmate diversity including race, gender, crime classification, education, and physical and mental health characteristics,
- the development of a comprehensive and gender-sensitive program for older adults that fosters personal growth and accountability and value-based actions that lead to successful reintegration into society,
- staffing needs and professional training for corrections officers and care providers working with older persons, including training in the mental and physical processes of aging, and the accompanying appropriate communication techniques,
- monitoring of older prisoners to ensure they are receiving suitable housing, medical care, and are not being victimized,
- sentencing alternatives for the mentally ill and the utilization of compassionate release when state policies permit,
- assessment of custody and security rules that impose unnecessary penal harm to older inmates,
- the care of dying inmates, particularly in prison systems that infrequently utilize compassionate release, and
- addressing the tension between custody and health-care delivery in determining the best practice options in which long-term care is provided.

The graying of American prisons is a complex issue and one that will remain at the forefront for decades to come. With the age 65 and older population doubling from its current 40 million to over 80 million by 2050, the prison system will continue to face multiple challenges as it finds ways to accommodate an increasing number of impaired and older inmates.

Ronald H. Aday

See also Aging and Older Incarcerated Offenders, Palliative Care of; Aging and Older Incarcerated Offenders, Physical Disability of

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AGING AND OLDER INCARCERATED OFFENDERS, PALLIATIVE CARE OF

As the offender population ages, the need for palliative care behind bars increases. Palliative care is a specialized medical care intended to improve the quality of life of patients with life-threatening and serious illnesses through prevention and relief of symptoms, both physical and emotional. Models of palliative care that operate in the community must be adapted for use behind bars.

After the enactment of strict sentencing guidelines in the 1970s, even low-level drug dealers were given long prison terms. This resulted in a huge increase in the number of older inmates; individuals older than 50 years are the fastest growing population in prison. The older inmates have more expensive medical needs than younger people, and incarcerated individuals have more health problems than individuals in the community. Since most prisoners are from poorer families in poorer neighborhoods, often they have not led healthy lives or had access to quality health care. High rates of drug abuse and, especially for women, physical and sexual abuse take their toll on prisoners' health. Further, prison environments are not designed to optimize health or health care, leading to an accumulation of problems. As a result, inmates are estimated to be 5–10 years older than similar community dwellers, accentuating the needs for palliative care.

In the community, palliative care is fairly straightforward, if not always available. For those behind bars, however, barriers exist. Palliative care is first about symptom management. Older prisoners with serious illnesses, such as cancers, cardiac diseases, respiratory diseases, kidney failure, HIV/AIDS, and hepatitis C, suffer from a variety of symptoms. These symptoms can include pain, shortness of breath, fatigue, bowel or bladder problems, nausea, lack of appetite, and side effects from medications. Palliative care would alleviate this suffering.

Relief from pain is a basic aspect of palliative care; however, skilled pain management is difficult to provide in the community and more challenging in prison. Many prisoners enter the system for drug offenses and have a history of addiction and

thus, prisoners may exaggerate pain. These issues make it difficult for medical staff to know whether patients report pain for their own addictions, to divert to other inmates, or simply to get medical attention. On the other hand, some prisoners may feel that keeping silent about pain is a mark of strength. Rigorous training and oversight are needed to ensure that staff recognize signs of pain and understand protocols for proper medication administration. Despite expectations for pain relief, high levels of uncontrolled chronic pain are present among these prisoners, and clinicians are reluctant to prescribe pain relief. Palliative care is also intended to address emotional, psychological, social, and spiritual needs. Loneliness, depression, anxiety, and fear can accompany serious illness, and alleviating these symptoms is crucial to inmate quality of life. Family support is generally unavailable, and inmates worry about dying in prison.

Prison physicians are primarily responsible for developing and coordinating patient care. In the community, doctor–patient relationships are built on trust and confidentiality. Inmates are less likely to trust physicians, and physicians are less likely to trust inmates, for a variety of reasons. Without this trust, however, honest communication and compliance are less likely. Confidentiality is problematic when inmates receive medical care in the presence of others, such as security guards.

Palliative care is a team project. Nurses, social workers, chaplains, prison wardens, and volunteers may all work with physicians to coordinate support. Teams should identify sources of pain and discomfort, communicate with the patients, plan treatment options, and provide companionship and support. Including security personnel in discussions can expedite movement between prison locations and communication among those involved.

Trained volunteers are a critical part of a palliative care team. Behind bars, these individuals may take the place of family. Where available, strict procedures exist for selecting, training, supervising, and terminating volunteers. Prison volunteers can, at a minimum, sit with and comfort the patient. In some cases, volunteers assist in non-medical activities, such as feeding, dressing, and transporting. They do not, however, provide bathing, toileting, and most hands-on activities. Prison volunteers' activities are limited by prison rules and security concerns.

Prisons are not designed for older individuals and/or those with disabilities; therefore, location of services is a consideration. Whether in medical dormitories, medical centers outside of the prison, or usual housing, accessing needed services, medication, and equipment can be difficult. Older prisoners may feel isolated when they are moved for treatment, and family visits may be more difficult. Environments in specialized locations are better able to provide comfort.

In the community, patients expect to choose their own health-care providers and to have a say in their treatment. This autonomy is not always available for prisoners, raising ethical concerns.

Some level of health care is mandated for prisoners. In 1976, the U.S. Supreme Court decided that prisoners had the basic right to access to care, care that is ordered, and professional medical judgment. One solution to the difficulty of providing health care to chronically ill prisoners is to allow them to leave prison. Compassionate release, part of the Sentencing Reform Act of 1984, is medical parole for extraordinary and compelling reasons. Offenders eligible for release must be 65 years or older, have served 50% or more their sentence, have a chronic or serious condition related to aging that will not improve with treatment, and have substantially reduced ability to function in prison. Allowing more inmates to leave prison at this stage would solve many of the problems of palliative care, but guidelines are vague and appeals rarely successful.

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See also Aging and Older Incarcerated Offenders; Aging and Older Incarcerated Offenders, Physical Disability of; Imprisonment and Stress; Physical Health Needs of Incarcerated Offenders

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AGING AND OLDER INCARCERATED OFFENDERS, PHYSICAL DISABILITY OF

The United States has the highest incarceration rate in the world, and tougher sentencing policies have resulted in the rise in the number of prisoners who are serving long prison terms. For example, *three strikes* felony sentencing mandates that judges sentence third-time felony offenders to serve long mandatory prison sentences (often 25 years to life), and the punitive sentencing measures associated with the war on drugs of the 1980s and 1990s placed greater emphasis on mandating prison sentences for drug offenders. Furthermore, some states have eliminated parole, which allows for early release for well-behaved inmates. Thus, more people are sent to prison for longer periods of time. Additionally, medical advances allow people to live longer, also contributing to the growth of the number of older prisoners behind bars. Consequently, a large number of inmates are growing old in prison. In fact, older inmates are the fastest growing segment of the U.S. prison population. It is estimated that by 2020, older inmates will make up about one third of the prison population, according to a 2009 article by Tish Smyner and Patricia Burbank. This changing profile, often referred to as *the graying of American prisoners*, creates challenges for prison administrators to develop and modify programs and strategies focused on the special needs of the aging inmate. One of those challenges is delivering health-care services for older inmates. This entry discusses accelerated aging in prison populations, reasons for concern, and challenges.

Accelerated Aging

Although there is no clear-cut consensus, most scholars recommend that correctional agencies adopt age 50 as the chronological starting point for defining older inmates. Because of the unhealthy lifestyles of many individuals before incarceration and the lack of medical care associated with

unhealthy lifestyles, the physiological age of an inmate usually surpasses their chronological age. The physiological age of a typical male inmate is approximately 12 years older than his nonconfined counterpart. Thus, an incarcerated 50-year-old man is likely to be physiologically similar to a 62-year-old man outside of prison.

Prisons currently work under the assumption that incoming prisoners will be young and will still be young when released. Older prisoners have different needs than the rest of the prison population, and, as a result, they need to be treated differently. Most significantly, older inmates (those age 50 and over) require a disproportionate amount of medical attention. In general, aging inmates have more health problems than the general (free) population of the same chronological age. This is due to a combination of two factors. First, prisoners typically come into the prison having led an unhealthy lifestyle and often had limited access to proper health care. Second, the physical environment and the emotional stresses of imprisonment mean that inmates age at a faster rate. This accelerated aging may lead to the need for more medical care. The increased need for health care among older inmates places burdens on already strained prison health facilities.

Why It Matters

One may ask why anyone should care about the medical needs of older prisoners. One reason for concern about the quality of health care in prisons is that the U.S. Supreme Court has repeatedly held that correctional agencies must provide adequate health care for inmates. The Eighth Amendment to the U.S. Constitution protects citizens against cruel and unusual punishment. The courts have held that prisoners retain certain basic constitutional rights, and the Eighth Amendment mandates that correctional institutions provide reasonable health care to its inmates. In *Estelle v. Gamble* (1976), the Supreme Court concluded that deliberate indifference to serious medical needs was unnecessarily inflicting pain and thereby a violation of the Eighth Amendment. The Court ruled that prisoners were entitled to (a) access to care for diagnosis and treatment, (b) a professional medical judgment, and (c) administration of the treatment prescribed by the physician.

In 1998, the Supreme Court also ruled that the Americans with Disabilities Act (ADA) applies in the prison context and that prisoners are entitled to reasonable accommodations for their disabilities under Title II of the ADA. The ADA defines disability as a mental or physical disability that limits one or more major life activities (e.g., seeing, hearing, walking, reading, or concentrating) and/or bodily functions (e.g., neurological, digestive, respiratory, or endocrine functions). The ADA provides disabled inmates equal access to facilities, equal participation in programs and proceedings, and to accommodations within a facility. Older prisoners are not necessarily disabled, but they are far more likely to be or become disabled or to develop conditions that require special accommodation. Thus, disability legislation becomes important when determining whether older prisoner rights are being violated.

Another reason why correctional administrators need to be concerned with the health care of inmates is because most inmates will eventually be released. Many older inmates are released from prison with significantly more health problems than similarly aged individuals in the community. If these inmates have communicable diseases when they are released, they pose a public health issue to the community. Further, inmates released with medical conditions can pose a drain on already constrained resources available for indigent clients (e.g., Medicaid, free clinics, emergency rooms). In addition, inmates who are able to take advantage of prison programs that improve health and cognitive skills or that focus on substance abuse are less likely to recidivate and be rearrested when they return to the community.

Challenges

Older prisoners experience more mental and physical challenges than their younger counterparts. On average, geriatric prisoners have more chronic diseases than adults of similar age living outside of prison, and older inmates will deal with a wider variety of chronic illnesses as they age in prison. Chronic diseases are prevalent among older prisoners and often lead to functional impairments that interfere with daily life. Further complicating the issue is the fact that comorbidities (the presence of one or more disorders

co-occurring with a primary disease) are more commonly found among older inmates than free individuals. It is generally estimated that older inmates experience on average three chronic conditions at the same time. Many of these chronic medical conditions are similar to those also found in the older U.S. population (e.g., chronic obstructive pulmonary disease, arthritis, diabetes, and heart disease, as well as other conditions common to the aging process); however, the prevalence rates are much higher among the incarcerated population. Older inmates may also have conditions that have unusually high prevalence in prison, such as HIV/AIDS and other sexually transmitted diseases, viral hepatitis, and advanced liver damage due to alcohol abuse.

Communicable diseases disproportionately impact inmates largely because the prison environment is ripe for spreading disease. Conditions such as overcrowded living arrangements, delays in medical treatment, limited access to germ-free environments, and prohibitions against the use of harm reduction measures such as condoms and needle exchange increase the probability that infectious diseases will be transmitted from one inmate to another.

Given the fact that aging and chronic illness is progressive, it is inevitable that a number of inmates with these conditions will reach a terminal stage. Older inmates have mortality rates that are 5 times greater for cancer and heart disease than any other age group, according to Brie Williams and Rita Albraldes. Treating a terminally ill individual in prison is difficult at best. Inmates are usually isolated from their friends and family on the outside precisely when they need them most. Terminally ill inmates tend to cycle in and out of infirmaries and hospitals. As their conditions worsen, they will often require around-the-clock nursing services, but most prison health-care systems were not originally designed to provide sophisticated and intensive care to large numbers of chronically ill and/or older inmates. These inmates require a standard of medical care and treatment well beyond that provided to the general inmate population.

Chronic diseases and the natural aging process associated with older prisoners often lead to functional impairments that interfere with daily activities. Functional ability reflects the extent to which

an older person is independent and is measured by assessing a person's need for help with their activities of daily living, which includes bathing, dressing, eating, transferring, and toileting. The prevalence of activities of daily living dependence increases with advancing age and for those with chronic illnesses. Further, the unique activities prisoners face (e.g., climbing on bunk beds, hearing orders from staff, dropping to floor alarms, getting to dining halls for meals) are particularly difficult for older inmates. Thus, a majority of older inmates need a combination of health-care services, assistive devices (e.g., walkers, wheelchairs, hearing aids, and breathing aids), and/or special housing accommodations. Many older inmates require certain physical accommodations that are not easily provided in the typical prison environment. Environmental issues such as limited temperature control, lack of adequate lighting, loud noises, and crowded facilities present problems for older or disabled inmates. Inmates with respiratory problems need to be housed in areas where they will not be exposed to cigarette smoking, for example. Prisoners with spinal cord injuries must be assigned to air-conditioned units. Those with arthritis should not be housed in cold, damp environments. It is important to keep in mind that prisons have been designed with young populations in mind. Thus, the environmental demands of the prison setting can lead to decreased independence among older inmates.

As the older inmate population continues to soar, correctional administrators must consider how prison facilities designed for younger persons can be adapted to accommodate the unique challenges faced by an aging population. Although a significant proportion of older inmates require (and are legally entitled to) medical treatment, they are not necessarily receiving adequate medical care. Several systematic barriers exist that hamper correctional systems' ability to provide adequate health care to its prisoners. One of the greatest challenges is the high cost associated with housing older and infirm inmates. Dealing with a wide assortment of chronic illnesses is not something that most prisons are equipped to deal with from either a medical or cost perspective. The cost for incarcerating a geriatric prisoner is approximately 3–5 times that of younger prisoners, according to Anita N. Blowers, Jennifer M. Jolley,

and John J. Kerbs. It is not uncommon for states to pay US\$70,000 per year for each aging inmate. The high cost is due to higher health-care expenses among geriatric prisoners, including hospitalization, medications, diagnostic tests, and skilled nursing care. In addition, there are substantial custodial costs associated with off-site health care, primarily related to the cost of providing security.

Another obstacle to effective health care is that many correctional institutions lack adequate funding and training to successfully screen new prisoners for diseases and health issues when they first enter the prison. This limits their ability to treat health problems before they worsen. Further, the transient status of inmates who are frequently, and often abruptly, moved from one location to another complicates the health-care screening. Controlling the spread of infectious diseases is challenging if careful screening is not in place. A further complication is that many inmates distrust authority and are reluctant to seek medical attention and cooperate with health-care providers. Lastly, strained resources, pressures to conform to the punitive aspects of command control environments, and lack of staff training may lead to what some refer to as *institutional thoughtlessness*, whereby health care is not necessarily deliberately denied, but other demands divert attention away from identifying the changes that can be adopted to ensure that the health needs of older inmates are effectively addressed. Even when individuals have received adequate health and substance abuse treatment services while in prison, they often face limited access, and insufficient linkages, to community-based health care on release.

As prisons house a larger proportion of aging inmates requiring additional assistance, special physical accommodations, and/or advanced medical treatments, correctional authorities will be mandated to reconsider their way in which they do business. Strategies that correctional systems are beginning to consider include developing separate geriatric prisons, use of telemedicine, and greater use of early release mechanisms, such as compassionate release. Regardless of the strategies employed, correctional systems must be more intentional about recognizing the unique challenges that aging prisoners face and partner with

those in the fields of social work, gerontology, health, and public policy.

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See also Aging and Older Incarcerated Offenders; Aging and Older Incarcerated Offenders, Palliative Care of; Correctional Management; Prison Reform; Punishment, Effective Principles of; Telehealth

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most notorious convicts on an island that sat in the middle of San Francisco Bay. Although easily visible, no one was allowed to visit. This denial of access produced rampant speculation about what was going on in a prison that critics began to call America's version of the infamous Devil's Island Prison Colony in French Guiana. Despite no personal contact with inmates or staff (who were required to live on the island), hundreds of stories were generated about escape attempts and the lives of notorious prisoners such as Al Capone, "Machine Gun" Kelly, and Robert Stroud, the so-called "Birdman of Alcatraz."

Alcatraz has been the subject of at least 14 movies. These fictionalized accounts of life on the island first appeared during the 1930s but continue to this day on cable television channels. Among the most widely viewed is the movie *Birdman of Alcatraz* (1962) starring Burt Lancaster as the courageous convict fighting injustice in the federal prison system. (Stroud killed a guard at the federal penitentiary in Leavenworth, KS, and was ordered to spend the rest of his life in solitary confinement.) Another popular film about Alcatraz is *The Rock* (1996), starring Sean Connery and Nicholas Cage. But the movie that perhaps commands the most television time is Clint Eastwood's *Escape from Alcatraz* (1979). The storyline for this film is based on the real-life June 1962 escape by the Anglin brothers and Frank Morris (played by Eastwood) who made it out of the cell house through the ventilator grills in the backs of their cells to the swift currents of the bay. It is not known whether this escape was a real-life success because the three individuals involved were never seen again. These movies have been accompanied by dozens of documentaries about the prison that continue to be made such as *Alcatraz, Living Hell* (2015) on the National Geographic Channel.

In 1975, Alcatraz became a popular tourist attraction when the National Park Service assumed responsibility for the abandoned prison. Since that time, more than 1 million visitors each year have visited the maximum security penitentiary, including the cell houses where they can stand in one of the solitary confinement cells. Some visitors have been able to meet, in person, several inmates who did time on the island during the late 1950s and early 1960s. Unlike most men released from prison, these former inmates seem proud that they

ALCATRAZ

Alcatraz, also known as the *Rock*, was a U.S. federal prison in operation from 1934 to 1963. Alcatraz gained worldwide fascination in part because the Federal Bureau of Prisons housed the nation's

survived life on *the Rock* and that they can tell their stories to tourists.

Included in all the attention that has surrounded this prison were ongoing condemnations by prison reform advocates, some mental health professionals, and a small number of officials from state penal systems. The Bureau of Prisons policy for Alcatraz was based on the assumption that the men who needed to be sent to this unique federal penitentiary were *habitual and incorrigible* offenders who would never abide by societal laws. Thus, inmates remained in isolated cells with limited out of cell time and little time for socialization. Under this policy, no psychologist, educator, or vocational training instructor was ever stationed on the island (i.e., there were no rehabilitation programs). Criticism of a harsh regime that allowed no opportunity—or hope—for reform led to criticism of the Department of Justice for continuing to maintain a prison that one journalist called *America's Torture Chamber*.

A common criticism throughout Alcatraz's 30-year history as a prison is that the Alcatraz regime was psychologically damaging to the mental health of prisoners. To examine this possibility, David A. Ward and a team of graduate students from the University of Minnesota obtained data on the mental health of a one-third sample of the inmate population. This research showed that only about 8% of the inmates had clinically diagnosed mental health problems, were placed on psychotropic medication, or transferred for mental health reasons to the Medical Center for Federal Prisoners in Springfield, MO.

Part of the explanation for this result is that the Alcatraz *convicts* (as they called themselves) had become accustomed to doing hard time as they worked their way up to the Rock through the disciplinary segregation units and solitary confinement cells of other prisons. Furthermore, when they got to Alcatraz, they found an inmate community governed by the *convict code*, which called for prisoners to *do their own time* but always help each other, while remaining united against the staff and the regime. Many of the Alcatraz prisoners had been leaders in other prisons and continued their resistance to the regime at Alcatraz, as evidenced by disciplinary reports, periodic food and work strikes, and legal challenges in federal courts.

Beginning in the 1950s, a movement developed in most of the United States that provided a different justification for imprisonment—rehabilitation—an approach that called for the availability of psychologically based treatment programs and educational and vocational instruction. This movement was particularly critical of a prison whose purposes were punishment and incapacitation. This change in national thinking impacted the Federal Bureau of Prisons, but the status of Alcatraz was also influenced by the 1962 escape by the Anglin brothers and Morris. Also influential was the successful escape in December of that year by John Paul Scott who was able to cut the bars in a room in the basement of the cell house and reach the bay. Using homemade flotation gear, Scott was able to drift with the currents 2.7 miles to the base of the Golden Gate Bridge, where suffering from exposure to the cold air and water, he was rescued by military police who thought he had jumped from the bridge. This escape proved that a prisoner could succeed in reaching the mainland, exposing the vulnerability of the prison that the government claimed was *escape proof*.

As a result of these escapes and the sustained criticism of the purpose of the prison, the federal government decided to close Alcatraz, and by the end of March 1963, the prisoners and staff had been transferred to traditional penitentiaries. The Bureau of Prisons announced the end of the policy of concentrating in one small prison (capacity, 275) the system's most notorious offenders and most violent and escape-prone prisoners. The new policy mandated that problematic inmates be dispersed throughout a number of federal penitentiaries. However, during the 1970s and early 1980s, the dispersal policy failed to provide security for prisoners and staff. In October 1983, after two guards were killed on the same day at a penitentiary in Marion, IL, the bureau returned to the strategy of concentrating the systems' *management problems* in one location. Marion then quickly became known as *the new Alcatraz*. The message that one word—*Alcatraz*—conveys continues today at the bureau's maximum security penitentiary in Florence, CO. Serving as the federal government's current depository for *the worst of the worst* federal lawbreakers (e.g., terrorists, violent gang members),

this prison is now commonly referred to as the *Alcatraz of the Rockies*.

David A. Ward

See also Federal Bureau of Prisons; Segregation in Prisons

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ALCOHOL ABUSE AND CAMPUS CRIME

Crime is best understood as illegal behavior located within the social interactions of offenders and targets in specific social spaces. The contemporary college campus presents a unique set of crime risks. Although serious crime is relatively rare on university campuses, alcohol abuse (the strategic use of alcohol consumption to reach an intoxicated state) is a common practice of some students. College students—many of whom are not yet 21 years old and therefore not legally permitted to consume alcohol—use alcohol intoxication to celebrate events, to lower inhibitions, and to facilitate romantic and sexual encounters. This entry provides an overview of the risks of heavy, episodic drinking on campus; sexual victimization on campus; intimate partner violence; and strategies to reduce the harms related to alcohol abuse on campus.

Risks

Although college students use alcohol to enhance intimate communication and to amplify opportunities for fun and adventure, collective intoxication raises the risk and probability of certain criminal acts. For example, there is an association between alcohol use and violence. Researchers suggest that college students who routinely drink to intoxication are at an elevated risk to be perpetrators and victims of physical violence. As one might expect, campus environments that promote heavy alcohol use are likely to have above average rates of physical assault, vandalism, and public disorder offenses. Furthermore, studies suggest that higher rates of nonviolent property crime are associated with high-risk alcohol use on campus. The association between alcohol use and property offenses may owe, in part, to the fact that campus nightlife draws students away from their homes and property, making them more vulnerable to burglary.

Social drinking events (e.g., house parties, street festivals, tailgating, bar gatherings) may increase the likelihood of criminal victimization for a variety of reasons. A notable crime theory, the routine activities approach, predicts that crime is likely to occur when motivated offenders, suitable targets, and the lack of capable guardianship converge in time and space. A street festival, then, contains significant risk since motivated offenders (e.g., intoxicated, less inhibited partygoers) are competing with other intoxicated students for limited resources (e.g., alcohol and potential romantic and sexual partners) under conditions of relatively low guardianship (i.e., few authority figures present to discourage conflict). The combination of intoxicated students competing for resources in a context lacking in social control can result in physical altercations and aggression.

Sexual Victimization

One of the greatest crime risks on college campuses is the risk of sexual victimization in the drinking scene. This particular form of victimization has received much attention in recent years from students, parents, activists, celebrities, filmmakers, and politicians. Research suggests that as many as one in five college women will be a victim

of sexual assault during her college years. However, measures of the rate of sexual victimization among college students have been subject to scrutiny. The definitions of rape and sexual assault researchers employ can influence their measurements, and critics have questioned the validity of the definitions used in some of the most prominent studies of the early 2000s. Still, even more conservative estimates suggest that sexual victimization on college campuses is a widespread social problem.

Since sexual victimization often occurs in the college drinking scene or following a drinking event, questions surrounding the way students perceive the relationship between alcohol and sex have emerged as central to the issue of sexual victimization on college campuses. Just as with other campus crimes in the drinking scene, sexual victimization often occurs in the context of motivated offenders competing with other students for limited resources (in this case, sexual partners) with few capable guardians present. Given that victims in many cases are intoxicated in campus sexual assaults, research suggests that offenders may seek to identify heavily intoxicated individuals who they perceive to be the most suitable targets. To further compound this problem, research has found that a significant percentage of rapists become repeat offenders, thus suggesting that many offenders go undetected by law enforcement.

Efforts to reduce these crimes have pointed to *hookup culture* as contributing to the unique risks of sexual victimization in the campus drinking scene. Hookup culture includes the norms, rituals, language, and social practices that guide the casual romantic or sexual coupling that emerges out of the campus party scene. One major component of hookup culture on campuses is that it is normative for students to use alcohol as a means to lower their inhibitions and become more comfortable with having sex with the people they meet or spend time with at parties, bars, or other drinking events. Furthermore, students may be encouraged or pressured by their cohorts to find sexual partners while in the drinking scene and to have sex with those partners while intoxicated. This clearly poses a challenge to identifying and preventing sexual victimization in the drinking scene as many of the

previctimization warning signs can appear to be normal interactions between consenting adults. The effectiveness of perhaps the most prominent programming effort to reduce sexual victimization on campus—bystander intervention training—is especially challenged by the norms of hookup culture.

Bystander Intervention Training

Bystander intervention training typically aims to teach students how to recognize previctimization warning signs and, in situations they perceive as risky, to intervene to prevent an assault from occurring. However, the norms of the college drinking scene may often impede intervention. Students may be unsure if a perceived potential offender intends to cause harm, if a perceived potential victim is in need of assistance, or which strategy they should employ to mitigate risk after it is identified. This uncertainty may be amplified when the potential bystander is intoxicated. Some movements to reduce sexual victimization, however, have drawn attention to the aspects of campus drinking culture and hookup culture that contribute to the perpetuation of myths about sexual assault. For example, many activists have sought to raise awareness about factors that preclude consent (e.g., if the victim is intoxicated, if the victim has been coerced). Activists have also sought to challenge victim-blaming tactics (e.g., asking how much the victim had to drink, asking what the victim was wearing) and to discredit exaggerated claims of high rates of false reporting.

Sexual victimization has become a major concern for campus safety officials and a significant consideration for university public relations and recruitment practices. Although debates over the prevalence of the problem continue, so do criticisms of institutional responses to it. Attempts to confront this issue have emerged in music, film, political statements (including statements from President Barack Obama), and other mediums. However, although sexual victimization in the college drinking scene has received a great deal of attention in recent years, other forms of interpersonal victimization have largely gone unacknowledged.

Intimate Partner Violence

One of the least acknowledged and least studied forms of campus victimization is intimate partner violence. Intimate partner violence on campus may also be connected to the norms and rituals that produce, and are reproduced by, the college drinking culture. This form of violence is distinct from other types of crime due to the ongoing relationship and shared lives of the victims and perpetrators. This unique context makes it less likely that victims will contact police and more likely to be underreported. Even so, relationship violence has been found to be a prevalent problem among college dating partners. This includes psychological, sexual, and both minor and severe physical violence. Research suggests that more than 20% of college women have experienced sexual or physical abuse within a dating relationship. Further, the problem of dating violence is worsened by the consumption of alcohol.

The college drinking culture functions to create more motivated offenders, as well as more suitable targets, of relationship violence. Investigators in the field of intimate partner violence have reported alcohol use as a consistent characteristic of men who abuse their partners. Additionally, studies have found that heavy drinking and illicit drug use are risk factors of relationship violence victimization. Perpetrators of abuse may be more likely to commit violent acts against their partners while intoxicated due to the perceptions of what college students consider acceptable behavior while intoxicated. For example, an intoxicated perpetrator's violent behavior may be excused by both the target of the crime (in this case, the relationship partner) and by any potential capable guardians because the alcohol is perceived as the cause of the violence instead of the perpetrator. Victims of relationship abuse who point to alcohol as the source of their partner's abusive behavior may be more likely to stay in the relationship, thus leading to further victimization. Although the connection between risk of victimization and alcohol consumption is less clear, it is possible that intoxicated partners are more suitable targets of violence because they are not as capable of defending themselves. Victims of abuse may be more likely to use alcohol as a coping mechanism, which can in turn lead to reoccurring victimization.

Alcohol consumption on the victim's part may lead capable guardians to blame the victim for their abusive partner's behavior, leading to a decrease in social support for the victim. Additionally, because surveys on the effects of alcohol consumption have revealed that many college students report having been in an argument while intoxicated, arguments between partners that are psychologically or verbally abusive may go unrecognized as abuse by both capable guardians and by victims. Bystanders may assume that a couple arguing at a social event in which alcohol is present is insignificant and therefore not appropriate for intervention. As the presence of social support has been found to increase the chances of a victim exiting an abusive relationship and lead to more positive mental health outcomes for victims, the role of alcohol may worsen the effects of relationship abuse on victims. Further, the college drinking culture can lead to an increase in social support for abusive partners, and their behaviors may be excused or even viewed as acceptable by peers who blame the intoxicated victim. The specific context of the college drinking scene has the potential to motivate more perpetrators of relationship abuse, create more suitable targets of intimate partner violence, decrease the likelihood of a capable guardian intervening, and exacerbate the consequences of being a victim of relationship abuse.

Combating Risks

In summary, there is a clear relationship between alcohol use and some forms of criminal victimization in campus life. As seen through the lens of the routine activities approach, the less inhibited—and sometimes chaotic—nature of collective intoxication temporarily increases the pool of motivated offenders and raises target suitability. College drinkers often report feeling less committed to prosocial norms when they are intoxicated and are more likely to behave in aggressive ways that are less socially acceptable in the sober interactions of everyday life. Furthermore, the college drinking culture promotes behavioral patterns that reduce capable guardianship. For example, the social drinking script includes the potential for spontaneous (or loosely planned) sexual coupling encounters during a drinking episode. These

encounters may result in intoxicated students leaving a social event together. When intoxicated students physically separate themselves from sources of social support and capable guardianship, the potential for coercive sexual encounters increases. Moreover, research suggests that college drinking culture provides systematic absolution for students who exhibit antisocial behavior while under the influence of alcohol. Thus, college drinkers may be less likely to hold one another accountable for aggressive acts (e.g., physical violence or verbal hostility toward intimate partners) if they interpret the behavior as temporary, episodic, and caused by alcohol consumption.

Campus life administrators can combat the constellation of risks presented by college drinking culture by educating incoming students about the dangers existing in routine social practices, by implementing a campus-wide bystander intervention initiative, by holding students accountable for the criminal acts they commit on campus, and by generating a campus discussion around the best practices for identifying and reporting sexual victimization and intimate partner violence on campus.

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See also Alcohol and Aggression; Intimate Partner Violence; Sexual Offending; Victims of Crime

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ALCOHOL AND AGGRESSION

Interpersonal aggression is typically defined as a behavior that is directed toward another individual with the intent to cause harm. The perpetrator acknowledges the act may inflict harm on the victim, and the victim is motivated to avoid the incident. Harm in this definition can encapsulate various types of harm, including emotional, psychological, or physical harm. This definition is sufficiently broad in scope as to include indirect aggressive behavior, such as relational and verbal aggression, as well as more physically aggressive acts, such as violent threats or assault. Also imbedded in the definition is the requirement that the behavior be carried out with the intent to cause harm regardless of the actual outcome.

Violence is considered to be a more severe form of aggression in which harm is intentionally inflicted. Absent from the literature is a description of the point at which an aggressive act is considered a violent act. There are behaviors that are clearly violent (e.g., murder, physical assault); however, there are other cases (e.g., uttering threats to cause harm, attempted robbery) whereby the distinction is less clear and classification is more challenging. Evident from these definitions is that all violent behavior can be categorized as aggressive; however, not all aggressive behavior is violent.

Furthermore, in the extant criminal psychology literature, behavior liable to be punished by the courts (e.g., convictions for assault, kidnapping, robbery) is violent behavior classified as a violent crime. Conversely, other harmful behavior that is primarily psychological or emotionally damaging in nature (e.g., name calling, spreading rumors) is

not typically punished by the courts and is more commonly deemed to be aggressive behavior. A violent crime can range from a physical assault in a bar context, a serious aggravated assault, robbery with a firearm, sexual assault, or, most severe in outcome, a homicide. Interpersonal aggression and violence have been studied from various theoretical perspectives and are understood to be influenced by numerous environmental, social, neurobiological, and cultural factors.

Substance use, particularly the consumption of alcohol prior to the perpetration of a violent incident, is well-documented as a significant risk factor for violence. Numerous epidemiological, cross-sectional, and experimental studies have investigated and established the positive relationship between alcohol use and violence. This entry begins with an overview of the prevalence of alcohol-related violence and some of the key risk factors for this subtype of violence. The entry concludes with a discussion of an intervention framework for individuals involved in alcohol-related violence.

Prevalence

In terms of prevalence, the influential research of Kai Pernanen examined the presence of alcohol in episodes of violence and reported alcohol use in 42% of violent incidents. Other studies identified alcohol as an influencing factor in as many as 60–85% of violent incidents. The exact proportion may vary by jurisdiction, definition of violence, and the sample of offenders involved. However, what has been consistently reported is the positive association between alcohol and violence and that a large proportion of violent crime involves alcohol use.

Violent crime negatively affects not only the victim but also the victim's family, the community at large, and the perpetrator of the violent act. Alcohol-related violence has significant social and economic costs, so a complete understanding of its precursor or underpinning is important.

Despite alcohol use being implicated in violent behavior, the majority of individuals who consume alcohol are not violent. Acute alcohol consumption rather than chronic alcohol abuse has been suggested to be more strongly associated with individuals incarcerated for a violent offense. However, neither acute alcohol use nor chronic

alcohol abuse is sufficient for aggression to occur because many drinking episodes do not result in violence, and some acts of violence do occur without the influence of alcohol. Therefore, the following question remains: What factors influence the relationship between alcohol use and aggression?

Various individual, environmental, cultural, and situational factors influence the strength of the relationship between alcohol and aggression. Examples include dispositional aggression personality disorders, impulsivity, problem-solving ability, and cognitive functioning. The following is an overview of some of the key risk factors involved in alcohol-related violence.

Risk Factors for Alcohol-Related Aggression

Dispositional/Trait Aggression

Decades of research examining laboratory-based aggression measures to assess the effects of alcohol use on aggression have established that alcohol consumption increases the likelihood of reacting aggressively when individuals are faced with provocation. A key component that has been shown to interact with aggressive response and alcohol consumption is dispositional aggression. Alcohol increases aggressive responses in individuals with a high disposition for aggression; however, alcohol does not have the same influence on those individuals with a low disposition for aggression.

Alcohol-Related Outcome Expectancies

Within the framework of social learning theory, violence and aggression, similar to many other behaviors, are learned by observation and imitation of others. Developmentally, behaviors are learned through observing the positive (reinforced) and negative (punished) consequences of behaviors. An individual's violent behavior is developed from previous observational and experiential learning that aggression is rewarding. As such, the positive expectancies associated with aggression increase the likelihood of engaging in such behavior; consequently, the co-occurrence of alcohol consumption and aggression influence the likelihood of violence in a given scenario. That is, through experience and observation, individuals

learn the association between drinking and becoming violent (i.e., "When I/others drink at the club, I/others always get in a fight."). This expectation can be based on previous observations or from personal experiences of getting into bar fights.

Research shows that this cognitive representation of previous experiences shapes the outcome of future situations. Those who believe that alcohol makes them violent or those who expect violence in a specific type of context (e.g., drinking at a pub or bar) are more likely to become violent than those who believe otherwise. Trait aggression has been reported to influence this relationship further, in that the positive outcomes for aggression are more potent for those who have high trait aggression than for those who have low trait aggression. Alcohol-related outcome expectancies are not the only persuasive factor manifesting the positive relationship between aggression and alcohol; however, challenging these negative outcomes may assist in decreasing alcohol-related violence.

Social Problem Solving, Cognitive Processing, and Impulsivity

The literature on alcohol use, aggression, and the interrelationship of these variables with other influential factors, such as impulsivity and problem solving, is complicated, and a comprehensive review is out of the scope of this entry. However, a few points are worth addressing, specifically with respect to the interplay among aggression, alcohol use, and cognitive processing. For instance, physiologically these variables interact under a few conditions. The first condition is when a low amount of alcohol is consumed, this may reduce inhibitory factors and thus facilitate aggression. At low doses, alcohol alters the anxiety–threat system by decreasing anxiety and inhibition. In a situation in which individuals are threatened or provoked, they are disinhibited (i.e., more impulsive) and may therefore be more likely to respond with an aggressive act than they would had they not consumed alcohol.

The second condition occurs under a large amount of alcohol consumption; this may cause a sedative or analgesic effect that alters the cognitive–control system. Under this similar condition, high levels of alcohol consumption also impair one's ability to make judgments, which may also

lead to aggression. Social problem solving and cognitive functioning are disrupted, and individuals may have alcohol myopia, which can be best described as having tunnel vision in relation to the perceived provocation; individuals only attend to the most salient and proximal elements of a social situation, such as the provocation, and problem solving and abstract reasoning are disrupted. Individuals fail to implement problem-solving skills, such as identifying the consequences of their action (e.g., potential conviction for a violent assault) or alternative and nonviolent responses to the social interaction. Therefore, alcohol consumption by individuals with information-processing deficits is purported to possibly increase the risk for aggression.

In a 1997 review, Stephen Chermack and Peter Giancola noted the association between information-processing deficits and aggression as well as the ability of alcohol to disrupt executive cognitive functioning and problem solving and to limit abstract reasoning. Therefore, alcohol consumption by individuals with information-processing deficits may increase the risk for aggression. As a result, alcohol abuse has been suggested to be a potential mediating variable in the association between impulsivity and aggression.

With the frequency of impulsivity and violent behavior considered, acknowledging the effect of an impulsive personality in the relationship between alcohol use and aggression is important. In general, alcohol abuse is a complex behavior that is not innately impulsive. However, if impulsivity is related in some way to alcohol use, one would expect individuals who exhibit impulsive behavior to have high rates of substance use, and research has shown this to be the case in various offender, nonoffender, and clinical samples.

Other findings provide further support for this relationship. In a longitudinal study of delinquents and violent offenders, individuals who scored high on impulsivity and hyperactivity measures were found to be 3 times more likely to develop an alcohol problem by age of 25. Furthermore, individuals high on impulsivity and alcohol problems were 10 times more likely to be arrested for a violent offense than those individuals who did not exhibit impulsivity or alcohol problems. Evidently, results indicated that delinquents who are impulsive and drink heavily are most likely to be violent.

The aforementioned research suggests the positive relationship among alcohol use, social problem-solving deficits, impulsivity, and aggression. Given that these are key areas of influence, they are worthy starting points for consideration in developing treatments for alcohol-related violence in offenders.

Interventions

The intended treatment targets of cognitive behavioral treatment programs for violent offenders typically aim to decrease antisocial attitudes and cognitions related to violence. Often, these are contextualized and situated within an anger management framework. Given that substance use is an important criminogenic need, naturally, the role of substance use should be addressed within the context of a violent offender treatment program; however, it is seldom the focus despite its strong prevalence in violent offenses. Notably, specific interventions designed to control and treat alcohol-related violence are limited.

Mary McMurrin, a key researcher and clinician in the treatment of alcohol-related violence in the United Kingdom, is an advocate of advancing the development and implementation of programs addressing this specific need area. McMurrin has devised a comprehensive therapeutic model of alcohol-related aggression, which is called the Control of Violence for Angry Impulsive Drinkers model. This framework includes the key cognitive behavioral treatment-based elements of anger management and problem solving; however, it also aims to address the treatment targets of greatest relevance to alcohol-related violence. A few of these targets include modifying drinking habits, weakening beliefs about the effects of alcohol, managing aspects related to cognitive and behavioral impulsivity, and enhancing problem-solving skills. Given that the program offerings in this domain are limited, assessing the outcomes related to programs, such as the Control of Violence for Angry Impulsive Drinkers, merits further attention.

The relationship between alcohol and aggression is complex, and researchers have been limited in their capacity to demonstrate a direct causal relationship between these factors. However, consistent evidence has illustrated a

connection, with the recognition that the role of indirect causes, such as individuals' differences and situational factors, is important. In addition, associations among high trait aggression, impulsivity, deficits in social problem solving, and alcohol-related outcomes expectancies have been shown. Finally, although correctional programs specifically addressing the specific antecedents of alcohol-related violence are limited, considerable research has been conducted to help unravel the complex relationship involved and enrich knowledge and understanding of alcohol-related violence.

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See also Cognitive Behavioral Therapy and Social Learning Theory; Genetic and Environmental Influences on Violence and Aggression; Neurobiological Bases of Aggression; Substance Abuse and Crime, Linkages Between; Theoretical Models of Violence and Aggression

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AMERICAN CORRECTIONAL ASSOCIATION

The American Correctional Association (ACA) is a professional membership organization composed of individuals, agencies, and organizations that are involved in all facets of the corrections field, including adult and juvenile services, community corrections, probation and parole, jails, and prisons. The association has thousands of members as well as more than 100 chapters around the world and affiliates representing states, professional specialties, and university criminal justice programs. The ACA has been a driving force in establishing national and international correctional policies and advocating safe, humane, and effective correctional operations. It also disseminates the latest information on correctional policy and standards to members, policymakers, individual correctional workers, and departments of correction. This entry first reviews the history of ACA and then discusses ACA's standards, particularly with regard to community corrections programs, special populations, and correctional health.

History

In 1870, an assembly of leaders in U.S. and international corrections held a meeting in Cincinnati, OH. After electing Rutherford B. Hayes,

then-governor of Ohio and future U.S. president, as the first president of the association, the leaders then developed principles stating the beliefs and values underlying the practice of the corrections profession. As a result of this meeting, the National Prison Association was founded, an organization that subsequently evolved into ACA.

ACA continued in the spirit of its founders when it renewed and revised these principles in 2002. Since then, ACA's principles of humanity, justice, protection, opportunity, knowledge, competence, and accountability have guided corrections practices, with the cooperation and support from leaders of local, state, national, and international communities and organizations.

Community Corrections Programs

ACA standards for community corrections programs are designed to provide community corrections professionals with the tools to identify and address offender needs and provide effective offender programming and services. The purpose of the standards is to help introduce effective practices in community corrections programs, in order to create a safer community, through the reduction of recidivism.

Two examples of expected practices applicable to Adult Probation and Parole Field Services (APPFS) are APPFS-1B-06 and 4-APPFS-2A-02. Under APPFS-1B-06, probation officers should consider sentencing alternatives that match offender characteristics and needs and balance those needs with the primary mission of public safety. As stated in 4-APPFS-2A-02, each agency should establish an objective assessment process that identifies offender programming needs, risk of reoffending, and level of supervision. The assessment process should include the following:

- an initial assessment of each offender using a standardized and validated assessment tool
- additional assessments or evaluations
- personal interview with the offender
- development of objectives that address community safety and offender needs
- assessment or reassessment results recorded in the case file and communicated with the offender

Special Populations

ACA also recognizes the importance of having standards that address the distinctive needs of the special populations constituency. Because individuals with special needs have increased vulnerability, they require specialized care. The functional deficits associated with intellectual disability, for example, create particular vulnerabilities and habilitation needs. With rates of intellectual disability in state and federal prisons ranging from 0.5% to 20%, depending on the method of assessment, there is a need for specialized services that provide assistance in adaptive functioning and prison adjustment.

In 2012, about one in every 35 adults in the United States, or 2.9% of adult residents, was on probation or parole or incarcerated in prison or jail. Based on these rates, an estimated one out of every 20 people will spend time behind bars during their lifetime, and a significant percentage of those will be individuals with mental illness. In fact, individuals with severe mental illness are 3 times more likely to be in a jail or prison than in a mental health facility, and 40% of individuals with a severe mental illness will have spent some time in their lives in either jail, prison, or community corrections. With about 20% of prison inmates having a serious mental illness, and 30–60% having substance abuse problems, the prison and jail systems have become major mental health facilities. Accordingly, ACA, through its standards, training, and accreditation process, insists that correctional agencies provide appropriate treatment to inmates with serious mental illness, including substance use disorders.

Two examples of special needs-related standards that are applicable in adult correctional institutions are 4-4374 Mental Illness and Developmental Disability and 4-4377 Management of Chemical Dependency. Standard 4-4374 states that offenders with serious mental illness or a severe developmental disability are to receive a mental health evaluation and, where appropriate, referred for placement in noncorrectional facilities or in units specifically designated for handling this type of individual. For offenders with chemical dependency, Standard 4-4377 indicates they should have access to substance disorder information, education, and/or treatment programs. Such

substance use disorder treatment programs should include the following:

- a standardized needs assessment administered to determine the level of substance use treatment needs and criminogenic risks/needs
- an individualized treatment plan developed and implemented by a clinician or multidisciplinary team with appropriate training, and certification or licensure (where required by statute), in substance use disorders treatment
- prerelease education related to the risk of return to substance use
- program participant involvement in aftercare discharge plans

Correctional Health

A critical entity within ACA's organizational structure is ACA's Office of Correctional Health (OCH). This office serves ACA members, jurisdictions, and affiliates by supporting health services programs for the effective delivery of health care to offender populations. To help correctional facilities provide security and quality care for the offender population, OCH offers training for correctional health professionals; needs assessment and technical assistance; and comprehensive services, support, and resources. The department also is responsible for the development, improvement, and promotion of ACA's performance-based health-care standards and the health certification program.

The performance-based standards, expected practices, and outcome measures—developed in collaboration with health care, behavioral health, and security professionals—are available to all adult and juvenile agencies. Compliance with the standards and expected practices serves as the basis for the health services accreditation program, the goal of which is to improve the delivery of health and behavioral health care to offenders within the correctional environment.

OCH also contracts with a correctional behavioral health expert to provide technical assistance and consultation germane to ACA's behavioral health-care performance-based standards, expected practices, outcome measures, and accreditation process. In addition, OCH is responsible for all treatment committees (health care, mental

health, and substance disorders committees) and the Coalition of Correctional Health Authorities. Coalition of Correctional Health Authorities was founded on the idea of bringing together the health authorities to exchange exemplary practices in correctional health and clinical updates, to learn new and improved techniques in quality health-care delivery, to address critical emerging issues, and to network.

Moreover, OCH offers programs that address the learning needs and interests of the members of the correctional health-care team. At ACA's conferences, OCH not only provides educational programs to improve the knowledge, skills, and abilities of correctional health and behavioral health professionals but also offers networking opportunities. In addition, ACA expands learning opportunities utilizing a variety of formats, such as online courses, webinars, and customized on-site training.

Dean Aufderheide and Elizabeth Gondles

See also Community Corrections; Correctional Agencies; Correctional Management; Corrections

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AMERICAN GANGS

American street gangs first emerged in the late 18th century when large groups of immigrants migrated to the United States. Upon arriving in America, immigrants felt isolated and alone due to language and cultural barriers. To overcome these barriers, immigrants banded together along racial, ethnic, religious, and cultural backgrounds. These groups provided cultural support, enhanced communications, and protection from persecution by more established groups of American residents. Some of the first groups to emerge in California and New York formed along Chinese, Irish, Italian, and Jewish ties.

As the immigrant groups grew, rivalries were inevitable. Territorial turfs were established, and the emerging immigrant groups were willing to fight and die to preserve their territory and way of life. Over time, some groups gained reputations for violence, thus creating the foundations for the first American street gangs.

Immigrant gangs also became fertile opportunities for criminal activity such as bootlegging, drug trafficking, prostitution, and smuggling. Once the gangs grew, they engaged in more violent crimes. Extortion, assault, battery, arson, robbery, rape, and murder were natural consequences of the gangster lifestyle. This process continues today as the United States experiences continued growth in gang-related crime and criminal gangs.

This entry addresses differing statutory definitions of criminal gangs, the magnitude of gang membership, gang classifications, and major reasons why an individual joins a gang.

Definition of a Criminal Street Gang

Although the federal government and all 50 states have gang-related criminal statutes, there is no single, uniform definition of what constitutes a criminal gang. However, most federal and state statutes define a criminal street gang as:

- (1) a group of three (sometimes four or five) individuals or more;
- (2) who routinely engage in a pattern of gang-related criminal activity; and
- (3) self-identify the gang with a common name, sign, or established leadership.

Definitions of what constitutes gang-related criminal activity also differ. Most frequently, the federal and state statutes itemize a laundry list of certain property and personal (violent) crimes that, if committed on behalf of a gang, constitute gang-related criminal activity. These crimes generally include murder, rape, robbery, burglary, arson, aggravated assault, battery, grand larceny, and other property crimes.

Definition of a Prison Gang

The federal and state governments also differ as to what constitutes a prison gang. However, most federal and state statutes define a prison gang as:

- (1) a group of three or more inmates that band together;
- (2) that are ready to fight, commit crimes, or disobey prison rules for advancement and preservation of the prison gang; and
- (3) present a threat to rules, regulations, or authority of the correctional facility.

The prison gang is a disruptive group of inmates that pose a threat to the protection and security afforded by correctional facilities.

Magnitude of the Gang Pandemic

Criminal street gangs exist in all states, all large cities, and on most tribal lands. According to the 2011 National Gang Threat Assessment, more than 33,000 gangs, with an estimated 1.4 million gang members, exist in the United States. These numbers continue to grow.

The Assessment further reveals that criminal street gangs are responsible for an average of 48% of violent crime in most jurisdictions. This statistic spikes to 90% of all violent crimes in some major cities. Consequently, criminal gangs are major forces that threaten national security not only in small foreign countries but also in many U.S. cities.

Some of the largest and most violent gangs in the United States include the Almighty Latin King Nation, Aryan Brotherhood, Barrio Azteca, Bloods, Crips, Hells Angels MC, Mongols MC, MS-13, the Mexican Mafia, Ñetas, Norteños, Nuestra Familia, Outlaws MC, Sorteños, Zetas, and the 18th Street Gang. The membership of some criminal gangs is greater than that of a small country. These gangs include:

- Crips, with more than 35,000 members;
- Nuestra Familia, with more than 42,000 members;
- Latin Kings, with 50,000 members; and
- 18th Street Gang, with more than 50,000 members.

MS-13 is a large transnational gang that routinely plans and controls criminal activity in one country that is carried out in another country. It is estimated to have more than 70,000 members. As such, it is considered a threat to national security not only in Mexico and Central American countries but also in the United States.

Gang Classifications

The 2011 National Gang Threat Assessment provides five major classifications of gangs. The classifications include:

- (1) neighborhood gangs,
- (2) criminal street gangs,
- (3) one-percenter outlaw motorcycle gangs (OMGs),

- (4) prison gangs, and
- (5) transnational gangs.

Unfortunately, these classifications blur. For example, neighborhood gangs are becoming more sophisticated, more organized, and more adept at using the Internet and cell phones to commit crimes. With increased mobility and improved communications, traditional neighborhood gangs become more aggressive and broaden their territory, quickly evolving into criminal street gangs.

Sophistication also opens the door to organized forms of gang-related criminal activity. Mexican cartels, transnational gangs, and organized crime syndicates readily create alliances with traditional neighborhood gangs and criminal street gangs when it serves to strengthen drug trafficking routes or enhance other gang-related criminal enterprises. As a result, there is no clear line of demarcation when it comes to gang classifications. However, these gang classifications do provide a basic foundation that facilitates uniform analysis of gang growth, gang membership, and gang-related criminal activity.

Neighborhood Gang

The term *neighborhood street gang* denotes a gang that is small in terms of gang membership, geographic territory, and gang-related criminal activities. Criminal opportunity is often individualistic and opportunistic, limited primarily to drug possession, small sales of drugs, assault, battery, and miscellaneous property crimes. On occasion, the neighborhood gang may transact business in adjacent towns or cities, but generally, the territorial turf is relatively small. For the most part, the neighborhood is created to provide a sense of belonging and protection that includes small profits derived from a few gang-related criminal activities.

Criminal Street Gang

The criminal street gang focuses more on profits derived from gang-related criminal activity. Ever evolving, it often lacks the leadership and sophisticated organizational structure associated with organized crime, drug cartels, or

transnational gangs. Gang-related criminal activities consist primarily of extortion, assault, battery, property crimes, prostitution, and low-level drug dealing. As the gang grows, the criminal activities and territorial control expand. When this occurs, the street gang is likely to make alliances with other gangs or drug cartels that serve to further gang-related criminal operations.

Prison Gang

As noted, a prison gang operates within the confines of correctional facilities. Newly formed prison gangs emerge when inmates band together for support, a sense of belonging, and mutual protection. The prison gang replaces a feeling of isolation and fear of being violated by predatory inmates. Most often, prison gangs form along racial, ethnic, cultural, or geographic backgrounds, thus serving to strengthen solidarity of and loyalty to the prison gang.

OMGs

The Bureau of Alcohol, Tobacco, Firearms and Explosives defines an OMG as any group of motorcyclists who voluntarily band together, abide by and enforce the OMG's rules, and engage in gang-related criminal activities that bring members and the OMG into repeated and serious conflict with society and the law. To qualify as an OMG, the motorcycle club must be (a) an ongoing organization of three or more persons (b) with a common interest and/or activity (c) characterized by a pattern of gang-related delinquent or criminal conduct.

Transnational (International) Gang

In contrast to small neighborhood gangs, transnational gangs are larger, well organized, and highly sophisticated. By definition, the transnational gang routinely plans and organizes gang-related criminal activities in one country that are executed in another country. As such, the transnational gang is a powerful criminal organization, if not a crime syndicate, that often participates in weapons smuggling, extortion, and international drug trafficking activities.

As evidenced, gang classifications tend to blur and overlap. For example, prison is a revolving door for many neighborhood or street gang members. While incarcerated, street gang members often join a prison gang for protection. The prison gang member frequently returns to his or her former street gang upon release. This serves to place the tentacles of prison gang power and control directly into criminal street gangs. It also provides a never-ending supply of new recruits for the prison gang when the street gang members are incarcerated for gang-related crimes.

Common Reasons Why Someone Joins a Gang

Criminal gangs differ in nature and composition. As such, the psychological underpinnings for joining different types of gangs may vary according to the geographic and socioeconomic background of each individual gang member. However, the most frequently given reasons for joining or remaining in a gang are as follows:

- a sense of belonging, connectedness, and companionship;
- desire to enhance self-esteem, self-identity, and respect;
- money to survive and/or enhance perceived social status;
- protection against victimization;
- a feeling of power or control;
- access to drugs, alcohol, and sex; and
- fear of retaliation for leaving the gang.

The sense of belonging, protection against victimization, and status are key factors for joining a gang. The new gang member gains a feeling of security and self-esteem, knowing that the entire gang will back him or her up if threatened by a non-gang member. The gang becomes the gang member's new way of life, if not the gang member's entire life.

Idle Time

Geographical access to gang members is a key factor to consider when determining the likelihood of joining a criminal gang. However, other

factors, such as idle time and boredom, also affect the likelihood of joining a gang. Some additional factors may include:

- lack of opportunities for employment;
- lack of social opportunities;
- lack of close family ties;
- lack of close friends or associates;
- lack of supervision; and
- lack of attachment to school, organized sports activities, or church groups.

Essentially, an overall lack of attachment, weakened social bonds, and excess idle time seem to be common denominators when determining the likelihood of joining a gang.

Positive Reinforcement of Antisocial Behavior

Gang members are duty bound by an oath of loyalty to fight or kill anyone who disrespects or threatens the gang or a fellow gang member. In addition, rival gang members are perceived to be subhuman threats, similar to the threat of an insect. This dehumanization process further serves to desensitize and justify the use of violence. Combined, gang-related criminal activity and acts of violence serve to positively reinforce solidarity and loyalty to the criminal gang.

Similarly, group willingness to commit criminal acts of violence diffuses and minimizes individual responsibility and accountability. When more than one gang member commits a crime or participates in a fight, accountability for the act is diffused, and the individual gang member feels less blameworthy. This sense of belonging and lack of individual responsibility further perpetrate antisocial behavior and the gangster lifestyle.

In summary, criminal gangs are a growing concern in the United States. They are becoming more sophisticated, using modern technology, the Internet, and interstate highways to conduct gang-related criminal activities of a larger magnitude and more geographic in scope. Due to the rapid growth of gangs and gang members, they present serious national security concerns to many foreign countries as well as the United States.

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See also Aryan Brotherhood; Biker Gangs; Black Guerrilla Family; Mexican Mafia; Nuestra Familia; Prison Gangs and Strategic Threat Groups

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AMERICA'S MISSING: BROADCAST EMERGENCY RESPONSE (AMBER) ALERT

The America's Missing: Broadcast Emergency Response (AMBER) Alert system was created after the abduction and murder of Amber Hagerman in 1996. AMBER Alerts are police-issued notifications providing information (e.g., about the abductor's car, the child's name, the child's last known location) to the public in order to help locate a missing child and abductor. Alerts were intended for stranger abductions but are most commonly used in cases of familial abductions or other missing-child circumstances. AMBER Alert research branches into the fields of criminology, law/policy, and psychology. This entry discusses

these fields as well as a psychological analysis and the future directions of research.

Effectiveness of AMBER Alert: A Criminological Analysis

Criminologists have discovered a number of key themes related to the limited effectiveness of the AMBER Alert system. First, most AMBER Alerts have no effect. Even when they are allegedly successful, they do not appear to routinely save lives. Furthermore, even when AMBER Alerts are in fact successful, it is typically not in clearly life-threatening circumstances. The so-called success cases overwhelmingly involve parents, other family members, and other categories of offender not suggestive of the stereotypical abductors or abductions that the Alert system was designed to address.

Second, most AMBER Alert success cases involve recovery times usually much longer than 3 hr—a crucial consideration in light of research showing that most child abduction–murder victims are dead within that timeframe. Of course, an important caveat in interpreting AMBER Alert case outcomes is the impossibility of knowing what would have happened in any particular AMBER Alert case had no Alert been issued. Even so, it is still possible to reasonably speculate on the likely threat posed. One study found no statistically significant differences along measurable factors between Amber Alert success cases versus cases in which the Alert had no effect. This suggests that the unmeasurable factor of actual threat was comparable—and minimal—for both categories of cases.

Another major theme emerging from AMBER Alert research is the unavoidably conflicting imperatives of rapid issuance and the provision of accurate and authentic information. One study found that the intuitively plausible issuance criteria of *peripheral harm* (i.e., harm committed by the abductor against someone other than the child) is ironically indicative of less threat to the abducted child. This finding was driven by the identity of most abductors in AMBER Alert cases (parents and/or other family members) who can usually be presumed to pose no immediate threat to the child regardless of their hostility to other parties. In short, evidence suggests that AMBER Alerts,

although well intentioned, are not particularly effective at addressing their intended purpose of rescuing children from stranger abductors.

AMBER Alert as Crime Control Theater (CCT): A Policy Analysis

Some policy scholars have classified AMBER Alerts as CCT, a term used to describe legal actions that appear to work but are actually ineffective. Four criteria determine whether a legal action can be classified as CCT: (1) the legal action was a response to moral panic, (2) the legal action receives unquestioned promotion and acceptance, (3) the legal response relies on mythic narratives, and (4) the legal action is an empirical failure. Some researchers have classified the AMBER Alert system as CCT because it meets all of these criteria. For instance, AMBER Alerts were created after the abduction–death of Amber Hagerman, which sparked widespread moral panic about child abductions. Moreover, few people question the effectiveness of AMBER Alerts. Lawmakers and the public often strongly support the AMBER Alert system. AMBER Alerts also appeal to mythic narratives in that they target the stranger danger narrative within society. Finally, AMBER Alerts are empirical failures and are rarely effective in saving children from stranger abductions.

Overselling AMBER Alert: A Psychological Analysis

Certainly, rescuing abducted children is an important endeavor, and even legal actions that are little more than symbolic can serve an important purpose (e.g., communicating that lawmakers are doing something, communicating norms that abduction is a serious crime). Even so, legal scholars have expressed concern that communicating that the system is highly effective (i.e., overselling) creates a multitude of dangers. For instance, overselling can lead to the creation of a one-type-fits-all image of abductors who target children. This focuses the attention on more stereotypical abductors (e.g., strangers) and takes the focus off of people who are most likely to abduct children (e.g., family members). The message that AMBER Alerts are effective disregards the fact that most of the so-called successes occur in situations in which

the Alerts were never intended (i.e., family member abducts the child). Thus, people believe that these Alerts are effective at saving children from stranger abductions. This belief could lead people to focus on stereotypical abductors (i.e., strangers) and not focus on nonstereotypical abductors (e.g., family members).

Another danger of overselling AMBER Alerts is that there is little accountability for whether or not the policy is successful. Unquestioned promotion and acceptance makes it difficult to critically examine the policy to determine its effectiveness or to discuss ways to improve the policy. Overselling also discourages discourse about whether money could be spent in ways that would address more common child dangers or deaths (e.g., choking) as compared to rare events such as abductions.

Finally, overselling AMBER Alerts can lead to an increase in public panic. By overselling AMBER Alerts, people believe that child abductions are more common than they really are, possibly leading parents and children to be overly cautious (e.g., caution in making new relationships or allowing children to play outside). Although rescuing children is important, legal scholars have urged policy makers to be cautious in overselling AMBER Alerts because of such dangers.

AMBER Alert and Behavior: A Psychological Analysis

Psychologists have begun to study the AMBER Alert system. They focus, for instance, on the psychological reasons that AMBER Alerts might not work as intended as well as on the AMBER Alert's effect on psychological processes. A few studies address social cognitive processes related to AMBER Alerts. For example, child abductions can trigger hindsight bias (i.e., the *I knew it all along* effect, such as "I knew from the minute I read about the abduction that the child would be killed") under specific conditions: when the abductor is a stranger and when the abducted child is harmed. Although this study was conducted in a laboratory, it is likely that these effects increase support for real AMBER Alerts, as Alerts are designed to assist in cases of stranger abduction.

Similarly, in the event of a child abduction in which the child is not rescued, failure to issue an

AMBER Alert can result in more negative perceptions of the law enforcement agency in charge of issuing Alerts. According to one study, this occurs when the lack of an AMBER Alert was due to officer error. This phenomenon might occur due to community members engaging in counterfactual thinking (i.e., “if only” thinking, such as “if only the police had acted sooner, the child would’ve been rescued”).

Emotions (anticipated guilt, positive affect, and panic) and cognitive processing styles are linked to greater support for the AMBER Alert system. Specifically, negative emotions are associated with more positive attitudes toward AMBER Alerts, but positive emotions are not. Faith in intuition (i.e., the tendency to rely on one’s gut instincts in decision-making) is also associated with more positive attitudes, but need for cognition (i.e., the tendency to use logic in decision-making) is not directly related. Finally, the more people process information experientially (i.e., emotionally), the more positive attitudes they have toward AMBER Alerts.

Another line of psychology research has investigated whether attitudes toward AMBER Alerts can be altered through education. For instance, educating people about the low effectiveness of AMBER Alerts reduces support for AMBER Alerts but only if education occurs via high-quality messaging (e.g., messages that cite experts, statistics, and specific research). Similarly, education can reduce how much blame (measured as damage awards in a civil lawsuit) individuals assign to law enforcement in the event of a failure to rescue an abducted child.

Next, some research has focused on the effects of reading about abductions and AMBER Alerts. Reading about a child abduction causes heightened emotions, no matter the outcome of the abduction. Reading about an abduction labeled as an AMBER Alert leads participants to report that the message is more important and that they would make greater attempts to be involved (compared to reading about an abduction that was not labeled as an AMBER Alert). This suggests that the label of AMBER Alert prompts people to pay attention to the information, but another study found that reading about an AMBER Alert does not increase one’s ability to recognize faces.

Finally, limited research has found that certain groups of people (e.g., women, community members) are more likely to support the AMBER Alert system than their counterparts.

Researchers have suggested that some psychological phenomena might apply to AMBER Alerts, but these notions are yet untested. For instance, common errors in memory acquisition, retention, and retrieval are likely to make it difficult for the public to accurately identify a child and abductor. The bystander effect suggests that public participation is likely low because everyone believes that someone else who sees the Alert will help. Research on helping behavior suggest that social norms and pressure, individual characteristics, and perceptions of crime severity are related to helping behavior and willingness to report crimes to police in general. Researchers have also been concerned that AMBER Alerts could produce copycat crimes by media-seeking criminals, that Alerts could encourage the criminal to secure a different car than the one described in the Alert (in essence making the Alert counterproductive), and that the Alert system has little deterrent effect, as most abductors are not likely thinking rationally about the crime.

Future Directions in AMBER Alert Research

Criminologists, legal/policy analysts, and psychologists have studied a variety of aspects about the ALERT system, but there are many areas yet to be studied. First, research could reveal whether different Alert message formats (e.g., photographs, labels, media used) improve the public’s willingness and ability to respond to AMBER Alerts. Similarly, public service programs could attempt to encourage bystander intervention. Such measures would improve the public’s ability to assist with an abduction. Second, AMBER Alert outcomes could be explored. There has been some concern about Alert fatigue: Individuals might ignore or fail to remember AMBER Alerts more when these alerts are more common. Other outcomes worthy of studying include whether the issuance of Alerts prompt abductors to alter their behavior (e.g., to release the child or to kill the child as a means of destroying evidence of the abduction). Also, outcomes related to the public’s

behavior should be studied to determine whether exposure to information about abductions increases feelings of fear, exaggerated perceptions of abduction risk, being protective of one's own children, or fear of strangers. Finally, the psychological hypotheses discussed above could be the basis of future research more specifically concerning the AMBER Alert.

It is inherently difficult to study the real-world phenomena such as AMBER Alerts because it is impossible to predict when one will occur. Laboratory studies can only approximate the real-world responses. It is difficult to access perpetrators in order to study their motivations. Research is also difficult because there is no nation-wide database of Alerts, their circumstances, and their outcomes.

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See also Abduction

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ANTISOCIAL PERSONALITY DISORDER IN INCARCERATED OFFENDERS, TREATMENT OF

Antisocial personality disorder (ASPD) is a recognized mental disorder that is substantially over-represented in offending populations. It is a complex and costly condition, associated with high rates of morbidity and mortality for the individual concerned and significant harm toward others. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* defines ASPD as a personality disorder that is characterized by deceitfulness, impulsivity, aggressiveness, disregard for the rights and safety of others, irresponsibility, and lack of remorse.

Epidemiological studies have found the prevalence of ASPD in men to be between 1% and 6% in general community samples, but the prevalence becomes increasingly higher in mental health services, the criminal justice system, and prison settings, with ASPD being represented in up to 80% of the prison population. ASPD is 3 times more common in men than women in the general population, although up to 30% of female prisoners are estimated to have ASPD. ASPD is associated with a significantly increased likelihood of committing violent behaviors, and the diagnosis is highly predictive of future violence, reconviction or reincarceration upon release, and severity of recidivism.

ASPD is also associated with considerable and complex comorbidity with other mental conditions, particularly alcohol and substance misuse and anxiety and depressive disorders. Individuals with ASPD are more likely to die at a young age due to reckless behavior and increased rates of suicide. The costs to society of people with ASPD who engage in criminal behavior include

emotional and physical injury to victims, damage to property, involvement with the criminal justice system, increased use of health services, lost employment opportunities, family disruption and relationship breakdown, childcare proceedings, gambling, and problems related to alcohol and substance misuse.

This entry begins with general findings regarding ASPD. It then describes the assessment methods and treatment approaches. The entry concludes with a discussion regarding issues faced by those treating patients with ASPD.

General Treatment Findings

Individuals with ASPD find it difficult to think of themselves as needing treatment as they associate this with weakness and vulnerability and therefore frequently reject any therapy offered. If treatment is mandated, as is often the case in custodial or probation settings, the offender may engage in treatment, but the apparent compliance may be motivated by the wish to be released rather than for any therapeutic benefit.

The evidence base for effective treatments for ASPD to date is limited in part due to the difficulties in engaging individuals with ASPD in treatment, let alone research studies. Most treatment trials have been conducted within the general offender population rather than samples consisting solely of offenders with ASPD. Moreover, research findings are hindered by differences between studies regarding treatment outcomes, diagnostic confusion regarding psychopathy and ASPD, and a focus on behavioral rather than personality change. This lack of an evidence base was highlighted in a 2010 review of all prospective randomized controlled trials (RCTs) for individuals with ASPD. This review identified 11 studies, all looking at a different psychological intervention, involving 471 individuals with ASPD, but only two studies focused solely on an ASPD sample. No study reported any change in antisocial behavior, leading the authors to conclude that there was insufficient trial evidence to justify any psychological intervention for adults with ASPD. The paucity of positive treatment findings contributes to the widespread belief among mental health professionals that the condition is untreatable.

Despite this, many treatment programs, mostly from a cognitive behavioral approach, have been

developed to reduce offending in prison and probation populations. Those found to have the largest effect size adhere to the Risk-Need-Responsivity model, which focuses on risk (targeting individuals at greatest risk of reoffending), criminogenic need (empirically based criminogenic risk factors such as criminal attitudes, substance abuse, and impulsivity), and responsivity (which types of interventions are most effective in addressing criminogenic needs). Risk of recidivism is reduced when the therapeutic relationship is characterized by caring, fairness, and trust. Interventions that focus on punishment, monitoring, control, and surveillance may increase risk of recidivism if not combined with rehabilitative efforts.

A structured approach to the management and treatment of offenders with ASPD considers the following clinical areas: careful assessment of the offender, including assessment of risk, psychopathy, and other personality characteristics that influence prognosis; specific treatment interventions; and monitoring the emotional responses of the professionals involved.

Assessment

Psychopathy

The most influential conceptualization of psychopathy within psychiatry was proposed by Hervey Cleckley in 1941 in his seminal book *The Mask of Sanity*. Cleckley vividly described the psychopath as a person who was incapable of feeling guilt, remorse, or shame; unable to form attachments to others; emotionally shallow, impulsive, egocentric, and grandiose; and unable to learn from experience and lacked insight. These characteristics have subsequently been empirically defined and measured by Robert Hare in the development of a reliable and valid risk assessment tool, the Psychopathy Check List-Revised.

Psychopathy is not, however, synonymous with a categorical diagnosis of ASPD. Empirical studies indicate that only one third of individuals in prison with ASPD have severe psychopathy, and this latter group has a significantly poorer treatment prognosis than do antisocial personality-disordered offenders with fewer psychopathic traits. The measurement of psychopathy and the use of other psychological tests help delineate subgroups of antisocial individuals who have lower

psychopathy scores and higher levels of anxiety, who may show a better response to treatment.

Violence

The most salient risk posed to others by offenders with ASPD is that of violence. This must be carefully assessed by validated risk assessment tools such as the Violence Risk Appraisal Guide, the Classification of Violence Risk, the Historical Clinical Risk Management-20 Version 3, and the Psychopathy Check List-Revised. Those who are severely psychopathic have 3–5 times the risk of violence than nonpsychopathic offenders. Ongoing risk management is an integral component of any intervention to reduce the risk of violence and antisocial behavior and typically includes attention to the setting in which treatment is delivered. Prison environments, particularly if they are overcrowded or based on power and control, may present significant challenges to staff in containing inmates' risk to themselves and others while facilitating rehabilitation. If the anxieties of staff are not addressed, this may lead to increasingly harsh and punitive regimes, which cause further discontent and resentment within the offenders, increasing their risk of harm to themselves and/or others.

Specific Treatment Approaches

Pharmacotherapy

The mainstay of treatment for ASPD is psychological therapy. Meta-analyses examining studies of pharmacological treatments of ASPD have found little evidence that these are effective in changing the primary traits of the condition or its behavioral manifestations. Medication is only recommended for the treatment of comorbid mental disorders such as depression, and close attention to adherence and misuse is advised.

Cognitive Behavioral Treatments

Most available psychological treatment programs for offenders with ASPD are based on cognitive behavioral and social learning principles and have been shown to have some effect in reducing risk in personality-disordered

offenders. These include relapse prevention programs such as Reasoning and Rehabilitation and Enhanced Thinking Skills, which integrate cognitive skills with social skills and problem-solving, anger and violence management programs, and sex offender treatment programs. Such interventions may be more effective when delivered within a group format rather than through individual therapy. Specific interventions for high-risk psychopathic individuals have been developed which adhere to the Risk-Need-Responsivity model and target dynamic factors directly linked to criminal and violent behaviors rather than underlying character traits.

Empirically based psychological therapies that include cognitive techniques and have been designed specifically for borderline personality disorder, such as dialectical behavioral therapy and schema-focused therapy, are increasingly used to treat personality-disordered offenders in forensic settings and have a growing evidence base for their effectiveness in this population.

Milieu Therapy

Therapeutic interventions may be more effective where there are concerted attempts to structure the environment in which the treatment is delivered. Milieu or residential approaches advocate that control of the environment surrounding the antisocial individual is the primary agent for change. There are two such approaches: token economies and therapeutic communities.

A token economy is a system of behavioral modification based on the principle of operant conditioning, whereby prosocial behaviors are positively reinforced by specific rewards or *tokens*—for example, allowing the offender more freedom and opportunities within the custodial setting. Such methods have been empirically shown to alter patient and staff behavior within institutions.

Residential therapeutic communities use a non-hierarchical group-based approach guided by four basic principles: democratization, permissiveness, communalism, and reality confrontation. Peer influence is seen as an important agent of change to encourage prosocial attitudes and skills. Although there has been little systematic research into the efficacy of therapeutic communities for

treating personality disorders, some evidence suggests that they are effective for antisocial personality-disordered offenders with comorbid substance misuse. Therapeutic communities remain popular in criminal justice settings, especially in the United Kingdom, and evidence from better designed RCTs suggest that this mode of treatment may be effective in offenders with ASPD.

Psychodynamic Treatments

There is little evidence that traditional psychoanalytic or psychodynamic psychotherapy is effective for offenders with ASPD, although this may reflect the paucity of well-designed RCTs for this treatment modality. There is emerging evidence that specific psychodynamic therapeutic modalities developed for personality disorders involving modifications of psychodynamic technique may be effective in ASPD. The most prominent of these is mentalization-based therapy that has a theoretical basis in attachment theory and combines cognitive and relational techniques and strategies. Trials of mentalization-based therapy have demonstrated that it is effective in treating patients with borderline personality disorder, and as of 2018, a major multisite RCT is being conducted for high-risk offenders with ASPD under the supervision of the National Probation Service in the United Kingdom.

Psychodynamic approaches may be helpful in understanding the unconscious determinants of antisocial behavior and how these may influence the offender's relationship to others and the offender's response to treatment. Moreover, psychoanalytic understanding may be usefully applied to the study of the dynamics of forensic institutions where the tasks of managing and treating dangerous and disturbed offenders may have a deleterious effect on staff and the institutional culture.

Family Therapy

Family therapy and other target interventions for children and families at risk may be effective for the prevention of ASPD. Children who show callous and unemotional personality traits and

those with conduct disorder are at higher risk of developing ASPD, particularly if they have experienced poor parental care or early environmental trauma and abuse. Parent training programs for high-risk parents, preschool nursery interventions, and home visits have been shown to be effective. Older children and adolescents with emerging ASPD may benefit from individual therapy augmented by family interventions such as functional family therapy, systemic family therapy, or multi-systemic therapy.

Countertransference, Supervision, and Reflective Practice

The stresses associated with working with antisocial offenders should not be minimized and may result in staff burnout, high levels of sick leave, substance misuse, and boundary violations in the relationships between staff and offenders. Exposure to dangerous, disturbing, and antisocial behaviors can eventually impact the professional's mental and emotional state.

Countertransference is a psychoanalytic term that refers to the somatic and emotional responses, some of which may be unconscious, that are evoked in the clinician or criminal justice professional by contact with the patient or offender. Common troubling countertransference reactions to personality-disordered offenders include feelings of moral outrage and disgust, therapeutic nihilism, devaluation and loss of professional identity, excessive fear or its opposite in the denial of real dangerousness, fascination, excitement and sexual attraction, and punitive and sadistic responses. Staff working in clinical or forensic settings often believe that it is unprofessional to harbor such feelings, and to reveal them indicates weakness of character and inability to effectively perform their job. However, if these emotional responses are not acknowledged and tended to, the person is more likely to act in unhelpful or inappropriate ways, for example, in overestimating the offender's risk so that the offender remains incarcerated or leading to conflict with other professionals.

It is therefore important for staff working with offenders with ASPD to have regular access to protected and confidential forums where their work and interactions with offenders can be

supervised and thought about. Although such reflective practice is often considered superfluous to the more goal-oriented tasks of managing risk and supervising offenders' activities, it is an essential part of the treatment of incarcerated offenders with ASPD in order to facilitate a containing environment in which both staff and offenders may work together safely and effectively.

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See also Cognitive Behavioral Therapy and Social Learning Theory; Mentally Ill Offenders in Prisons, Treatment for; Psychopathy Versus Antisocial Personality Disorder

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ARSON

Arson is a legal term generally used to describe an unlawful act of deliberately or recklessly setting fire to property, be that to one's own property or that of another person. Although the general consensus is that an act of arson involves setting fire to property, the specific common law elements for an arson offense vary across jurisdictions. For example, some jurisdictions require a dwelling to have been set fire to for an arson offense to be brought to court. Other jurisdictions have different degrees of arson dependent on the severity of the harm caused (e.g., whether the building was

occupied or not, whether a person was harmed or killed as a result of the fire, or whether there was intent or recklessness as to the endangerment of life).

Arson presents a significant societal problem worldwide, accounting for a substantial number of fires attended by fire and rescue services and having a major impact on both society and the economy in terms of property damage and human life. For this reason, arson and deliberate fire setting constitute a serious societal problem, which requires attention from emergency services (e.g., police, fire and rescue services), the criminal justice system, policy makers, and practitioners to reduce its occurrence. This entry discusses the prevalence of arson, the characteristics of perpetrators, and explanations as to why people engage in this behavior.

Prevalence

Statistics from the Department of Communities and Local Government show that in the United Kingdom, in 2012–2013, there were 21,900 recorded deliberate fires resulting in 70 fire-related deaths and 1,300 nonfatal injuries. A similar picture is apparent in the United States and Australia. Statistics from the National Fire Protection Association show that between 2007 and 2011, U.S. fire departments reported receiving reports of approximately 282,600 deliberate fires per annum. These were responsible for 1,360 nonfatal casualties, 420 deaths, and US\$1.3 billion property damage. There are no officially recorded statistics for Australia; however, a report by the Australian Institute of Criminology estimated that in 2005, total costs associated with reported arsons were in the region of \$1.62 billion AUD. Further, the bushfires deliberately started in Victoria in 2009 are reported to have claimed over 200 lives.

Arson is considered a secretive crime, so detection rates are often low. This means that not all deliberately set fires will result in a conviction of arson, and therefore, conviction rates often severely underestimate the number of individuals in the criminal justice system who may have deliberately set a fire. Many factors can affect whether an individual is eventually charged and convicted of arson. Statistics are often confounded

by different sentencing practices. For example, a fire deliberately started to conceal evidence of another crime may result in a conviction of the primary offense (e.g., murder, theft of a vehicle) instead of arson. Further, not all deliberate fires are set to property (e.g., acts of self-harm using fire, setting fire to grassland) so may not result in any conviction at all.

Nomenclature

The terms *arsonist*, *pyromaniac*, and *firesetter* have historically been used interchangeably to describe individuals who deliberately set fires. However, these terms are conceptually different. As previously discussed, *arson* is a legal term which is generally defined as the unlawful damaging or destruction of property either intentionally or recklessly by fire. Thus, those who are generally convicted of arson are termed *arsonists*. Pyromania is a psychiatric disorder classified as an impulse control disorder not otherwise specified within the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (DSM-5). Those who meet the diagnostic criteria for pyromania and have received a diagnosis of this disorder may be termed *pyromaniacs*. Historically, the term *firesetter* has been used in the literature to describe juvenile offenders who have engaged in fire setting. More recently, there has been a move in the literature, and the term *firesetter* is now more commonly used to refer to all individuals who have engaged in deliberately setting a fire regardless of their legal (i.e., whether convicted or not convicted) or psychiatric status. Thus, the term *fire setting* encompasses the broad range of individuals who may present in clinical practice for having set deliberate fires.

Characteristics of Arsonists

Traditionally, deliberate fire setting has been assumed to be a crime that is primarily perpetrated by children and adolescents. Statistics indicate that just under half of all deliberate fires in the United Kingdom and United States are set by juveniles under the age of 18 years. Studies with community samples have reported that approximately 5–10% of children under the age

of 12 have engaged in fire-setting behavior. Although children and adolescents appear to account for a significant number of deliberately set fires, over half of all arson offenses are committed by adults. There has been no research to date that has examined how many individuals who deliberately set fires as children go on to do so as adults. However, a study in 2010 by Michael Vaughn and colleagues using the National Epidemiological Survey on Alcohol and Related Conditions in the United States examined the lifetime prevalence rates of deliberate fire setting in the general population. The results of the National Epidemiological Survey on Alcohol and Related Conditions survey indicated that 1% of the U.S. population self-reported having deliberately set at least one deliberate fire in their lifetime and that 38% of these individuals had a history of fire setting past the age of 15 years.

Research suggests that arson is predominantly a male-perpetrated crime. However, females with a history of deliberate fire setting appear to be overrepresented in psychiatric samples. In terms of basic demographics, research suggests that individuals who set deliberate fires are predominantly young, Caucasian, of low socio-economic status, and come from impoverished family backgrounds. In terms of educational attainment and employment, fire setters have been reported to have low levels of schooling and often have a history of unemployment or unskilled employment. Fire setters are also more likely to come from large families and have histories of neglect, sexual, and/or physical abuse compared to those who do not set fires. They appear to engage in a wide range of antisocial behaviors and are likely to have previous cautions and/or convictions for offenses other than fire setting.

Certain psychological characteristics have been highlighted in the literature as particularly pertinent among firesetters. Individuals who set fires are frequently reported to be characterized by loneliness, have poor social networks, and have difficulties in beginning and maintaining intimate relationships. In addition to poor interpersonal social functioning, firesetters are reported to lack social skills, often characterized by low levels of assertiveness, poor communication skills, and low levels of self-esteem. In comparison to

nonfire-setting offenders, firesetters have been found to self-report significantly higher levels of fire interest, identification with fire and cognitive experiences of anger (e.g., rumination and provocation), and significantly lower levels of fire safety awareness and personal self-esteem.

Mental health problems have long been associated with arson and fire-setting behavior. However, the majority of people who set fires are not reported to be mentally unwell. Pyromania is classified as a mental disorder under *DSM-5*. Individuals diagnosed with pyromania under *DSM-5* are broadly considered as those who repeatedly set intentional fires as a way to either relieve tension or arousal or experience instant gratification. The diagnostic criteria for pyromania are strict, and diagnosis is consequently rare. Research has reported prevalence rates of pyromania in samples of individuals who have set fires being reported at either 0% or around 3–10%. Under *DSM-5*, individuals who set fires for monetary gain, revenge, political protest, crime concealment, or to change living circumstances; those who set fires under the influence of substances, delusions, or hallucinations; and individuals with neurobiological or intellectual disabilities are not eligible for a diagnosis of pyromania. Thus, individuals with a diagnosis of pyromania are likely to represent a distinct group of firesetters. Although it is rare for individuals who have engaged in deliberate fire setting to hold a diagnosis of pyromania, several other psychiatric disorders have frequently been identified as being present in firesetters. Commonly reported disorders include depression, schizophrenia, conduct disorder (in juveniles), borderline and antisocial personality disorders, and substance use disorders, with borderline personality disorder and schizophrenia being the most commonly identified diagnoses.

Explanations

Unlike other types of offending, there is little literature or theories regarding why people commit acts of arson. A large proportion of the literature on arson has focused on identifying different motivations and deriving subtypes or typologies of arsonists based on these. Motives which have

commonly been identified in the literature as being associated with arson include revenge, excitement, fire interest, boredom, vandalism, cry for help, suicide/self-harm, attention seeking, anger, crime concealment, protest, psychosis or delusions, financial gain, heroic status, and protection. Revenge has been reported in the literature as the most common motives for deliberate fire setting. Some early writers hypothesized that deliberate fire setting was associated with repressed sexual urges and fetishism, whereby individuals set fires to watch them and become sexually aroused. However, researchers have not been able to find any empirical evidence to support this early hypothesis.

In addition to motive, both functional analysis and dynamic behavior theories have been used to try and explain why people might set fires. Both of these theories provide behavioral accounts of fire setting and consider the function of the act as a culmination of specific antecedents, behaviors, and consequences, which serve to reinforce fire setting. Professor Theresa A. Gannon and colleagues have developed the multi-trajectory theory of adult firesetting to specifically explain how individuals may come to set a fire. The multi-trajectory theory of adult firesetting hypothesizes that adult fire setting occurs as a result of an interaction between developmental factors (e.g., caregiver environment, social learning, the development of cognitive scripts, beliefs and attitudes about fire, and biological functioning), psychological vulnerabilities (e.g., inappropriate fire interest/scripts, offense supportive attitudes, self-/emotional regulation issues, and communication problems), proximal factors and triggers (e.g., life events, internal affect/cognition, cultural and biological factors), moderators (e.g., poor mental health and low self-esteem), and critical risk factors (e.g., psychological vulnerabilities which have become critical). The multi-trajectory theory of adult firesetting hypothesizes that key developmental factors in childhood create a set of psychological vulnerabilities, which are suggested to predispose individuals to fire setting. Proximal factors and triggers and moderators interact with, and reflect, psychological vulnerabilities, making them more chronic so that they become critical risk factors. Once these become critical risk

factors, individuals are considered to be at an increased risk of fire setting.

Recidivism and Treatment of Arson

There has been very little research into risk factors for deliberate fire setting, and reported rates of reoffending vary wildly. It has been estimated that approximately one in five untreated fire setters will go on to reoffend by setting another fire. Several factors have been identified as being potentially important for repeat fire setting. These include being younger, being single, having spent more time in correctional settings, holding an expressed interest in fire, having a history of childhood fire setting, holding greater levels of psychiatric disturbance, having a history of relationship problems, early onset of criminal convictions, and having a higher number of fire-setting charges.

Possibly due to the lack of research on recidivism and risk factors for fire setting, there has been little focus on providing specialist treatment programs for individuals who have set deliberate fires, with a distinct lack of any standardized treatment programs in the United States, United Kingdom, and Australasia. There appears to have been an assumption historically that firesetters' criminogenic needs can be addressed by general offending behavior programs (e.g., social skills, cognitive skills, anger management, problem-solving). However, these programs do not target any fire-related factors which research has shown distinguish fire setters from the rest of the offending population (e.g., fire interest, identification with fire, fire safety awareness). Two new standardized specialist treatment programs have been developed in the United Kingdom for individuals who set fires: The Firesetting Intervention Programme for Mentally Disordered Offenders and the Firesetting Intervention Programme for Prisoners. Evaluation of these programs shows that they are particularly effective in reducing firesetters' interest in fire and identification with fire and improving their fire safety awareness and regulation of anger.

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See also Criminogenic Needs, Targeting; Psychology of Criminal Conduct

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ARYAN BROTHERHOOD

The Aryan Brotherhood (AB; aka Alice Baker, One-Two, or The Brand) is one of the most notorious prison gangs in the history of U.S. prisons. Although AB began in a single prison as a prison gang whose purpose was to provide protection to White inmates, its influence has spread throughout the U.S. state and federal prison system and even into communities. As members are released from prison, their lifelong commitment to the AB encourages engagement in criminal activities after release.

This entry reviews the history, organization, and criminal activities of the AB, one of the largest and most organized prison gangs in existence. It then discusses depictions of the AB in popular media and ends with a brief discussion of the AB in the 21st century.

History

In the 1950s, the Diamond Tooth gang was formed at California's San Quentin State Prison. Largely comprising Irish motorcycle gang members, it was named for the diamond chips embedded in members' teeth. One of the motivations for the formation of the gang was to provide protection for White inmates. In the early 1960s, as the gang grew in size and its influence spread, the gang changed its name to the Blue Birds. In the early 1960s, paralleling social movements in the communities, prison inmate populations began fractionalizing. African American inmates started the Black Guerrilla Family prison gang, and almost all African American inmates joined. The Black Guerrilla Family started competing for dominance with the Blue Birds. In response, the Blue Birds formed alliances with other White inmate groups, and in 1964, at San Quentin State Prison, these alliances led to the formation of the AB. The founders were two inmates, Barry "The Barron" Mills and Tyler Davis "The Hulk" Bingham.

As the AB gained power and influence, the gang formed additional chapters rapidly in other prisons in California. By the late 1960s, the AB had spread to numerous prisons in many other states. The Southern Poverty Law Center has reported that the AB has chapters in most federal and state prisons in the United States, with the largest AB membership in California and Texas. As its power and influence increased, the AB adopted a "blood in, blood out" oath (in 2016 Texas, "God forgives. Brothers don't"). Recruits are often required to commit a significant criminal act, such as murder, to fulfill the "blood in" oath. "Blood out" means the only way to quit the AB is by death. In some locations, new members have been required to read *Mein Kampf* written by Adolf Hitler. This was Hitler's political manifesto and blueprint for National Socialism (Nazism) as he created the Third Reich in Germany in the 1930s. Members

had to swear eternal allegiance to the gang, even after being paroled from prison, and in some cases adopt Asatru, a form of Odinism dating back to the Vikings and Norse gods.

Because of the lifetime commitment (under penalty of death if violated), the AB began to have an influence in criminal circles and gangs outside of prison. By the early 1990s, the AB had become involved in various forms of organized crime, including drug trafficking, prostitution, arms trafficking, extortion, dog fighting, and murder-for-hire. The AB also began working with other gangs and organized crime groups to further spread its influence and criminal enterprises. For example, in 1996, John Gotti, crime boss of the Gambino crime family (mafia) is alleged to have reached out to the AB to murder an inmate who attacked him while serving a prison term (Gotti's assailant was put in protective custody and never murdered). Membership in the AB is open to any White inmate, except those who are convicted of child molestation or who have served in law enforcement or as informants for law enforcement.

Organization and Criminal Activities

Some estimate that the AB has about 15,000 members in and out of prison, about 1% of the total prison population in the United States. The Federal Bureau of Investigation has reported that even though small in number, the AB is responsible for about 18% of all murders in federal prisons. Inside prison, the AB continues to engage in criminal activity, including drug smuggling, extortion, protection rackets, gambling, and murder.

Depending on location or state, the AB has different organizational structures, but all do have a structure. Most are paramilitary style and modeled after formal organizations, with presidents and vice presidents, generals, majors, captains, and lieutenants. Individual members are known as *soldiers*. In prisons, AB uses a council or committee to govern. In Texas, in addition to the paramilitary structure, the AB used The Wheel, a council of five generals in different regions of the state (all in prison) who govern AB activities throughout the state (both inside and outside of prisons).

In a major intelligence coup, in 1994, the Mississippi Bureau of Narcotics raided the residence of

AB member Bartow Usry. While an inmate at Parchman Farm, a Mississippi State Penitentiary, Usry had served as head of recruitment for the AB. Although Usry had moved shortly before the raid, he left behind two file folders containing information about the AB. In addition to detailing the inner workings of the AB, these folders contained a copy of the AB secret constitution and membership oath, an interview questionnaire for potential new members, a decoder for an AB prison code, and an organizational hierarchy chart. Information in the files listed characteristics that potential AB members should possess, including (a) belief in the racial purity of the White race, (b) genetically of European ancestry, (c) willingness to be supportive of the Brotherhood outside prison, (d) pact-bound, (e) obedient of all known Aryan laws, (f) noble and superior in nature, (g) honest in any and all Aryan business, among others.

Over the years, the AB has formed alliances and worked with other prison and community gangs and criminal organizations, including the American Mafia, Mexican Mafia, European Kindred, European organized crime groups, street gangs, motorcycle gangs, and drug trafficking organizations (cartels). The AB has historically been at odds with and has fought street gangs such as the Bloods, Crips, Black Guerrilla Family, Nuestra Familia, MS-13, Latin Kings, The Texas Syndicate, among others.

Throughout its history, the AB has been targeted by federal law enforcement, including the Federal Bureau of Investigation, the Bureau of Alcohol, Tobacco, and Firearms and Explosives, and the Drug Enforcement Administration, and state/local law enforcement in every state in which it has chapters. In 2002, leaders of the AB across the country were charged and tried under the Racketeer Influenced and Corrupt Organizations Act. Criminal charges included murder, conspiracy to commit murder, extortion, robbery, drug trafficking, and other lesser charges. In all, over 30 national and state leaders of the AB were convicted including the top four leaders of the AB: Barry "The Barron" Mills, leader of the AB for federal prisons; Tyler Davis "The Hulk" Bingham, top aide to Mills in the federal prison system; Edgar Hevle, federal inmate leader; and Christopher Overton Gibson, in charge of day-to-day operations. All were given life sentences to be served at the Administrative

Maximum Security Facility (Supermax) in Florence, CO. After being moved to Florence, authorities broke up a complex communication ring used by the leaders to remain in contact with members and to oversee criminal activity.

Many (if not all) AB members can be identified through body art. Most have multiple tattoos signifying membership, from a simple AB tattoo to more complex tattoos of swastikas, the number "666," HH (Heil Hitler), 88 (for the eighth letter of the alphabet), Sinn Fein-style falcon, double lightning bolts (Nazi SS), and other White supremacist-/racist-oriented tattoos. Not all states or chapters have the same identifying AB tattoo. For example, California AB members and chapters use the swastika and shamrock, whereas the Texas AB uses the swastika with sword and three-pointed shield.

In Texas especially, the AB have a large presence in the criminal underworld outside of prison. AB members have been involved in virtually all organized criminal activities, working with outlaw motorcycle gangs, drug trafficking organizations, organized crime, local street gangs, and even acting individually. The AB also engaged in making and supplying methamphetamine until it became cheaper to produce in Mexico. Now, the AB assists in the trafficking of the drug on the U.S. side of the border, as well as all other drugs that cross the border illegally. The AB has distribution networks established between states to facilitate the movement of drugs and weapons. Because of a brutal string of murders committed by AB members, in 2008, a federally led task force (Federal Bureau of Investigation, the Bureau of Alcohol, Tobacco, and Firearms and Explosives, Homeland Security, Texas Department of Public Safety, the Texas Department of Criminal Justice, and numerous city and county agencies) began a massive investigation of the AB. In November 2012, the task force arrested over 70 members of the AB, including almost all of the top leaders, some of whom were already incarcerated. By 2014, 73 had been convicted or pled guilty to numerous felony charges, receiving over 900 years in federal prisons combined without parole.

While the federally led task force impacted the AB in Texas, it did not stop AB criminal activities or reign. The AB is still a prominent force in Texas crime circles. It still has a major involvement in

drug and weapon trafficking, organized criminal activity, murder, and other felonious activity.

AB and Popular Media

The AB has been the subject of several contemporary documentaries, movies, and television shows. Documentaries that have explored the AB include *Marked* on the History Channel, *Gangland* on the History Channel, and *Aryan Brotherhood* on the National Geographic Channel. On film, the AB has been featured in *Supremacy*, *Honour*, *Snitch*, *Fire With Fire*, *Felon*, *The Death and Life of Bobby Z*, and *Lockdown*, among others. Television series that have built a storyline around the AB or have an AB element as part of another storyline have included *Law and Order*, *Prison Break*, *American Gang*, and *Breaking Bad*. Most notoriously, the AB had a significant presence in the series *Sons of Anarchy*. Several plot lines, while not mentioning the AB, were seemingly based on AB activities. For instance, in one episode, the motorcycle gang used a blowtorch to remove the gang tattoo of a disgraced member. In 2010, the AB attempted to kill Albert Parker by using a blowtorch on the AB tattoo on his rib cage.

The AB in the 21st Century

Today, the AB remains a White supremacist gang. For many White prison inmates, it is a gang to join for protection and personal safety. Despite efforts of the federal government and law enforcement, the AB continues to be a major force in the prison gang culture and prison life. Many inmates find safety and security in becoming an AB, so upon release from prison, they remain an AB. Outside the walls, the AB continues to engage in significant criminal activity and

be a force in the criminal underbelly of communities. Although White supremacy is the driving force of the gang, racial ideology has been supplanted by organized crime activity, which provides money to members, as it is more profitable for the AB to engage in criminal activity than racial activity.

Wayman C. Mullins

See also American Gangs; Prison Gangs and Strategic Threat Groups; Prison Gangs, Major; Street Gangs

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B

BASIC MENTAL HEALTH SERVICES VERSUS REHABILITATION

Traditionally, the goals of correctional mental health treatment have been basic, not rehabilitative. Basic mental health service goals for inmates have been primarily stabilization: to enable the patient/inmate to stay out of trouble while incarcerated, and once released, for the patient/inmate to be less likely to recidivate. Mental health rehabilitative efforts provide more than just basic mental health services. Rehabilitative efforts focus on tailor-fitting treatment to offenders so the offenders understand what precedes their thoughts and their behavioral *triggers*. In addition, rehabilitative efforts focus on lifestyle change and prosocial behavior.

This entry discusses the history of why mentally ill people are increasingly treated in correctional settings. This is followed by a discussion of current issues in forensic mental health and the Risk-Need-Responsivity model. Barriers to treatment are discussed, along with treatment modalities (cognitive behavioral therapy [CBT] and reasoning and rehabilitation [R & R] therapy). Finally, a culminating discussion is provided concerning basic mental health services versus rehabilitation.

History

People with mental health problems are incarcerated for a variety of reasons: (a) they are convicted of a

crime; (b) the mental health system currently does not have adequate hospital beds and community mental health supports; and (c) current laws make it difficult for professionals to treat people with mental illnesses who are unwilling to be treated.

The peak year for inpatient psychiatric hospitalization in the United States was 1955 when 640,000 people were held in public and private hospitals. Since 1955, improvements in medicine, advocacy for more humane treatment, and fiscal constraints resulted in most psychiatric beds being closed. By 1980, 90% of the hospital beds in the United States had closed, and the average length of hospitalization had decreased from 6 months to less than 1 month. In 2018, the average length of stay was 10 days. As hospital beds emptied from 1955 to 1980, community mental health centers were intended to provide supports to people with mental illnesses living in the community. In other words, those people who would have received mental health treatment in hospitals in the past would now receive those services in the community. This plan, however, has not been realized. Many people with mental illnesses have fallen through cracks in the system and have ended up homeless, in nursing homes, or even incarcerated.

In 2016, sizeable portions of the U.S. jail and prison populations needed mental health treatment. Among prisoners, 37% reported to corrections officials that he or she had been told by a mental health professional that he or she had a mental illness. Among those in jails, the percentage was 44%. Research reveals that prisoners or detainees with mental illness are more likely than

those without to have behavioral problems while incarcerated. If inmates with mental illness do not have their problems addressed while incarcerated, they are more likely to recidivate.

Current Issues in Forensic Mental Health Services

While stabilization focuses on basic mental health services (e.g., better behavior in prison and a decrease in recidivism), rehabilitation attempts to create a change in lifestyle and promotes prosocial behavior. The goal of rehabilitation is not merely symptom reduction but also a way to avoid antecedents and triggers. Simply put, the goal of rehabilitation is to provide the person with mental health problems a way of living a better life—one that allows the individual to thrive, not simply to survive. The World Health Organization defines health as not merely the absence of disease (and accompanying symptoms) but also as the ability to thrive.

Some people are not happy with the idea that criminals should receive rehabilitation, which is above and beyond basic mental health services. Critics of rehabilitation claim that criminals do not deserve more than basic care, that criminals should not receive extensive and expensive treatment, and that rehabilitative treatment is not effective. However, research reveals that rehabilitative treatment works and is financially sound. For many researchers and practitioners, the question is not whether rehabilitative mental health treatment works but it is what specific treatment works for which person and under what circumstances.

The Risk-Need-Responsivity Model

This Risk-Need-Responsivity model has shown promise since 1990. This model first focuses on risk assessment of the specific inmate. While it is difficult to predict exactly what one inmate will do in the future, individuals can be classified by risk of reoffending, such as high risk or low risk. Historically, risk assessment was a professional opinion based on those who worked with offenders. Physicians, psychologists, and correctional officers would provide inmate risk assessments based on their experience with inmates in general

and their impression of a specific inmate. This method was later replaced by the use of actuarial assessments of inmates based on evidence-based information. In other words, collecting information about an inmate's risk factors (e.g., substance abuse, violent behavior) predicted future behavior better than a professional's opinion.

This newer method of assessment is similar to how insurance companies set policy rates. No one knows exactly who will get in a car accident, when the accident will happen, how much damage will be done, and what costs will be incurred. If an insurance company sets its customers' premiums (how much each insured person must pay) too low, it will not have enough money to pay off claims and will go out of business. Conversely, if an insurance company sets the premiums too high, the company will not be competitive and go out of business. To stay in business, then, insurance companies must find a way to differentiate high-risk customers from low-risk ones. The insurance company, then, can charge high-risk customers more and low-risk customers less.

The justice system, using evidence-based risk factor analysis, is able to place inmates into higher and lower risk categories. The rehabilitative services must target those who are in the highest risk of reoffending because that is where the rehabilitative services will have the biggest impact. Then, the specific need must be targeted so it can be matched with the correct response. For instance, a person may have problems maintaining his or her composure and become too angry too quickly. To reduce this person's risk of recidivism, anger management can be provided. If the inmate's problem is interacting with people who are procriminal, then the person needs to develop relationships with people who are prosocial in their orientation. By doing this, correctional rehabilitative efforts do the most good for the most people. If rehabilitative efforts are not tailored to individuals, then the wrong kind of efforts will be spent on those who do not need them. The rehabilitative efforts, therefore, will not do the most good for the greatest number of people.

Barriers to Treatment

The correctional system can use risk analysis to determine who should be treated. Oftentimes,

though, those with the greatest need of treatment are unwilling to participate. Younger inmates are less likely than others to want to receive treatment. Other treatment barriers exist that must be dealt with in order for treatment to start and be efficacious. Inmates may not want to participate for several reasons:

1. The inmate may believe that entering treatment in a correctional setting will make him or her appear weak. Prison inmates live in a world that is full of very real physical and psychological dangers. Any inmate showing weakness risks inviting abuse from other inmates.
2. Some inmates, as well as people living in the community, may not understand how to access treatment. Inmates may not know with whom to talk, what forms to fill out, or other details about how to get into treatment.
3. Inmates may believe that they must be self-reliant. Such inmates may believe that seeking treatment cannot help them—that the best course of action is relying solely on themselves.
4. Inmates may also have concerns about mental health-care providers and the providers' ability to treat them adequately.

Corrections officials may have the perfect treatment to provide to the highest risk offenders to reduce recidivism the greatest amount. But, if the inmate in need of treatment is unwilling to participate with mental health-care providers, then treatment will not occur, and the mental health rehabilitative efforts will not be optimal. Correctional officials, then, must actively attempt to reduce barriers to treatment in a correctional setting. To do this, inmates need to be provided general education about rehabilitative treatment along with procedural instructions on how to access treatment; stigma must be reduced for correctional mental health treatment; and confidentiality must be provided.

Treatment Modalities

One of the most successful ways to treat inmates with mental illness in a correctional setting is to use CBT in general and R & R specifically.

Research shows that CBT works with a wide variety of offenders. The R & R approach attempts to address inmates' problematic thinking styles and poor reasoning skills. For instance, a man who has been assaulted may come to believe that his only course of action is to find the person who assaulted him and to kill his attacker. CBT would help the man learn that killing someone who hit him is *too much* and that there are other options to deal with this issue such as contacting the police. R & R provides patients with 8–9 months of treatment with a couple of hours of group treatment (6–12 participants) each week. The R & R treatment program uses a variety of techniques to help patients change their rigid way of thinking and subsequently develop a new set of skills to solve problems. The goal is to solve problems in a way that is prosocial and not criminal.

Discussion

Basic mental health services in correctional settings focus primarily on stabilization: helping the inmate to behave while he or she is incarcerated and to not recidivate after he or she is released. Rehabilitative efforts seek to improve the lifestyle of inmates while teaching them about what triggers them to react in a way that is antisocial and possibly even criminal. Corrections officials try to do the most good for the most people by first assessing an inmate's risk factors through evidence-based, actuarial analysis. Correctional mental health treatment should focus on those with the highest risk of recidivism, but the specific treatment should be tailored to the inmate by responding to his or her specific needs. For mental health rehabilitative efforts to work, barriers to treatment must be addressed. Rehabilitative efforts are considered superior to basic corrections mental health services because rehabilitative efforts are more likely than basic mental health services to reduce recidivism in a manner that is not more expensive.

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See also Mental Health Treatment Planning; Mental Illness as a Predictor of Crime and Recidivism; Rehabilitation; Risk-Need-Responsivity, Application to Female Offenders; Risk-Need-Responsivity, Principles of

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BEHAVIOR MODIFICATION

Behavior modification is the systematic application of basic principles of learning, operant conditioning, and classical (Pavlovian) conditioning to change human behavior. Basic principles from operant conditioning used in behavior modification include reinforcement, stimulus control procedures, functional analysis of problem behavior, and punishment techniques to a lesser extent. Used as a *management technique*, behavioral principles are utilized by staff with patients, students, employees, or inmates. In *behavior therapy*, both parties, one of whom is usually someone with health-care credentials, freely consent to participate toward mutually acceptable goals—but using the same principles.

Using behavior modification principles under the title of an applied behavior analysis (ABA) requires licensure or certification in most states and is growing worldwide. ABA is the only scientifically established effective treatment for autism spectrum disorder, and as of 2017, many countries and 44 U.S. states mandate insurance coverage for ABA treatment for autism spectrum disorder.

Behavior modification is often misleadingly presented in textbooks and media as a simplistic approach that relies on electrical shock and other aversive techniques derived from classical conditioning such as associating a sickness-inducing drug with an undesired behavior. When behavior modification first was being developed, there was limited use of such techniques, and in some very rare cases, aversive conditioning might still be used. But from its beginnings in the early to mid-20th century, behavior modification

programs almost invariably were centered on the systematic use of positive reinforcement to increase appropriate functional behaviors of individuals be they patients, clients, employees, juveniles, prisoners, or parolees. This entry examines the role of behavior modification in criminology, including reducing criminal behaviors, improving the lives of the incarcerated and the effectiveness of corrections staff, and reducing recidivism.

Modern Behavior Modification and Its Application

Effective behavior modification in its modern form, especially in institutions or corrections, involves at least three elements. First, *clear contingencies of reinforcement* are consistently applied to establish and maintain specifically defined appropriate behaviors. Second, *token economies* are in effect. In token economies, when specifically defined appropriate behaviors (e.g., academic, social, vocational) are performed to standard, tokens (chips or points) are earned that may later be exchanged for goods, activities, or other privileges. For example, completing academic work or cleaning common areas may earn points that can be exchanged for extended television time or extra canteen money. In some systems, loss of tokens, *response cost*, occurs contingent on the occurrence of specific previously defined unacceptable behaviors (e.g., aggression, rule breaking). Third, *contingency contracting* or *behavioral contracting* is used. A contingency contract is a written agreement between the patient, inmate, or client and the authority (e.g., therapist, teacher, corrections official) that states a contingency between explicitly defined behavior (what, when, and where) and reinforcement for the behavior—a written *if-then* statement. For example, “If my urine sample comes back clean, then my home visit may be extended by two hours.”

By changing the behavioral trajectories of those who otherwise develop patterns of criminal behavior, making prison more rehabilitative, and by reducing rates of recidivism, ABA and behavior modification more generally has been shown to be an effective approach in correctional settings. However, despite its effectiveness, behavior modification has not been widely adopted in

criminology for various reasons including staff resistance, the political cost of appearing *soft on crime*, and misunderstandings of behavior approaches to crime and crime prevention.

Modern Behavior Modification and Criminal Behavior

The theory and practice of modern behavior modification is built on the *law of effect*, first elucidated by Edward Thorndike over a century ago. The law holds that *given several responses to the same or similar situations, responses closely followed by satisfaction are more likely to be repeated and those responses followed by dissatisfaction are less likely to be repeated*. The law of effect was refined by the late Burrhus Frederic Skinner and his intellectual descendants into the principles of reinforcement (positive and negative), punishment, and stimulus control. According to the law of effect, whether criminal or law-abiding behavior occurs in certain situations depends on whether these behaviors are closely followed by reinforcement or punishment in those situations.

For most people in most situations, the law of effect selects a pattern of law-abiding behavior because in most situations, lawful behaviors are reinforced and criminal or deviant behaviors are more likely to be punished. But even for law-abiding citizens, in some situations, some law-breaking behavior is selected. For example, when driving a car, speeding is often selected because speeding is more often closely followed by reinforcement (e.g., a faster arrival time) and less often by punishment (e.g., a speeding ticket or accident).

The phrase *the dysfunctional is functional* summarizes the behavioral perspective on what causes and maintains dysfunctional or illegal behavior. If a behavior repeats, it *must* be being reinforced in some way or it would not recur; it must be functional at least in the immediate, if not in the long run. Illegal drug use removes aversive withdrawal symptoms and quickly gets the user *high*. Drug use rewards the user. Rape may result in feelings of power and thus is reinforcing for the rapist. Aggression can immediately terminate an aversive social situation or produce compliance in others. Aggression is functional for the aggressor.

Selection of, and Prevention of, Criminal Behavior in the Young

For some children, beginning early in life coercive, defiant, and aggressive behaviors are selected by the reinforcement contingencies prevalent in the home environment. As these children grow and spend more time in school and in peer-dominated environments, the contingencies continue to select and reinforce aggression, deviant, and criminal behavior.

Removal of demands by mothers unintentionally reinforces the aggressive behavior of young boys who later become deviant. When these children enter school, defiance and aggression continue to be negatively reinforced as parents and teachers terminate demands and demand less in response to aggression. Peers increasingly reinforce antisocial behaviors as well as tobacco, alcohol, and other drug use (e.g., through praise and acceptance). By their teen years, these now antisocial youths have had their dysfunctional, criminal behaviors selected because such behavior, relative to normative behavior, has most often been positively reinforced. *Dysfunctional* criminal behavior is functional in this milieu.

To counter reinforcement contingencies that may select coercive deviant behaviors, parent behavioral training utilizes behavior modification, teaching the parents of children at risk for conduct problems to monitor and reinforce appropriate behaviors. Parents are first taught to monitor their children's whereabouts and attend to their appropriate behaviors. Often to the parents' surprise, children's appropriate behaviors frequently increase just in response to being attended to in a nonpunitive manner. Next, parents are taught simple reinforcement procedures for appropriate behaviors, such as verbal praise contingent on compliance or perhaps a simple reward or token system where tokens or points are earned that are later exchanged for a small treat, toy, or activity. Finally, nonphysical punishment techniques are taught including ignoring, time-out from positive reinforcement, and response cost (fines). Prior to being trained in these basic behavior modification procedures, these parents typically used physical punishment (beatings) or loud reprimands. Physical punishment has been shown to increase aggression in these already aggressive children.

At-risk children whose parents received parent behavioral training have fewer law violations, less aggression, and less institutional confinement later in life compared to at-risk children whose parents did not receive behavioral training.

Older at-risk children may encounter behavior modification in residential treatment programs such as the teaching-family model, in Boys Town programs, or other organizations using positive behavioral supports. These programs provide some sort of token, point, or level system of positive reinforcement. Social skills are broken into small manageable components, practiced and reinforced. Children receive at least 4 times as much praise as correction. Appropriate behavior and academics are taught equally. While these programs are underutilized, their results are dramatic. When implemented in inner city schools, academic scores have risen and incidents of serious misconduct have decreased by as much as 80%.

Behavior Modification in Prison

In prison, coercive interpersonal manipulation is common by both prisoners and correctional staff. At best, a harsh punitive approach may suppress criminal behavior but will not facilitate lawful behavior. Instead the prevailing reinforcement contingencies in most prisons *teach* criminals to be better criminals. But when behavior modification programs have been used in prisons, largely during the late 20th century, they have been effective in reducing aggression and other antisocial behavior by inmates.

In the United States, prisons have become default psychiatric institutions. Behavior modification programs, specifically token economies, can be a cost-effective treatment within a single state institution for both individuals with a severe behavior disorder and individuals with a persistent psychiatric disorder. State and federal prisons and psychiatric institutions can all be noisy, chaotic confusing places. Inmates and patients usually come from dysfunctional home environments that reinforced and thus selected their criminal and antisocial behavior in the first place. But when introduced into institutions, behavior modification programs have decreased chaos, confusion, and aggression.

Human social interactions are often complex and the contingencies of reinforcement are subtle. Token economies simplify interactions and clarify contingencies. This allows inmates to make informed choices about their behavior and experience positive reinforcement for prosocial behaviors or experience response cost (fines) in a calm, controlled environment. Token economies have improved the behaviors and environment of institutionalized persons and have reduced recidivism.

Behavior Modification and Recidivism

Behavior modification programs that utilize contingency contracting and token economies have repeatedly been shown to be effective in establishing and increasing offenders' appropriate behaviors and reducing recidivism. However, if the contingencies of reinforcement for lawful behavior are not maintained, desired behaviors decrease eventually, perhaps to extinction, and old patterns of criminal behavior may be reestablished, selected by the dysfunctional contingencies in the offender's home environment. But when a component is added that uses behavioral learning techniques to change general adaptive behaviors, a new repertoire of social skills gives one the ability to obtain reinforcement in acceptable ways rather than in illegal ways. For example, traffic, employment, or interpersonal difficulty responded to in a verbally firm but respectable manner is more likely to be reinforced with assistance, while a disrespectful confrontational interaction is more likely to escalate and result in aggression, arrest, or worse. When social skills training and aggression replacement programs are included as part of correctional behavior modification treatment programs, recidivism is reduced even further. In sum, behavior modification can reduce delinquent, antisocial, and criminal behaviors in the young; improve the lives of the incarcerated and the effectiveness of those whose job is to rehabilitate criminals; and reduce recidivism among those who have committed crime.

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See also Cognitive Behavioral Therapy and Social Learning Theory; Contingency Management; Psychology of Criminal Conduct; Treatment of Criminal Behavior: Group Psychotherapy

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BEHAVIORAL GENETICS AND OTHER BIOLOGICAL INFLUENCES ON CRIMINAL BEHAVIOR

Behavioral genetics explains the genetic contributions to both normal behavior and behavioral aberrations. Two general strategies are utilized by researchers. The *top-down* approach, behavioral genomics, begins with atypical behaviors and identifies genetic aberrations (e.g., less common alleles, including single nucleotide polymorphisms) in the atypical group. Single nucleotide polymorphisms are variations in nucleotide sequences between individuals from single base-pair alterations, missing base pairs (deletions), additional base pairs (insertions), or number of copies of a gene. The *bottom-up* strategy involves tracing an atypically functioning gene product (e.g., protein) to its DNA and the function of the gene product through its influence on neuronal function in information processing and its expression in behavior. Ideally, the two are complementary, providing complementary understanding of behaviors of interest.

These strategies would be straightforward if different phenotypic outcomes were pleiotropic, whereby different phenotypic outcomes are governed by single genes or gene products

(proteins). Complicating reality are (a) *oligogenic traits* that are determined by relatively few genes and (b) *polygenic traits*, whereby phenotypic outcomes are determined by many traits, confounding of diverse symptoms traceable to different sets of genes within single diagnostic entities. These complexities have led some researchers to focus on *endophenotypes*, which are more specific, measurable biological or behavioral markers found in higher frequencies in individuals with particular disorders than in the general population. Because of their greater uniformity than diagnostic entities, they are expected to map more directly to specific genes. Endophenotypes can also be present prior to full manifestation of a disorder or disease.

Heritability of Criminal Behavior

Classical designs in human behavioral genetic studies utilize differences in genetic similarities afforded by identical twins (sharing virtually 100% of their genomes), fraternal twins or siblings (sharing approximately 50% of their genomes), and adopted siblings sharing presumably similar early family environments but minimal familial genetic similarity. *Heritability* refers to how much variability in the trait under study can be attributed to genetic as opposed to environmental influences. Environmental influence can be further subdivided into shared (early family) and unshared (post-early family) environmental influences.

A number of findings about genetic and environmental influences on crime appear consistently across the literature with a few exceptions. Not surprisingly, the consensus from twin studies comparing monozygotic (identical) and dizygotic (fraternal) twins demonstrates that monozygotic twins are more concordant for criminality than dizygotic twins by a factor of 2. This underlines a significant role for nongenetic contributors to criminality.

One surprising finding in the earlier literature was that the genetic link to crime applied to non-violent crime but was not evident for violent crime. More recent studies, perhaps owing to more refined methodologies, have reported genetic associations with aggression and violent crime as well as genetic distinctions between adolescent-limited

and life-course-persistent criminal groups. Further attesting to genetic influence on criminality are the greater concordances between children's criminality with their biological rather than with their adoptive parents. It has been estimated that about 50% of heritability of criminal behavior is attributable to genetics, with the other 50% attributable to the environment.

Psychobiology and Criminal Behavior

Clearly, a single gene or set of genes does not determine that an individual will commit crimes in general or any specific crime in particular. In general, genes, in conjunction with early environmental influences, can impact perceptions, cognitions, emotions, and motivational states in response to immediate environments that bias decision-making in specific ways relative to what a particular society deems illegal. Any gene generically linked to crime can affect diverse brain pathways (pleiotropy) that may have a variety of functions. Conversely, functions of individual brain pathways can be affected by numerous genes (polygenicity). To link genes and downstream biology to the general notion of *crime* may obscure the extent of genetic or biological influence because those factors may be associated with only specific aspects of criminal behavior, lowering correlation or concordance levels when applied across undifferentiated *crime*.

Accordingly, it is necessary to specify different types of crime in terms amenable to *biological dissection*. The criminological literature provides different ways of doing this, such as severity of crime (e.g., murderers vs. nonlethal assaults vs. property crimes), persistence (adolescent-limited vs. life-course-persistent criminals), and sex offenders versus nonsex offenders. From the biological side, criminals have been studied with respect to differences in brain structure, inferred by neuropsychological studies and directly by structural neuroimaging via magnetic resonance imaging, brain activation states (using electroencephalogram [EEG] and functional magnetic resonance imaging), or peripheral electrophysiological measures (e.g., resting heart rate), reflecting psychophysiological systems hypothesized to predispose individuals to criminality. This impressive corpus of research has not yet entered mainstream forensic or correctional practice.

In general, crime, like any other behavior, results from a confluence of motivational, cognitive, and emotional information, typically in response to an immediate environment but biased by earlier exposure to the consequences of such settings. Typical motivations for crime initiation include (a) opportunities for immediate or future tangible gains (*instrumental/predatory aggression*), (b) frustration/anger (*irritable aggression*), or (c) fear (*defensive aggression*). One characteristic of instrumental aggression is that the severity of violence, once initiated, is largely limited by goal attainment. Consequently, a mugger will threaten but escape the situation with the wallet or purse. Once attained, the aggression ceases. (Sex offending falls within this classification.)

In contrast, once an irritable aggressive act is initiated, it continues regardless of the extent of injury to the victim, generally out of proportion to the initiating cause. Irritable aggressors recidivate consistently despite the expressions of genuine remorse, as is often observed with spousal abusers. Defensive aggression commonly occurs with mentally disordered offenders who have persecutory delusions wherein they misperceive being attacked. Psychopaths and narcissistic types can feel attacked by threats to their positions in social hierarchies and act violently to remove the threats. This classification system refers to the primary factors that motivate and initiate crime. It is recognized that once a crime is in progress, immediate situational factors can occur that introduce an alternate motivational impetus to modify the dynamics of the crime.

Providing a coherent, reductionistic, biologically referenced framework is critical for identification of neuropsychological, neuroanatomical, pharmacological, and genetic substrates of any type of crime. For instance, looking for the neurobiological substrate of irritable violence in instrumental offenders necessarily will result in false-negative results, obscuring relationships between biological causes and observed criminality. It is possible that effect sizes in some studies have been suppressed by including different aggression types in undifferentiated analyses. Consequently, it is important to classify selected findings by aggression type at (successive) levels of biological organization.

Decision-making also involves regulation that occurs through inhibitory mechanisms referred to at the psychological levels by terms such as *self-regulation*, *inhibition*, *long-term planning*, and *good judgment*: aspects of higher-order processes referred to as *executive functions*. A salient aspect of such self-regulation is the ability to delay gratification to a more appropriate time, place, and often source of gratification. Although executive functions are not restricted to the frontal lobes of the brain, frontal lobe neurons possess the ability to continue firing at steady rates for much longer periods than other neurons, affording them a particular advantage to maintain inhibitory control over extended periods.

Saliently, the frontal lobes are further subdivided into areas that regulate cognition (dorsolateral prefrontal cortex), emotion (orbital prefrontal cortex), and motivational states (ventromedial prefrontal cortex). Pathways from the dorsolateral prefrontal cortex project to other cortical areas to organize cognition. Orbital prefrontal cortex projections regulate centers such as the amygdala, where intensity translates into emotions such as fear and anger are initially processed. Ventromedial prefrontal cortex neurons modulate motivational centers. Pharmacologically, approach behaviors are facilitated by the neurotransmitter dopamine (DA) that focuses attention on a potential rewarding target, processes pleasure states associated with rewarding objects and activities in the ventral tegmental area and nucleus accumbens, and filters out competing information. Endogenous opioids heighten pleasure experiences synergistically with DA. Testosterone (T) helps energize approach behaviors but is also activated in angry states. Glutamate at the *N*-methyl-D-aspartate receptor is involved in learning what settings, situations, and responses lead to rewarding outcomes. Together, these transmitters and hormones may be considered the pharmacological *approach system*. Easily triggered and rapidly reactive approach systems can lead to impulsive approaches to immediately gratifying behaviors. Extremely sluggish and slowly responding reward/approach systems may lead to missed opportunities in life, chronic feelings of emptiness, and boredom that in some individuals trigger sensation-seeking behaviors (i.e., drugs, thrill-seeking) to counter what has been called *reward deficiency syndrome*.

Countering this *approach complex* is a set of neurotransmitters and hormones that serve as *brakes* on the approach system. First, serotonin (5-HT) projects to the ventral tegmental area and consequently inhibits DA. 5-HT also lowers T levels. This interruption of reward processing allows for cognitive consideration of the long-term consequences of the available immediate gratification and a more sound behavioral decision. This is consistent with the use of serotonin specific reuptake inhibitors to counter impulsivity. Not all people who avoid unsound decision-making think their way out of the situation. Others utilize the *emergency brake*, experiencing anxiety or fear to avoid what *feels* like a risky situation or activity. This is initially processed by norepinephrine, and if the anxiety or fear persists, the stress response is activated and cortisol, a glucocorticoid hormone, is released by the adrenal gland. Cortisol has an inhibitory effect on DA, disrupting attentional focus on reward. Excessive cortisol has the immediate effect of disrupting optimal connectivity between neurons, leading to momentary disorganization. Automatic or dominant responses can occur during such stressed states.

Psychobiology of Decision-Making and Aggression Types

The preceding neurobiological framework for organizing approach and avoidance systems can be related to aggression types. Predatory/instrumental aggression reflects activation of the ventral tegmental area–nucleus accumbens tract using DA. This can be intensified by endogenous opioids and further energized by T. Consequently, individuals could have excessive reward focus by possessing atypical genetic or epigenetic characteristics facilitating any or all of these elements.

Anger, as noted earlier, involves T and can be countered by either 5-HT or anxiety/fear involving norepinephrine or cortisol. 5-HT's importance in curbing irritable aggression is supported by the approval of five serotonin specific reuptake inhibitors (citalopram, escitalopram, fluoxetine, paroxetine, and sertraline) for anger management by the FDA. Consequently, allelic variability in T, 5-HT, NE, or cortisol could impact an individual's propensity to aggress in response to frustrating

experiences. It has also been reported that high (baseline) T to (stress-induced) cortisol ratios occur in psychopaths.

The central nucleus of the amygdala has direct correlations to the hypothalamus and brainstem—areas directly related to fear and anxiety. Fear conditioning, whereby a neutral stimulus acquires aversive properties, occurs within the right hemisphere. Norepinephrine and corticotropin-releasing factor are implicated in processing fear. Repeated stress alters amygdala responsiveness to additional stressors in the presence of circulating glucocorticoids such as cortisol. Consequently, genetic variability in these hormone and transmitter systems might impact susceptibility to defensive aggression.

Although not extensively studied, available information supports the notion that it is not the absolute, isolated level of a particular hormone or transmitter that influences approach or avoidance decision-making but their ratios (i.e., between testosterone and cortisol). Moving upstream, genetic and possibly epigenetic alleles could underlie the observed phenotypic differences.

Translating Neurobiological, Genetic, and Epigenetic Knowledge Into Criminological Research and Practice

Although the likelihood of implementing comprehensive assessments of criminals and mentally disordered offenders at all of the levels discussed in this entry is presently unfeasible for practical (i.e., resource-based) reasons, psychologists who possess the requisite background could utilize existing psychometric and electrophysiological methods to initially validate and then implement the implications of this recent knowledge. Specifically, psychometric instruments exist that can reliably measure strengths of different motivational and emotional systems covered herein. Similarly, numerous neuropsychological tools exist that can reliably evaluate executive function (e.g., inhibitory regulation), along with the strengths of distinct emotional and motivational systems. Examining individuals' criminal histories in light of the relative prevalence of predatory, irritable and defensive aggression events in a criminal record can be used as the outcome variable in modeling expected aggression and criminal patterns. Concurrent

electrophysiological monitoring of EEG and galvanic skin response could enhance interpretation of performance failures on neuropsychological testing. This is an ambitious agenda that carries a potentially significant reward in enhanced understanding of how individuals commit crimes and an appreciation of why they commit the crimes they do. This would lead to more helpful interventions than incapacitation by lengthier incarcerations.

David Nussbaum

See also Genetic and Environmental Influences on Violence and Aggression; Neurobiological Bases of Aggression

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BEHAVIORAL THEORY OF CRIME

Behavioral theory distilled to its core asserts that an individual's behaviors are functional choices. Traditionally, the function of behavior has been broken down into five basic categories of goals: tangible reinforcement, attention, avoidance, escape, and sensory stimulation. Goals are achieved using an array of behaviors across

different settings, all considered adaptive by an individual at that time. Behavioral choices are influenced by individual and intrapersonal variables, factored into an economic equation including values and preferences of the person and his or her cultural group, perceived costs of the act, probability of success, and likely consequences.

Certain behavioral choices, such as substance use, gang participation, or a shopping spree, may be thought preferable at the time but reap problematic long-term consequences for the individual. Criminal behaviors may be effective for the individual in getting what he or she wants on a short-term basis, despite the mainstream culture's decree that this behavior is maladaptive, expensive, inconvenient, dangerous, or offensive. This entry begins by reviewing the functions of behavior. It then examines the application of behavior principles to crime and concludes with a discussion of the challenges associated with applying behavioral theory to crime.

Understanding Functions of Behavior

The antecedent–behavior–consequence chain is a behavioral explanation for how an individual's needs and preferences, categorized as functions, come to be expressed as behaviors. The term *antecedents*, including what popular culture calls *triggers*, refers to how variables such as an individual's interpersonal situation, environment, and existing skills impact current choices (i.e., behavior). The behavioral concept of establishing operations is parallel to the psychological construct of *motivation*. This concept acknowledges that cognitions, perceptions, and emotional states influence the individual's selection of options from his or her behavioral repertoire. In behavioral theories, an individual's action—the *behavior* in the antecedent–behavior–consequence sequence—is regarded as a purposeful, decisive move to fulfill one or more of five functions. An individual engages in rationally strategizing, recalculating, and manipulating the dynamic tension between opportunity and risk in choices on an ongoing basis. Choices are susceptible to the potent mix of antecedent variables including context, individual's needs, and prevailing peer group dynamics in a process that is willful and fluid.

It is easy to comprehend the function of obtaining desirable tangibles. A paycheck, new car, and favorite food item are common examples of tangible reinforcement. Reinforcers are highly idiosyncratic, such as which car is preferred. One cannot predict with certainty for another individual the value he or she assigns to a particular offering or what that person is willing to do or risk to procure it. Furthermore, one may not understand or agree with another's methods to obtain tangibles. For example, while some offenders engage in criminal acts to get money or other resources, there is a subset of offenders who commit criminal acts to obtain a safe place to shower and sleep, consistent meals, and the medical and mental health care that incarceration provides. While incarcerated, some act out to obtain other tangible reinforcers such as a single cell or transfer to a particular site.

Attention is generally a very powerful motivator for humans, especially now that homemade videos, pictures, web pages, texts, and tweets can be shared with a wide audience in a matter of seconds. These communications are further reinforced when the number of viewings or retexts is also tracked and posted, providing immediate gratification and feedback, which strengthens attention-seeking behavior. As an example of how a function can be expressed through adapting behavior to certain settings, during incarceration the need for attention can be expressed through writing grievances, complaining to an outside entity, engaging in self-injurious acts, or making suicidal threats.

The functional category of escape includes behaviors an individual uses to remove him- or herself from a setting or context in which he or she is currently engaged, such as claiming illness in order to leave a psychotherapy or counseling group early. Similarly, an individual is engaging in the function of avoidance when he or she manages to exclude him- or herself from an activity, such as going to sick call instead of group counseling.

Sensory stimulation is a function that is more difficult to comprehend and study but still is highly pertinent for certain individuals. Perhaps people who frequently engage in fights, seek restraint, and commit self-injurious acts are achieving effective sensory stimulation. In some clinical cases of offenders with abuse history or

borderline personality disorder traits, these behaviors may actually be an attempt to get others to provide physical engagement, which may be soothing on a physiological level.

As an example of a powerful behavior choice which may fulfill multiple functions, consider alcohol and substance abuse, which may provide tangible reinforcement, escape, and sensory stimulation. Substance misuse is implicated in a very high number of offenses that result in incarceration in the United States, including domestic violence, driving while intoxicated, public offenses, and property offenses. Substance use is a particularly complicated choice since offenses may be committed to procure the preferred substance, which then impacts the cognitive functioning and behavioral repertoire of the offender, and the acquired drive state (i.e., addiction) can lead to further criminal behaviors.

Behavioral interventions involve teaching individuals adaptive, prosocial skills. This is done by educating them about the antecedents (internal and external) of their behaviors (e.g., triggers) and manipulating the consequences of their actions as they practice these skills. Positive reinforcement is provided for appropriate performance and withheld for maladaptive behaviors, including those related to breaking the law.

Applying Behavioral Principles to Crime

It is the hallmark of a behavioral approach to utilize data to test and adjust interventions, and newer law enforcement practices of problem-oriented and community-oriented policing are examples of this. Programs such as School Resource Officers and Data-Driven Approaches to Crime and Traffic Safety have strong empirical support. Data-Driven Approaches to Crime and Traffic Safety is a law enforcement approach whereby police use spatial and temporal analyses to decide where to allocate resources, such as parking an unmanned police car near a busy intersection or increasing officers in a high crime area. The increased visibility of enforcement results in more community contacts and better relationships, so effective deterrence is not necessarily correlated with an increase in number of tickets or arrests. From a behavioral perspective, more visible law enforcement serves as a discriminative cue

to prospective offenders to change the cost–benefit ratio of choices. Thus, the basic behavioral principle of the stimulus delta is being applied successfully. This behavioral term refers to a stimulus that indicates that in its presence, a response will not be reinforced. In this case, when a police officer is nearby, a crime does not occur. Research confirms that the visible presence of more policing and equipment decreases the incidence rates of numerous high-profile categories of crimes such as hijacking aircraft and mass shootings. Furthermore, that a successful, well-publicized criminal event is often followed by an increase in subsequent attempts highlights the importance of attention to influence behavior in our culture.

Another basic behavioral principle is that behavior that is positively reinforced (i.e., rewarded) is strengthened and continued, whereas behavior that is punished will be decreased or temporarily suppressed. Overall, punishment of criminal acts is best regarded as conditional in the United States. Since not all crimes result in arrest and punishment, law enforcement and legal processes do not always influence cost–benefit analysis in a predictable way. Inconsistent sentencing, effective defense lawyers, and plea bargains may result in the delivery of intermittent reinforcement, which makes a behavior harder to extinguish. An offender may decide that a crime is worth the prison time if apprehended. The *three strikes* laws (i.e., more permanent punishment for repeat offenders with three or more separate instances of felonious criminal behavior) are examples of intermittent reinforcement, until one experiences that last strike. Often adept at applying behavioral principles themselves, successful criminals change their offending behaviors based on the probability of being caught, perceived profit, and current relevant laws.

Lengthening the time between the act and consequence significantly lessens the strength of the punishment and likely decreases possible deterrence. As a further complication, although mainstream society considers imprisonment, community service, house arrest, and fines to be punishment, these conditions may or may not be costly or aversive enough to the offender to decrease the probability of choosing a criminal behavior. If incarceration, probation, and fines quickly and consistently followed the commission of a crime, recidivism rates would be significantly

decreased. However, incarceration itself may be reinforcing. During detention and incarceration, offenders are provided a structured environment (i.e., fed, provided a bed to sleep in) and have the opportunity to learn from other criminals how to use maladaptive behaviors in a purposeful way, develop strategies to cope in correctional settings better, or set up a network to commit criminal acts more effectively. When this occurs, the likelihood of future criminal behavior increases rather than decreases (i.e., prison becomes criminogenic—increases the likelihood of risk for crime).

The Challenges of Making Data-Oriented Decisions

Federal and state systems sometimes alter laws or sentences in response to particular cases as a result of public outcry, such as with Megan's Law (laws that make it a state and federal requirement to make publicly available information about sex offenders). When more laws are written, there may be unintended consequences. For example, as more offenders are forced onto a sex offender registry, the recidivism rate tends to go up because more individuals are being tracked. When unable to find work or underemployed, with residential options severely compromised, research indicates that the registry hampers returning citizens from effectively reintegrating into their communities. These individuals become increasingly likely to commit subsistence crimes upon release and are then labeled recidivists. Data show that most persons on these registries are not at high risk of reoffending, contrary to the public's beliefs.

Sometimes in response to the well-publicized narrative about particular cases, public opinion motivates legislators to act while available behavioral data are ignored in implementing laws. In addition to the previous example, Scared Straight programs (alternatives to traditional punishment whereby usually young offenders are exposed to conditions of confinement in an effort to *scare them straight*) continue although research has documented that participants become more likely to offend after this programming. There is still a widespread belief that the death penalty is a deterrent, even though research to date has indicated it is used so infrequently and for such specific crimes that this belief is not empirically supported.

Behavioral theory is being utilized successfully in designing and implementing cognitive behavioral programs for incarcerated offenders, although availability and type of programming are highly dependent on the resources and philosophical underpinnings of a particular system. Most states offer some version of cognitive behavioral programming designed to change criminogenic thinking and develop adaptive skills. These programs promote effective choice making, problem-solving, emotional regulation, and stress management. More correctional systems in the United States are also considering use of incentives (i.e., rewards for good behavior) such as good time (i.e., early release from incarceration), residence in a preferred pod, and additional recreation hours. There is a small but growing body of research on the effects of programming inside correctional settings, which has demonstrated that behavioral treatment produces the strongest effect in decreasing misconduct and is correlated with larger reductions in recidivism later.

One of the challenges in measuring the impact of the application of behavior theory to crime is that function of behavior has traditionally been assessed based on individual behavior, whereas crime data are most often studied at the aggregate level of cities, states, and countries. Data are also difficult to collect, analyze, and apply given that many crimes are not reported to police, and punishments vary widely. Behavior theory would predict that when the incentives of better education, decent paying jobs, community mental health services, and safe housing are available, it would stand to reason that crime is less reinforcing as an option.

Denise Malone

See also Behavior Modification; Behavioral Genetic and Other Biological Influences on Criminal Behavior; Criminal Attitudes; Criminal Careers and Offending Trajectories; Economics of Crime; Sociological Theories of Crime; Substance Abuse and Crime, Linkages Between; Treatment of Criminal Behavior: Individual and Group Psychotherapy

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BI-ADAPTIVE MODEL OF MENTAL ILLNESS AND CRIMINALNESS

The bi-adaptive model provides a framework for intervening when the two areas of mental illness and criminalness occur in the same individual. The presence of multiple problem areas (comorbidity) increases negative outcomes. This has repeatedly been shown in the mental health field, as the level of problems at work, distressed close relationships, and generally poorer health outcomes result when more than one mental health disorder is present. In addition, advances in the treatment of co-occurring, or comorbid, disorders have suggested a unified treatment protocol or a combined/interdisciplinary approach.

Drawing upon the co-occurrence in psychiatry literature, a bi-adaptive model of mental illness and criminalness was developed. This model has implications for research, practice, and treatment. For example, through the proposed treatment matrix of intervention strategies, targeted content areas, and therapeutic processes, the bi-adaptive model outlines an integrated strategy to intervene with offenders with mental illness. This entry first explains the comorbidity framework and then discusses the similarities between the comorbidity framework and the bi-adaptive model, with a focus on offenders with mental illness.

The Comorbidity Framework

The comorbidity framework has been used to discuss the integration of mental illness and criminalness. The comorbidity framework serves as a heuristic, for technically two diagnoses are required for comorbidity and criminalness is not a recognized diagnosis. In contrast to the comorbidity framework, the bi-adaptive model is concerned little with whether the two areas occurred simultaneously or sequentially or whether one area is the cause of the other area—for example, whether criminalness is what contributes to the etiology of the mental disorder (although further etiology developments may inform and modify aspects of the bi-adaptive model).

Functional impairments in offenders with mental illness can lead to difficulties in carrying out basic probation tasks, such as paying fines. These functional impairments may contribute, indirectly, to the relationship between mental illness and recidivism. This is consistent with the literature, which highlight the role that the understanding of a mental illness can have in providing practical suggestions for managing recidivism risk. Some suggestions include supervision strategies to decrease anxiety, perceived threat, and negative affect.

Based on offender samples, the occurrence of a single disorder seems to be rare. Co-occurrence is far more common. In examining the prevalence of comorbidity among offenders, almost all offenders with mental illness diagnosed with common mental disorders (e.g., major depressive disorder, post-traumatic stress disorder, substance use disorder) also have a personality disorder (e.g., antisocial personality disorder, borderline personality disorder, obsessive-compulsive disorder). This was true regardless of the mode of assessment (interview vs. self-report). Similarly, the converse was also true. Those with a personality disorder reported one or more common mental disorders in the past, with 50% having an active mental disorder. When examining psychopathy, there was no evidence that psychopathy was associated with higher level of mental disorders. In summary, there is no single, unique pattern for offenders with mental illness.

Similarities Between Mental Health Comorbidity and the Bi-Adaptive Model

The most basic similarity between the mental health comorbidity framework and the bi-adaptive model is the occurrence of two distinct problem areas within the same person. Using this similarity as a basic starting point, there are other areas of similarity, including increased risk of maladaptive outcomes, need to treat both areas, optimal treatment paradigm, role of substance abuse, and explanatory models.

Increased Risk of Maladaptive Outcomes

A general conclusion of mental health comorbidity is that it results in increased maladaptive outcomes across various domains. With the bi-adaptive model, a similar conclusion can be made regarding outcomes. Offenders with mental illness have increased victimization, have criminal justice outcomes, and demonstrate an increase in maladaptive functioning.

With incarcerated offenders, the co-occurrence of antisocial personality disorder and depression has been predictive of institutional misconduct. What is important to note is that depression, by itself, was not predictive of institutional misconduct, a result that is similar to other research that demonstrates depression is not a strong predictor of criminal justice outcomes. The general antisocial and depression results are also similar to adolescence results, whereby the co-occurrence leads to general maladjustment. In general, the likelihood of maladaptive outcomes increases, but in the case of offenders with mental illness, the stronger conclusion becomes more complex and more cumbersome.

Need to Treat Both Areas

Some researchers have emphasized the need to treat multiple areas simultaneously. Treating both areas simultaneously is the perspective of a common treatment approach of addressing the etiology of two disorders when they co-occur. In addition, it has been found that treatment can have broad effects even when the treatment is addressing a specific disorder. For example, when anxiety is targeted in treatment, other related disorders that are not specifically addressed in the treatment

protocol show improvement. The actual mechanism of change could be the generalizability of the intervention to the various aspects of each disorder or the treatment could be addressing a common and general feature of the *core* features of mood disorders. Based on this conclusion, some researchers suggest a unified approach focusing on emotional regulation and dysregulation.

In the context of the bi-adaptive model, a strong common group between criminalness and mental illness is not explicitly present. But there are aspects of the combined criminalness and mental disorder that would benefit from a unified approach. One area would be adherence to a medication regime. The principles of this specific adherence would be the same for adherence to a parole officer's reporting schedule. Thus, whether the reason is to treat multiple areas simultaneously or to address common aspects of each component of the bi-adaptive model, maximizing intervention efforts appears to occur through a unified approach.

Optimal Treatment Paradigm

An optimal intervention requires integrated strategies. Integration can refer to content integration and systems integration. Similarly, a distinction can be made between systems and services integration, which would include a single intervention plan. Research shows that criminalness has a strong antisocial component. Behavior indicators of antisocialness can be a contributor to noncompliance of medication, missing appointments, and intervention attrition. Medication noncompliance combined with substance abuse has been shown to be associated with violence among psychiatric patients. Thus, addressing an aspect of criminalness—that is, antisocialness—may have benefits for better managing an offender's mental illness.

Another aspect of an integrated approach is the role of social groups. Often, families play a role in the course of mental illness. Efforts have been made to integrate the family into interventions. The goal of this family integration is to increase information about comorbidity, decrease family stress, assist with problem-solving, develop a collaborate approach with the treatment team, and increase social support.

Role of Substance Abuse

Within both mental health and criminal justice areas, substance abuse is a damaging factor, regardless of whether the outcome is of mental health or criminal justice nature. Once a substance use disorder is present, epidemiological studies suggest that the likelihood of a mood or anxiety disorder is 40–60%. Also, epidemiological studies have shown that when included with other predictors, the combination of substance use and severe mental illness will predict violence, when severe mental illness by itself will not. For instance, among patients with schizophrenia, substance misuse will increase the likelihood of serious violent behavior 3–4 fold.

In a comparison of offenders with a single mental disorder and those with an additional diagnosis of substance abuse, those with the dual diagnosis were associated with greater difficulties in social and criminal justice domains. Socially, those with a dual diagnosis had greater use of mental health services and anticipated that they would be homeless upon release. With criminal justice outcomes, those with dual diagnosis were more likely to have a dangerousness assessment, more probation orders, and greater recidivism. Among offenders with mental illness, it is estimated that between 21.7% and 35.0% of offenders were drinking alcohol at the time of their offense. This compares to 15.1% and 30.4% of offenders without mental illness.

Within prison, the prevalence of co-occurrence disorders is greater than the community, regardless of how co-occurring is measured.

Daryl G. Kroner

See also Co-occurring Disorders in Incarcerated Offenders, Treatment of; Criminalness; Mentally Ill Offenders in Prisons, Treatment for; Physical and Mental Health Treatment

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BIAS IN CRIME POLICIES AND PRACTICES

Potential biases in crime policies and practices exist across a large number of possible groups and categories, including race, class, age, gender, gender expression, sexual orientation, nationality, and religion. Rather than simple or one-dimensional, the role of bias in criminal justice policies and practices is multidimensional and intersecting, with biases of different origins finding different points to seep into the process and compound one another. For instance, police practices that make it more likely for members of some groups to come into contact with the criminal justice system are compounded by prosecutorial and judicial policies that use prior contact with the criminal justice system as a strike against defendants.

By far the most research on criminal justice bias in the U.S. context has involved race; thus, this discussion focuses on race. After discussing common explanations for disparities in the U.S. criminal justice system, this entry briefly describes the history and sources of racial bias in the U.S. context and then provides a brief overview of what is known about bias in different specific criminal justice policies and practices.

Explanations for Disparities

A person's chances of involvement in the U.S. criminal justice system depend in large part on their race, class, age, and gender. Young impoverished African American men are disproportionately more likely to be involved in essentially all levels of the system. These disparities are easy to see upon even a cursory glance at the data released by the Bureau of Justice Statistics. Less immediately apparent, however, is an explanation for

these differences in the likelihood of criminal justice system involvement. At least three broad types of explanations exist for why disparities in the criminal justice system exist, each pointing to a different source of bias. Each explanation is also more complicated than it initially appears.

One explanation is that agents within the criminal justice system—police officers, lawyers, judges, corrections officers, and others—act in biased and prejudiced ways. This bias may be conscious and intentional, or it may be enacted without conscious awareness that the bias exists. In other words, addressing bias is not as simple as identifying those actors who are acting in obviously and overtly racist, classist, or sexist ways.

A second explanation has to do with crime policies themselves. Laws and the policies through which they are enforced constitute a significant source of bias. Negligent or unethical actions by the wealthy and by large corporations may do more to harm U.S. citizens both economically (e.g., wealth fund managers who take risks with the retirement accounts of others for their own personal gain) and physically (e.g., through pollution or the intentional suppression of information about the negative health effects of products) than do many *street* criminals. Yet, several of these actions are not legally prohibited. Even among actions clearly against the law, existing policies make it more likely that the law will be enforced against some groups rather than others. For instance, as a consequence of living in smaller spaces, poor urban residents tend to be more likely to both purchase and use illegal narcotics in public spaces, while the wealthy—who by self-report measures use illegal narcotics at similar rates—tend to both acquire and use them indoors. Antidrug policies that involve police sweeps of public places, then, will unsurprisingly pick up more poor than wealthy people.

A final explanation is that members of these groups commit more crime. There is some evidence that this is the case for some crimes, and it accounts for some—though not all—of the disproportionalities in exposure to the criminal justice system. However, this story too is not quite as simple as it seems. Research suggests that few biological differences exist across racial lines, especially those that would predict differences in behaviors like crime. Instead, racial differences in

offending are a product of socioeconomic factors largely rooted in the radically different and substantially more disadvantaged contexts in which racial minorities live, the strains caused by historical and contemporary mistreatment, and cultural adaptations to this differential social structure and mistreatment. If crime is a symptom of poverty or inequality, then the social policies that maintain intergroup economic inequalities are also an important source of bias.

History of and Sources of Bias

In perhaps the most famous sociological essay on prejudice, Herbert Blumer suggests that prejudice emerges as a feeling among members of a dominant group toward subordinate groups when two conditions are met: when the members of the dominant group identify with or see their fortunes as depending on the overall status of that group and when they perceive a subordinate group as interested in a greater share of the resources or privileges believed to rightly belong to that dominant group. These feelings help justify the differential treatment of members of these other groups. Dominant groups are likely to use their disproportionate influence over laws and the criminal justice system to ensure status quo group hierarchies—in other words, to ensure that those disproportionately benefiting from the current system continue to do so. Thus, biases that disadvantage members of subordinate groups are likely to emerge when dominant groups perceive their group membership as important and perceive other groups as interested in some of their group's privileges and resources.

As a result, there is a long history of racial biases in the legal and criminal justice systems. The legality of chattel slavery based on race is among the earliest and most egregious, accompanied by a series of complementary justice policies and practices, including the Fugitive Slave Act of 1850. The abolition of slavery during the civil war marked the beginning of a series of openly racially biased policies and practices designed to preserve the existing racial caste system, including the Black Codes and the practice of convict leasing in which many former slaves were imprisoned for *crimes*—enforced by policy or practice only on African Americans—and then sold to companies

desiring their labor, in some cases back to the same plantations from which they had recently been freed. Following this, Jim Crow laws were established throughout the South, legalizing racial discrimination and de jure segregation.

The role of bias and discrimination in these policies and practices is readily apparent: Differential rules or treatment on the basis of race is explicitly mandated or allowed in the laws themselves. These *explicitly* biased policies and practices were challenged and in many cases overturned in the 1950s and 1960s by a series of legal decisions and legislative acts. At the same time, the civil rights movement was changing social norms about race, making explicit and overt animus toward other races less socially acceptable.

Ironically, these successes have also served to obscure the role of bias in policies and practices. Mary Jackman has suggested that dominant groups change the ideology that supports their disproportionate privileges and resources based on whether intergroup inequalities are being effectively challenged. When inequalities are accepted, the dominant group can advocate policies that explicitly benefit them as a consequence of their group membership, as was the case with many racial policies before the civil rights movement. When they are challenged, however, dominant groups adapt their ideology by embracing individualism and eschewing the notion of groups, while simultaneously ignoring that members of different groups may not have equal opportunities based on historical or contemporary discrimination.

Many White Americans were uncomfortable with the social and legal changes sought by the civil rights movement. Some politicians, knowing that explicit appeals to racism were becoming less socially acceptable, began using code words or dog-whistle issues to activate these feelings without explicitly referring to race. Importantly, crime was one such topic, and support for *tough on crime* policies and practices became important components of the strategy to recruit White voters uncomfortable with racial change known as the Republican *Southern Strategy*. The strategy was so successful that Democrats also adopted *tough on crime* rhetoric, particularly in the aftermath of a racially charged political advertisement attacking 1988 presidential candidate Michael Dukakis for

supporting a purportedly *soft on crime* policy (the *Willie Horton* ad).

Relative to earlier eras, in the contemporary era, the role of bias is more difficult to see. A number of scholars have suggested that evidence of continued bias can be seen in support for policies that maintain inequalities even among some who would explicitly deny such motivations. In the area of economic policy, this phenomenon has been described as symbolic, laissez-faire, or color-blind racism. Several scholars have developed *implicit* measures of racial bias, using tests to tap into automatically activated associations or biases that the subject either may not be aware of or may be consciously trying to conceal, even as it is relevant to his or her behavior. In the area of criminal justice practice and policy, research has found evidence of implicit biases among the police in their decisions to shoot, among potential jurors in the decision to convict, and among the general population in their support for harsh punitive policies and practices that are disproportionately applied to racial minorities. Importantly, many of the people holding biases toward Blacks and acting in biased ways would explicitly deny being motivated by bias. This means that understanding and addressing bias in the modern era must begin by dispensing of older notions of bias as something which is explicit and easy to see.

Bias in Policies

Researchers have identified racial bias in a wide variety of criminal justice policies that are purportedly nonracial. The most severe sentencing options added as part of *tough on crime* policies—mandatory minimums, truth-in-sentencing, three-strikes laws—have been disproportionately applied to young Black men. The *war on drugs* has been criticized for targeting the kinds of methods of drug use and distribution in Black communities rather than White communities, most notoriously in the 100-1 crack-to-cocaine sentencing disparity. The *war on gangs* has been accused of a similar bias in focus.

In addition to these policies explicitly focused on criminal justice policies, a variety of other social policies are relevant to understanding bias in the criminal justice system. These include the legal decisions and legislation that ignored de

facto segregation and its consequences while outlawing de jure segregation. This also includes an interlocking system of disparities and bias in a broad system including schools, health care, and the labor, housing, and credit markets, a phenomenon Barbara Reskin has referred to as uber- or meta-discrimination. The disproportionate punishment of people of color is similarly not confined to the criminal justice system: Black students are more likely than White students to be disciplined or suspended as are Black welfare recipients relative to Whites.

Bias in Criminal Justice Practice

Police

The police are often the primary point of contact between the criminal justice system and the public. The police possess a wide power of discretion in where they are deployed, what they investigate, and how they respond or act within situations. By some measures, this discretion exceeds that available to actors at later stages in the criminal justice process, meaning that biases at this stage can have particularly large effects. The result of this discretion is disproportionate levels of police contact, arrest, and mistreatment.

Deployment and spatial strategies are one source of bias on the part of the police. Research has suggested that police tend to focus drug enforcement efforts on open-air drug markets in poor and largely non-White communities. Arrests are easier in this environment, but the result is racial disproportionalities relative to actual law violation. Similarly, research has suggested the police target Black and Latino neighborhoods when conducting stop and frisks and for other enforcement activities. At the individual level, research indicates that Black and Latino pedestrians and motorists are more likely to be stopped and once stopped more likely to be searched than Whites. Research on street stops in New York reports that Black suspects were not more likely to be arrested, suggesting Blacks are *unnecessarily* stopped at higher rates.

In addition to differential exposure to the criminal justice system, bias also results in the differential mistreatment of suspects along racial lines. Black suspects are more likely to be the victims of excessive force charges, and racial and

ethnic minorities are more likely to die in police custody. As a result, racial and ethnic minorities tend to have substantially less faith in the police and be more likely to perceive the police as biased. One paradoxical consequence is that despite the disproportionate levels of criminal justice system contact, minority communities often feel *underpoliced* in that they lack faith in the police's ability to address local crime problems.

Courts and Sentencing

A variety of tough on crime policies have acted to disadvantage Black suspects and defendants at the judicial stage of the justice process. A variety of work has suggested pretrial detention procedures disadvantage racial and ethnic minorities, including public defender programs, the bail system, and prosecutorial decisions.

Juries are also a major source of bias, even when, as in the case of implicit bias, they may not be aware of their own biases. A variety of work has suggested that jurors are less likely to act favorably toward defendants from other racial groups: Defendants are more likely to be convicted and receive harsher sentences including the death penalty when the juries have greater numbers of out-group members. Relatedly, juries are more likely to blame external factors for criminal behavior by in-group defendants but internal factors for the same behavior by defendants of other races. This is especially important given that prosecutors may use peremptory challenges to systematically excuse Black potential jurors, especially in cases involving Black defendants.

Race seems to influence jurors in a variety of subtle ways: They are more likely to interpret ambiguous evidence as being indicative of guilt when a suspect has darker skin and more likely to view prosecution witnesses as being more credible in cases involving Black defendants. Jurors are also more likely to render guilty verdicts and recommend harsh sentences when defendants are accused of committing crimes that are stereotypically associated with their racial or ethnic group.

As a consequence of bias in the judicial stage of the justice process, there are substantial disparities in the punishment meted out by race and ethnicity. This includes imprisonment, which is substantially higher among Latino and especially among Black

men than it is among White men. One outcome of this is that incarceration appears to have devastating consequences for the individuals, families, and communities that experience it, including actually increasing the likelihood of further crime and criminal justice system involvement for the individual who has been incarcerated, for the children of the incarcerated, and for the communities experiencing the highest levels of incarceration. Thus, bias in criminal justice policies and practices acts to sustain future disparities in contact with the criminal justice system.

Bias also appears to play a role in the decision to invoke society's harshest punishment: the death penalty. Both the race of the offender and especially the race of the victim appear to play powerful roles in the decision to invoke the death penalty, with cases involving White victims and Black defendants being the most likely. Latino defendants accused of killing White victims are also disproportionately likely to receive the death penalty. Once again, juries are an important source of bias in this process, as are prosecutors in their decision to seek the death penalty in the first place and in their exclusion of non-White jurors who are less likely to support the death penalty and more likely to give more weight to mitigating evidence.

Finally, there is also evidence of bias in the juvenile justice system, which was another target of punitive reforms during the *tough on crime* era, spurred in part by a popular discussion of the existence of superpredators—a notion that played on racial fears to make predictions about a wave of youth violence that never materialized. Bias and disparities in the juvenile justice system are especially consequential as they are likely to compound over the life course of the juveniles caught up in them.

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See also Crime Prevention, Policies of; Criminal Courts; Death Penalty; Gender and Crime; Juvenile Justice, Approaches; Prisons; Punishment; Race, Racism, and Crime

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BIKER GANGS

Biker gangs, also known as *outlaw motorcycle gangs*, are close-knit factions of motorcyclists connected by collective attributes such as deviant subcultural values and norms; a core, hierarchical leadership structure; regulations for joining and successfully maintaining full membership status; an established moniker and other shared trademarks that denote membership (e.g., vests, patches, colors, and mottos); a chosen locale and clubhouse; and a significant, persistent integration of criminal activity into the group through the actions of its members and/or leaders. These enigmatic organizations are interwoven with subcultural norms emphasizing hypermasculinity, unruliness, and a tendency toward violence and other crime that sets them apart from law-abiding motorcyclists and conventional society. As a result of their unique subculture and makeup, biker gangs occupy a distinctive niche within the universe of gang folklore and organized criminal syndicates. Although biker gangs conduct themselves in a clandestine manner, their criminal enterprise has attracted ongoing attention from

law enforcement agencies and sparked a degree of allure within popular culture and the media. This entry discusses general characteristics of outlaw biker gangs, including their prevalence, norms and values, composition, and offending patterns.

Biker Gang Prevalence

Millions of people in the United States own motorcycles and represent a demographic mosaic fused together by people from nearly every background and social class. Whether motorcycles are used as a method of transportation or function as a leisure activity, virtually all riders and their respective associations or clubs behave in a manner consistent with the law. As a result, outlaw biker gangs emphasize the social and ethical chasms that separate them from nondelinquent motorcycle groups and hobbyists. While deviant bikers and groups comprise a small share of motorcyclists in general, an even narrower sliver of riders may become entrenched within particularly illicit organizations that colloquially refer to themselves as *one percenters*; this term embodies the rider adage that 99% of motorcyclists follow the law, while an extremely narrow minority of riders become deeply embedded within antisocial clubs steeped in crime and delinquency.

Influential biker gangs include the Hells Angels, the Mongols, the Bandidos, the Outlaws, the Sons of Silence, the Vagos, the Pagan's, and the Iron Horsemen. The reach of biker gangs is extended by a network of *auxiliary motorcycle clubs* (also known as *puppet*, *satellite*, or *sponsor clubs*), which visibly align themselves with biker gangs that can range from shared social events and displaying the gang's colors to assisting with illegal activities. The National Gang Intelligence Center estimates that as of 2011, a combination of 3,000 outlaw biker gangs and auxiliary motorcycle clubs preside over roughly 44,000 members checkered throughout the United States, with at least 300 organizations solely comprised of one percenters. In addition to maintaining dominion over an array of illicit domestic operations, several one-percenter biker gangs have achieved international ascendancy through black market transactions and violent campaigns in nations such as Canada, Australia, and Mexico and throughout Europe. Outlaw biker gangs have also been known to

work with other criminal organizations to facilitate their criminal activities, including domestic street and prison gangs and international drug trafficking organizations.

Biker Gang Subculture

Aside from a common desire to build fraternal social networks, the subculture of individual motorcycle associations and clubs can vary across several dimensions, including the intensity of group membership, the group's divergence from mainstream, middle-class social standards and goals, and their participation in and endorsement of illegal activities. Scholars James F. Quinn and Craig J. Forsyth note that one-percenter biker gangs tend to prize the archetypal image of a rugged, hardened outlaw living a nomadic existence on the road and on the fringes of society. For individuals in outlaw biker gangs, riding a motorcycle is not simply a pastime; due to the considerable demands implicit in biker gang membership, one percenters can become enmeshed with their chosen clubs, integrating the club and its ideals into fundamental aspects of their identity, social relationships, and worldview. This devotion is solidified through various social decrees from the gang, and, in some cases, an extensive constitution outlining member responsibilities and behaviors subject to sanctions. Club meetings are colloquially referred to as *church* to highlight their importance, and members may be penalized for poor attendance; members are generally expected to pay club dues, attend club events, and frequently ride their motorcycle.

Coupled with the devotion of biker gang membership, the more antagonistic aspects of biker gang subculture can give way to deviant behaviors. For instance, in the social nexus associated with outlaw biker gangs, the concept of respect is a fundamental social currency that is regulated through the threat or use of violence. Countless social affronts are encapsulated within the outlaw biker gang value of respect, and if the behavior of any entity (e.g., a rival gang, a *civilian*, or a fellow gang member) is interpreted as offensive to the gang, it must be redressed through retribution that can escalate to the point of bloodshed. In the context of biker gang rivalries, the pursuit of respect can be a deadly powder keg and amplify intergroup conflicts, creating an ongoing cycle of violence.

Biker Gang Composition

Membership

The overarching theme within the membership base of outlaw biker gangs is one of sameness across race, gender, and motorcycle model. During the late 1940s, outlaw motorcycle gangs were geared toward White male Harley Davidson riders over the age of 21, a trend that has endured. Concentrated racial exclusion prompted the emergence of gangs that permit racial and ethnic minorities, such as the Mongols, who accommodate Hispanic and Latino one percenters, and the Wheels of Soul who accept Black riders. In addition, biker gangs have always been male focused and block women from club business and formal membership, treating them as subservient objects subject to sexual harassment and violence such as *running a train* (i.e., engaging in a succession of sexual acts with various group members). Women formally recognized by the gang as romantically partnered with a male member are referred to as an *Ol' Lady* and are deemed his property, which may sometimes be explicitly stated through a worn patch.

Beyond basic demographic requirements and appropriate motorcycle ownership, it is an extremely difficult undertaking to gain biker gang membership. The process can range from months to years, as membership status is progressively earned by incrementally engaging the gang as a *hangaround* or *prospect*, whereby the applicant demonstrates devotion through grunt work. Once approved by the group's leaders and members, the applicant is formally acknowledged or *patched in* through an initiation ritual and is given full member patches and a vest. Similar to other gang typologies, some of the induction rituals of biker gangs can be viewed as unpleasant to outsiders, such as having their vest sullied by the bodily fluids of other members prior to wearing it for the first time.

Leadership and Organization

Biker gangs are usually governed by a paramilitary-style, hierarchical chain of command, including national and local chapter positions such as a President, Vice President, Road Captain, Sergeant at Arms, and Secretary/Treasurer

controlled through a membership vote. Individual, local chapters tend to be relatively autonomous but are still beholden to a centralized, nationally based leadership body that sets the club's overarching regulations. At the chapter level, leaders generally preside over the more regimented aspects of biker gang membership and maintain the businesslike aspects of the group, such as enforcing the club's constitution, collecting dues and stewarding the club's finances, and tracking club meeting participation. Chapter leaders also guide more systemic forms of illegal enterprise such as weapon and/or drug transactions, direct retaliation against rivals, and mete out punishment to members who violate the gang's protocols. The adoption of paramilitary organizational practices among biker gangs is not entirely surprising, as the founding members of several major outlaw biker gangs were formerly enlisted in the military, and an undetermined amount of contemporary biker gang members have military backgrounds.

Biker Gang Criminality

Collectively, outlaw biker gangs have amassed public and legal notoriety for their enduring participation in contraband distribution, burglary, theft and other property crime, financial fraud, money laundering, prostitution and human trafficking, gambling rings, and both reactive and instrumental forms of violence, ranging from intimidation and assault to homicide. Although one-percenter biker gangs cumulatively engage in a wide assortment of offending, their criminality can be quite complex and multifaceted, as individual chapters and their associated auxiliary clubs can vary in terms of the depth and sophistication of their organizational involvement in crime. Furthermore, due to the inherent social hierarchy of biker gangs, particularly incendiary, antisocial leaders can rapidly steer the gang toward egregious forms of delinquency.

Analogous to other types of gangs and criminal syndicates, precise estimates of biker gang criminality have been limited by difficulties gaining access to biker gangs and data tabulation and sharing procedures for gang-related crime data. Offenses attributed to outlaw biker gangs can range from hostile, expressive crimes, such as spontaneous aggression in response to an affront,

to instrumental and goal-oriented crimes relating to underground markets. Expressive motives occur more commonly in social settings and gatherings (e.g., bars), as these contexts can produce situational conflicts based on machismo, disrespect, and/or the presence of rivals that produce anger and can rapidly escalate into serious, potentially lethal altercations; these conflicts may be spontaneous and isolated but can also be premeditated, such as a planned attack against rivals based on prior clashes. Instrumental offending focuses on generating capital and includes activities such as the production and/or circulation of drugs and weapons, stealing, and prostitution and can also drive conflicts between rival gangs, such as violent disputes over territory linked to illegal operations.

Outlaw biker gangs continue to pose difficulties for law enforcement agencies, as these groups continue to evolve to evade detection. Biker gangs have also been notoriously difficult to litigate, as the deep-seated loyalty and allegiance of biker gangs serves as a barrier against legal intervention. Prolific members, such as the Hells Angels' founder Sonny Barger and former Mongol president Ruben "Doc" Cavazos, have only been prosecuted through the Racketeer Influence Corrupt Organizations Act, which allows ringleaders to be held criminally liable for instructing their subordinates to conduct illegal activities, even if they do not participate themselves. However, Racketeer Influence Corrupt Organizations and other criminal litigation have seen mixed success when applied to biker gangs. Furthermore, the modus operandi of modern biker gangs has shifted toward increased subtlety and no longer publicly identify themselves through worn clothing to evade law enforcement and preserve their criminal enterprises. To this end, some biker gangs, such as the Hells Angels, are outwardly insistent that their organizations are prosocial fraternal groups and have attempted to reshape their scandalous public image through charitable activities and a positive social media presence.

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See also American Gangs; Drug Trafficking; Organized Crime Activities; Racketeer Influenced and Corrupt Organizations Act; Transnational Gangs; Weapons Trafficking

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BIPOLAR DISORDER IN INCARCERATED OFFENDERS, TREATMENT OF

Bipolar disorder is a psychiatric illness that is colloquially known as *manic-depressive disorder*. Previous editions of the *Diagnostic and Statistical Manual of Mental Disorders* categorized bipolar disorder as a mood disorder; however, the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, published in 2013, assigned bipolar disorders its own category and aptly places it between psychotic disorders and depressive disorders as it shares features with both of those categories through different phases of the illness. In the United States, since the Community Mental Health Act was passed in 1963, there has been a trans-institutional shift in the

severe and persistent mentally ill population, and the correctional setting has seen a consistent influx of inmates with serious mental illnesses including bipolar disorder. Furthermore, incarcerated offenders with bipolar disorder frequently present with higher severity and complexity of symptoms compared to patients with bipolar disorder in the community setting. Management of their illness presents a unique challenge to the correctional clinicians and requires distinct treatment strategies.

This entry highlights some of the key features in identifying and treating bipolar disorder in incarcerated individuals.

Epidemiology and Comorbidities of Bipolar Disorder in Incarcerated Offenders

Based on nationally represented samples, an estimated incidence of bipolar disorder is 1% in the United States. In comparison, the National Commission on Correctional Health Care reported rates of bipolar illness as high as 4.3% in the U.S. prison population. Studies conducted in community settings have shown that individuals with a history of incarceration had twice the prevalence of bipolar disorder when compared to those in treatment without a history of incarceration. Furthermore, the rates of recidivism are substantially higher in individuals with history of bipolar disorder. These individuals have greater than 3 times the likelihood of a history of four or more past incarcerations when compared to those without a mental health history in the correctional setting. The reemergence of socioeconomic factors, lack of care in the community, and lack of supports and stable relationships all contribute to reoffending and decompensating psychiatrically.

Incarceration can be either the consequence of or a precipitating factor to an individual's psychiatric decompensation. This bidirectional relationship between incarceration and bipolar disorder can be further perpetuated by increased vulnerability to perceived traumatic experiences. This can heighten the distress these individuals experience within the correctional setting, making it harder to treat the underlying bipolar disorder. It is prudent for correctional clinicians to be aware of the comorbid diagnoses that present with bipolar disorder as comorbid diagnoses shape not only the treatment while incarcerated but also the prognosis and chances of

recidivism. Substance use disorders and addictive disorders are the most common co-occurring disorders seen in patients with bipolar illness. Anxiety disorders confer a lifetime risk of 85–90% in these patients, and there is a 7-fold lifetime risk of being diagnosed with intermittent explosive disorder. There is also an increased risk of having a coexisting personality disorder, particularly antisocial personality disorder and borderline personality disorder, which require additional treatment strategies. Studies have documented higher rates of suicide in correctional facilities compared to that in the general population. Notably, incarcerated offenders with bipolar illness have a higher suicide risk compared to other incarcerated offenders.

Factors Affecting Treatment of Bipolar Disorder in Incarcerated Offenders

Bipolar disorder can present in many different phases (manic, hypomanic, depressed, and mixed), and each one can present significantly different than another. It is imperative that correctional clinicians obtain a thorough longitudinal history from the individual as well as by reviewing past records. A diagnosis of bipolar I disorder requires at least one manic episode over the course of an individual's lifetime. A manic episode is characterized by a period of at least 1 week of abnormally and persistently elevated, expansive, or unusually irritable mood, which clients describe as feeling *very hyper* or *on top of the world*. In order for a manic episode to be diagnosed, three or more of the following symptoms must also be present (in addition to the abnormally elevated, expansive, or unusually elevated mood):

- unusually elevated self-confidence to marked grandiosity, sometimes reaching delusional proportions
- decreased need for sleep without any feelings of tiredness despite lack of sleep
- rapid, pressured, loud speech that is difficult to interrupt. In some cases, such speech is angry/hostile or incomprehensible.
- feeling easily distracted and unable to screen out irrelevant stimuli in the surrounding environment
- racing thoughts and explosion of ideas and experiencing an inability to keep up with these thoughts and ideas

- abnormal and persistently increased engagement in goal-directed activities with little regards for sleep or rest (e.g., staying up late at night cooking or cleaning or engaging in multiple projects simultaneously but not able to finish those due to lack of time and organization) or feeling unusually agitated
- heightened engagement in pleasurable activities with significant and painful consequences such as reckless driving, unusual sexual behaviors, and buying sprees

Most importantly, these symptoms and disturbances should cause marked impairment in social or occupational functioning.

Functional impairment in the correctional setting can manifest in many ways. Irritability can cause agitation or violence for seemingly trivial things, grandiosity and impulsivity leading to rule violations and engaging in unsafe situations, sleep disturbances resulting in late night or early morning disruptions. Having a multidisciplinary team to identify patterns of behaviors and symptoms becomes a crucial aspect of making an accurate diagnosis based on the entire clinical presentation. Particularly early in incarceration, it is important to identify primary and secondary diagnoses and clearly establish working diagnoses. Symptoms can be a part of multiple diagnoses, and the clinical picture evolves over time. Substance withdrawals, adjustment difficulties, agitated unipolar depression, and complex trauma can all be misdiagnosed as bipolar disorder. Standardized measures for diagnoses, such as the Structured Clinical Interviews for Diagnostic and Statistical Manual of Mental Disorders, can help provide accurate diagnoses but require significant time and resources. Continuous reassessment of symptoms and diagnostic reevaluation throughout the treatment process helps to establish accurate diagnoses, identify contribution of comorbidities to the clinical presentation, and determine response to treatment.

Management of Incarcerated Offenders With Bipolar Disorder

Managing bipolar disorder in any setting ideally includes a combination of medications, therapy, and behavioral interventions. Generally, the

combination treatments have shown to be more effective than each treatment individually. Management of bipolar disorder in incarcerated offenders frequently requires both pharmacotherapy and psychotherapy due to higher severity of their illness compared to their counterparts in the community, multiple comorbidities, and difficult psychosocial factors. Treatment considerations typically account for the following factors:

- psychiatric and medical comorbidities
- risk of suicidality
- rule out pregnancy (due to risk of birth defects with several psychotropic medications used to treat bipolar illness)
- substance use comorbidities and impact of substance-related withdrawal symptoms on bipolar symptomatology
- environmental factors in the correctional setting (e.g., routines/structure of the correctional setting and/or triggers in the correctional setting that may exacerbate emerging bipolar episodes such as conflicts with fellow inmates or correctional staff)
- psychosocial factors in the community (e.g., relationships, support) with positive or negative impact on symptomatology during incarceration
- past psychotropic medication regimens in the community
- psychotherapeutic modalities used to manage an individual's illness in the community
- past medication trials, efficacy, side effect profiles, and risk–benefit ratio
- potential pharmacokinetic and pharmacodynamic drug–drug interactions, especially when an individual is receiving multiple psychotropic and/or nonpsychotropic medications
- risk of abuse and diversion of prescribed medications
- potential barriers for accessing certain medications (usually newer medications) upon release to the community

Pharmacotherapy

Similar to the community setting, several medication classes are used to treat bipolar illness in incarcerated offenders. These include antidepressants, mood-stabilizing medications such as

lithium, anticonvulsants and antipsychotics, anti-anxiety medications such as benzodiazepines, and sedating medications such as trazodone. Medications simultaneously targeting bipolar symptomatology and substance-related withdrawal symptoms (e.g., divalproex sodium) play a critical role in the management of bipolar illness in the correctional setting. This is due to high prevalence of comorbid substance use in these individuals.

Inmates with significant history of comorbid substance use experience substance-related withdrawal symptoms immediately following incarceration. These symptoms can serve as a trigger and exacerbate their bipolar and other comorbid psychiatric illnesses. Difficulties adjusting to the correctional environment may further complicate symptomatology. Management of symptoms in these individuals requires short term, heightened symptomatic management with mood stabilizers, anxiolytics, and, in some cases, antipsychotic medications.

Frequently, simultaneous implementation of substance withdrawal protocols is necessary. This complex symptomatology usually improves after resolution of acute substance withdrawal symptoms and adjustment to the correctional environment. However, many of these individuals continue to experience chronic substance-related anxiety symptoms and cravings during their incarceration. Incarcerated offenders with bipolar illness have high rates of treatment-refractory symptomatology compared to patients with bipolar illness in the community setting.

Certain psychotropic medications are associated with serious medical consequences. For example, atypical antipsychotic medications can increase the risk of diabetes and cardiovascular illness. Because of the complexity of symptomatology, incarcerated offenders with bipolar disorder frequently receive multiple medications or medication classes to manage their illness. This is partially driven by the initial period of acute and complex symptomatology, requiring symptom management using multiple medications. It is important that correctional clinicians continuously reassess symptomatology and optimize medication regimens, especially after the initial period of symptom management and resolution of substance withdrawal symptoms.

Optimization of medications should be driven by symptoms as well as risk–benefit ratios of medications. Algorithm-driven treatment of bipolar disorder can lead to improved clinical outcomes and reduce polypharmacy by optimizing utilization of evidence-based medications. Adaptations of such treatment algorithms reduce inappropriate variations in clinical practice, reduce costs, and improve patients' quality of life. In general, use of medications with high addictive potential should be minimized due to high prevalence of substance use comorbidities and vulnerability to addictions in these individuals. Evidence has demonstrated effectiveness and benefits of algorithm-driven treatment of bipolar disorder while working within correctional formulary restrictions.

Psychotherapy

Psychotherapeutic treatments play an important role in the management of bipolar illness in the correctional setting. They can help manage psychosocial distress, the initial despair of incarceration, and adjustment issues to the correctional environment; improve coping skills; and address circadian rhythm disruption. Specific psychotherapies, such as cognitive behavioral therapy and dialectical behavioral therapy, have been adapted to treat incarcerated offenders with serious mental illness. Both individual and group therapy can be beneficial, especially as adjunctive treatments to pharmacological management. Relapse prevention and dual diagnosis psychotherapeutic treatments also play a critical role in the management of incarcerated offenders with bipolar illness.

Transitional Planning

When an inmate with serious mental illness is ready to be transitioned back to the community, it is imperative that they be set up with ongoing treatment and psychosocial supports in the community. This is especially critical for inmates with bipolar illness due to high rates of recidivism of these individuals. Successful reentry and integration of these individuals in the community can reduce reoffending. It is likely that the structure of the correctional setting is therapeutic through its organization and management of daily needs (e.g., food, clothes, finances). Upon release, a number of

socioeconomic factors, complex support systems, and limited access to care can contribute to a decompensation and reoffending. Having immediate follow-up and ensuring ongoing continuity of care to adjust treatment as new stressors arise can help stabilize their illness and reduce rates of recidivism.

Incarcerated offenders with bipolar illness present a unique challenge to the correctional clinicians. In addition to the standard treatment approaches used to manage bipolar illness in the community setting, the unique issues with this patient population require distinct management strategies. Use of evidence-based treatments including certain treatment strategies specifically adapted to the correctional setting can substantially improve management of their illness in the correctional setting.

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See also Mentally Ill Offenders in Prisons, Treatment for

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BLACK GUERRILLA FAMILY

The Black Guerrilla Family (BGF) prison gang is one of the most politically revolutionary prison and street gangs in the United States. It has evolved into a highly sophisticated criminal enterprise that not only controls criminal activities inside prison walls but also controls street gangs operating outside prison walls. It is one of the most violent, federal racketeering enterprises in the United States. This entry reviews the background, evolution, and philosophy of the BGF.

Background

The BGF emerged in 1966 at San Quentin State Prison in California. The BGF's founder, George Jackson, organized the gang as a show of opposition to the prison's injustice toward Black inmates and as an effort to provide protection for Black inmates from other prison gangs such as the Aryan Brotherhood. He recruited prison gang members, advocating that their crimes were merely acts of survival in a White-dominated, capitalistic society. He further argued that the legal system was stacked by a White capitalistic government in an attempt to suppress and keep black at the bottom of the socioeconomic status levels. As of 2017, approximately 500 BGF prison gang members oversee an estimated 50,000 members of allied criminal street gangs throughout the United States.

Prior to incarceration, Jackson was a member of the violent Black Panther Party. In prison, he specifically recruited gang members from the Black Panther Party, the Black Muslims, and the Republic of New Africa to join what was then called the *Black Family* or the *Black Vanguard*. In the 1960s, the Black Family merged with the Black Panther Party and the Black United Movement to form what is now called the BGF.

Revolutionary Political Philosophy

The BGF is anti-White and considers law enforcement, correctional officers, and the U.S. government as enemies. All BGF members must be African American. As one of the most politically oriented prison gangs in the United States, the BGF subscribes to a blend of Karl Marx's and Vladimir Lenin's political ideology.

Marxism is an economic, social, and political philosophy that advocates revolution and forceful overthrow of class structures to establish a dictatorship of the proletariat workers called *socialism*. Through this class struggle, Marxists believe that society will develop from bourgeois oppression under capitalism to form a classless, socialistic society. This socialistic society governs without a governing class or structure to ultimately create the foundation for a communistic society.

Similarly, Leninism advocates the democratic organization of a revolutionary vanguard party that will advance a dictatorship of the proletariat class as political prelude to the establishment of socialism. Its founder, Vladimir Lenin, advocated political insurrections, the overthrow of capitalism, and establishment of a socialistic society that would ultimately evolve into communism. As stated by Lenin, "The goal of socialism is communism." He was a Russian communist revolutionary who led the Bolshevik revolution and later became Chairman of the Council of People's Commissars of the Russian Soviet Federative Socialist Republic.

In that the BGF prison gang subscribes to a blend of Marxist-Leninist revolutionary philosophy, it openly advocates the use of violence in the class struggle to overthrow the White-dominated, bourgeois capitalistic U.S. government. This economic class struggle is believed to be the political reform platform that will lead to revolution and the eventual development of a classless society leading to socialism and ultimately communism. The prison gang's stated goals are to

- maintain dignity in prison,
- overthrow the U.S. government, and
- eradicate racism.

This revolutionary, antiestablishment political philosophy serves to create an *us against them* mentality. Prison officials and the U.S. government

are against African Americans, and the BGF is antiprison, antiestablishment, and antigovernment. This *us against them* mentality serves to create solidarity among African American inmates. It also unites BGF members in the political war against prison control and oppression by the capitalistic U.S. government.

Violence and Revolutionary Goals

In the *us against them* conflict, the BGF is willing to use asymmetrical violence to overcome prison control and government suppression. In fact, the name itself, Black Guerrilla Family, is revolutionary based and infers the use of guerrilla warfare.

For example, FBI records reveal that the BGF advocates the use of knives, guns, and guerrilla tactics to bring about the overthrow of the U.S. government. This antiestablishment and antiprison mentality is reflected in the BGF gang's signature tattoo—a tattoo of a black dragon overcoming a prison or a prison tower. Another favorite tattoo is BGF tattooed over a rifle crossed with a bloody sword. Even more tattoos, such as crossed sabers and a shotgun, further represent the prison gang's willingness to use violence against prison officials to achieve their revolutionary goals.

Oath

As noted, the BGF prison gang is openly militant. Members must subscribe to a "blood in, blood out" death oath that requires loyalty to the prison gang for life. The oath sets forth, on five occasions, that the penalty for disobedience or disloyalty to the BGF Code of Conduct includes sanctions such as fines, physical beatings, stabbings, and death. This "blood in, blood out" oath reads as follows:

If I should ever break my stride, or falter at my comrade's side,

This oath will kill me.

If ever my word should ever prove untrue, should I betray the chosen few,

This oath will kill me.

If I submit to greed or lust or misuse the people's trust,

This oath will kill me.
 Should I be slow to take a stand or show fear of
 any man,
 This oath will kill me.
 If I grow lax in discipline, in time of strife refuse
 my hand,
 This oath will kill me.
 Long live the spirit of comrade George Jackson,
 Long live the spirit of the Black Guerrilla Family.
 (FBI Director, 1980)

The oath also references Marxist and Leninist political philosophy. The term *comrade* is referenced in the first sentence, and founding member George Jackson is referenced as *comrade George Jackson*. In this context, the word *comrade* references a fellow socialist or communist who subscribes to Marxist or Leninist political ideology. These terms evidence the BGF's open support for overthrow of the U.S. government and establishment of a communistic society.

BGF members must also memorize and recite a "Death Oath" affirming the "struggle to eradicate the evils and injustices bestowed upon the masses by the despotic ruling classes" and calling for the "uncompromising destruction" of Western civilization. The oath of membership concludes with an acknowledgment that "an oath is a sacred pledge that binds a guerrilla for life" (FBI Director, 1980).

Evolution Into a Criminal Enterprise

Even today, the BGF prison gang advances Marxist and Leninist political ideologies. However, the BGF is now focused on profitable gang-related criminal enterprises. This is especially true for BGF members who operate outside prison walls. On the streets, the Marxist-Lenin political revolution has been moved to the back burner. Gang-related criminal activities, such as trafficking in narcotics, have taken over the front burner. The BGF has moved from its foundation of political revolution to extremely sophisticated criminal enterprises that transact drug-trafficking and gang-related criminal operations on national and international levels.

Surprisingly, many of these street crimes are controlled from inside prison walls. In return for protection services for incarcerated street gang

inmates, the BGF prison gang requires *taxes* (percentages of gang-related profits) from allied street gangs. If an allied street gang refuses to pay taxes, the BGF merely issues a *green light* requiring all prison and allied street gangs to harass, physically abuse, and even murder members of the noncompliant street gang.

Psychological Power and Control

The psychological power and control exerted by the BGF prison gang is enormous. Through the protection racket, the BGF is able to control criminal activity that occurs both inside and outside prison walls. One such example occurred in 2008 when BGF member Travon White entered the Baltimore City Detention Center. White was able to bribe or threaten correctional officials to the degree that he maintained an office, fully equipped with computers and cell phones, while incarcerated. In addition, White controlled which inmates received working positions, cleaning cells and preparing food. This facilitated smuggling operations for tobacco, cell phones, heroin, crack, and marijuana with impunity from correctional facility rules and regulations.

While incarcerated, White had ongoing sexual relations with four female correctional officers and fathered five children by the female correctional officers. One correctional officer provided home-cooked meals each day, often including lobster and wine. Another female officer had "White" tattooed on her wrist and another had White's name tattooed on her neck.

In essence, White was able to run the prison by bribing correctional officers through paying rent and giving gifts such as a Mercedes-Benz to correctional officers. One female correctional officer testified she received US\$16k a week for her services.

The Baltimore correctional facility became a *mini-city* with its own culture. Unlike the neighborhood low-income housing facilities, it had heat, electricity, clean beds, cell phones, snacks, three hot meals a day, cable television, and video games like PlayStation Basketball. It even afforded employment opportunities whereby inmates controlled gang-related criminal operations on the streets. As stated by former Baltimore Police Department Commissioner Anthony W. Batt,

“We’re arresting people and sending them right into the den of that gang haven. We’re basically helping them (the BGF Family) recruit by arresting people” (Marimow & Herman, 2013).

In 2013, White and other BGF members, along with 13 prison guards at the Baltimore City Detention Center, were indicted on federal Racketeer Influenced and Corruption Organizations Act conspiracy charges that included trafficking in controlled substances, battery, threats of violence, intimidation, extortion, bribery, armed robberies, money laundering, retaliation against witnesses, and obstruction of justice. Thirteen prison guards were charged with helping the BGF run a drug-trafficking and money-laundering operation at the detention center. Because of a plea bargain, White, the kingpin of the BGF jail gang, received only 12 years in prison followed by 3 years of unsupervised release.

Organization and Structure

As noted, the BGF subscribes to a Marxist-Leninist political philosophy. The command structure consists of a Central Committee, Field of Generals, Captains of Security, Captains of Arms, Captains of Squads, Lieutenants, and Soldiers. At the bottom of the command structure, the Soldier is any inmate who is willing to align with the BGF and fight for BGF principles. Since the BGF is a prison gang, there is a never-ending source of Soldiers as new inmates arrive on a daily basis.

Any attempts to dismantle the BGF by transferring prison gang members to a different prison are seldom successful. Instead of dismantling the prison gang, relocation merely provides a new location to establish a BGF prison gang set. As stated in the BGF oath, the transplanted BGF gang member is duty bound to assume the position of Regional General, create a new BGF prison gang at the relocation prison, and attempt to maintain contact with the BGF prison gang in the former prison. This serves to further spread BGF prison gang political philosophy from one prison to another.

Psychological Control Over the BGF Soldier

The BGF provides protection for members from predatory inmates, social support, a sense of

belonging, access to smuggled prison contraband, and even opportunities to have sex with prison guards or visitors while incarcerated. The contraband includes access to alcohol, drugs, cigarettes, cell phones, and even video games.

Membership in the BGF prison gang also generates a sense of power and control, both inside and outside prison walls. This enhanced power and control combined with a sense of self-identity replaces the isolation and removal of self-worth that occurs when one is issued a number, prison clothes, and relocated to a prison cell. It also serves to psychologically bond the new member to more veteran prison gang members.

Consequently, the gang becomes paramount in the gang member’s life. The disciplinary beliefs of the BGF are as follows:

- The individual is subordinate to the family.
- The minority is subordinate to the majority.
- The lower level is subordinate to the higher level.
- The entire membership is subordinate to the Central Committee.

The BGF constitutional section on Exemplary Punishment sets forth a death sentence to any member who disobeys the constitution, rules, and disciplinary beliefs of the gang. Without provisions for due process, the constitution states “the Generals, for security reasons, may order and have a sentence of death carried out against a member for violation of one of the above laws” (FBI Director, 1980).

Alliances

The BGF allies with politically oriented groups or criminal gangs that share similar revolutionary philosophies. The BGF also allies with criminal street gangs that serve to enhance drug distribution routes or other gang-related criminal activities. These allies include the Black Liberation Army, Gangster Disciples, the Symbionese Liberation Army, Nuestra Familia, the Weather Underground, and many other African American street gangs (e.g., Bloods, Black Gangster Disciples, Crips). The BGF also aligns with the Hispanic Nuestra Familia when it is beneficial for smuggling or drug operations.

Adversaries

The BGF's written constitution clearly identifies the Aryan Brotherhood and the Mexican Mafia (EME) as enemies. In fact, the constitution identifies the Aryan Brotherhood and the Mexican Mafia as *tools* of the American correctional system that serve to suppress the African American society. In addition, the BGF considers the American Mafia and the Texas Syndicate to be enemies.

Michael R. Wilds

See also American Gangs; Prison Gangs, Major; Prison Gangs and Strategic Threat Groups; Street Gangs

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BLOODS

The Bloods is a street gang that originated in South Central Los Angeles, CA, in the early 1970s. Bloods are identified by the red color worn by the members of the gang and are known for their long-standing rivalry with another street gang *Crips*, who are identified by the color blue. Along with the Crips, the Bloods are one of the most notorious street gangs in the United States. This entry reviews the Bloods' history, symbology, rivalry with the Crips, and involvement in the drug trade.

Early History

In the 1960s, the political organization the Black Panthers inspired Black youth to seek out unity and respect. After the Black Panthers were weakened in 1969, a group of young Black men in Los Angeles—looking for protection and belonging—created the Crips. The Crips grew rapidly, using force and violence to secure their dominance in the neighborhoods of Los Angeles. In an effort to strike back against the Crips and the violence the Crips were unleashing within Los Angeles neighborhoods, a rival gang, the Bloods, was created.

In 1972, Sylvester "Puddin" Scott and Vincent Owens formed the Pirus Group out of Centennial High School in Compton. The Pirus Group was originally associated with the Crips. However, after facing hostility from several neighboring Crips *sets* (the specific chapters or divisions of the gang), members of the Pirus Group severed all ties with the Crips and formed their own gang—now known as the *Bloods*. The name, the Bloods, was reference to *Blood*, the nickname for street gangs who were not affiliates of the Crips. The members of the newly formed gang adopted the color red to differentiate themselves from the Crips—who wear blue.

Later, Tuemack “T” Rodgers, founder of the Black P Stone Bloods, set out to combat the Crips’ expansion within Los Angeles neighborhoods. He called a meeting, at Manual Arts High School, where four gangs agreed to join together, believing there would be safety in numbers. Smaller gangs in the area, such as the Brims, Athens Park, and the Black P Stone Bloods, merged with the Bloods with the intention of protecting their neighborhoods and their families from the Crips.

The Bloods’ membership was much smaller than that of the Crips and continues to be so. As a result, the Bloods rely on a sense of unity and loyalty among members. Once a person joins a Bloods set, he is in that set for life; a person cannot get out or flip (switch) to another set without his blood being shed (a saying referred to as *blood in, blood out*). Because of its strong rivalry with the Crips, the Bloods evolved into a gang involved with violence, drugs, and lives of crime. As of 2018, there are roughly 70 sets in the city of Los Angeles as well as a significant presence of Bloods sets in New York City, known as the *East Coast Bloods* (or the United Blood Nation), which originated in the early 1990s. The sets are often differentiated by the names of neighborhoods or streets the members are from or live on.

Many of the men in the gang grew up in poor, single-parent households and witnessed firsthand drug addiction and the effects it has on families and neighborhoods. Joining the Bloods allowed such men the opportunity to form a brotherhood with other men in their community—something that they may not have experienced before.

Symbology

Because of the various sets, the Bloods have multiple gang indicators to identify themselves and other members. Members wear red articles of clothing such as T-shirts, bandanas (also referred to as *flags*), jewelry, handmade beaded necklaces, and other apparel. As representation of the *right side*, Bloods may wear their flag on the right side, their hat tilted to the right, or their right pants leg rolled up. Most members have one or more gang-related tattoos or brandings that signify rank, leadership, set affiliations, and years of involvement in the gang. One of the most well-known Bloods tattoo is a *dog paw*, referred to as *triple o’s*, given

to many members upon initiation, and made with the barrel of a gun. Other tattoos include five-pointed stars, crowns, weapons, tears/blood drops, pit bulls, the set name, or the word *blood*.

Hand signs are used as a form of communication between members to greet each other, signify warnings, or intimidate other gangs and nongang members. These hand signs include, but are not limited to, *blood* spelled out in the five-pointed star, the letter *B* and the letters *CK* (meaning Crips killer). Bloods members also engage in gang graffiti, which can be used to disrespect members of another gang or claim territory.

Along with hand signs, tattoos, and graffiti, Bloods use a distinct dialect when engaging with each other. Popular gang sayings include *Krab* (a derogatory name for the Crips), *CK* (Crips killer), and *SuWhoop* (a greeting among Bloods). Bloods also replace most of the letters *C* in words with *B*. YG, also known as *Young Gangster*, is a rapper who joined the Bloods in 2006 at age 16. He is known for his song lyrics and titles that replace the letter *C* with *Bs*. For example, some of his song titles include *Bool*, *Balm*, & *Bolcollective*, *Too Brazy*, *Bompton*, and *Bool*. Another example of Blood symbology in modern culture is rapper Cardi B and her outward display of affiliation with the gang. She regularly wears the color red and replaces the letter *C* for *Bs* in her music. For example, some of her song titles include *Binderella* and *Bartier Cardi*. These examples show that the Bloods’ culture continues to be prevalent in modern-day society.

Rivalry With the Crips

During the 1980s and 1990s, gang violence in Los Angeles increased significantly. From 1985 to 1990, there were 2,682 gang-related deaths, twice as much as in the previous 5 years. Physical fighting was replaced with the use of guns and drive-by shootings. If a gang killed or jumped a member of an opposing gang, retaliation was certain to occur. Gangs were expected to seek revenge on those gangs that attacked them first. In 1984, Keith Fudge, a Bloods member known as *Ace Capone*, was attacked by members of the Crips. He was sitting in his car with two friends when a group of Crips approached the car, held him and the other Bloods at gun point, and stole the car. Staying true

to the gang's rule of retaliation, Fudge and the other gang members later found and attacked a house party being hosted by the Crips. Armed with a shotgun and rifle, the Bloods opened fire on the house and all of those inside; five people were killed, including two Crips members and a 13-year-old girl. This incident became known as the *54th Street massacre* and was the beginning of a new era of fighting between the Bloods and the Crips.

In the spring of 1991, motorist Rodney King was video recorded being beaten by White Los Angeles police officers. When the officers were acquitted of using excessive force in 1992, riots broke out in the streets of Los Angeles. The Bloods and Crips, along with other rioters, looted stores and engaged in other sorts of chaos throughout the neighborhoods. Over the next several days, 54 people were killed. In response to the loss of life in such a brief span of time, the gangs decided to call a truce. This agreement to keep peace between the gangs only lasted 3 months.

In the year following the truce, the gang-related death toll dramatically increased. In 1993, on Halloween (October 31), in Pasadena, CA, a member of the Bloods was gunned down on the street by members of the Crips. To avenge their fallen gang member, a group of Bloods began searching for the Crips responsible. The Bloods saw figures walking in the dark and opened fire—rather than firing upon rival gang members, the Bloods fired on a group of 11 young boys out trick-or-treating for Halloween, killing three of them. This incident is now referred to as the *Halloween massacre*.

Drug Trade

In the 1980s, gang members began to drift away from typical gang life toward drug dealing as a means of funding. Access to the large amounts of money possible from the drug trade led to the ability to purchase higher tier weaponry, which in turn led to more violence. Thus, violence between the Bloods and the Crips increased as the fighting shifted from protecting neighborhoods to claiming and controlling turf for drug trading. In 1987, violence was so high, there was one gang murder every 24 hr in Los Angeles.

As gang turf wars became more frequent, gang violence began to seep into other neighborhoods, resulting in the death of innocent victims. For

example, on January 30, 1988, Karen Toshima, a graphic artist from Long Beach, CA, was murdered after having dinner with a friend. She was shot after being caught in the crossfire between two gangs. It has been argued that the introduction of gang members into the drug trade has changed the original structure of gang life, leading to more murders and more fights with life-threatening consequences.

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See also American Gangs; Crips; Street Gangs

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BORDERLINE PERSONALITY DISORDER

Borderline personality disorder (BPD) is one of four Cluster B personality disorders in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*—the others being antisocial personality disorder, histrionic personality disorder, and narcissistic personality disorder. The term *borderline* was first introduced in 1938 to describe patients not easily classified as psychotic or neurotic. BPD affects 1–2% of the general population

and is the most common personality disorder in clinical settings, present in up to 10% of psychiatric outpatients and 20% of psychiatric inpatients. The condition is also overrepresented in prison samples, with estimates ranging between 25% and 50%. Given the seriousness of this condition, in 2008, the U.S. House of Representatives unanimously passed a resolution calling May the BPD Awareness Month. This entry reviews the symptoms, diagnosis, etiology, and treatment of BPD.

Symptoms of BPD

There are two hallmark characteristics of BPD in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*: widespread instability covering emotions, relationships, and self-image; and impulsivity. Other classification systems have grouped BPD symptoms into four distinct variables: affective disturbance, disturbed cognition, impulsivity, and intense/unstable relationships. Most formal factor analytic work suggests between 1 and 3 constructs underlying BPD symptoms.

The symptoms of BPD are operationalized as nine distinct criteria of which an individual must meet five in order to be diagnosed. First, individuals with BPD are hyperconcerned that others will abandon them, which stems from a significant fear of being alone. Second, individuals with BPD exhibit extreme and unstable relationships and vacillate between unrealistic over- and undervaluing of others. Third, individuals with BPD have an unstable sense of self. Fourth, they display impulsive behavior in at least two areas. Fifth, individuals with BPD often have a history of suicidal behavior (e.g., threats, gestures, attempts) or self-injurious behavior (e.g., cutting). Sixth, individuals with BPD present with highly unstable mood and affect. Seventh, chronic feelings of emptiness are often present. Eighth, individuals with BPD often have problematic displays of anger (e.g., physical fights). Finally, individuals with BPD may experience episodic paranoia and/or dissociative symptoms.

Diagnosis and Assessment of BPD

BPD is overrepresented in females. Recent studies suggest that the rate of BPD in incarcerated females ranges from 20% to 54%. The rate of BPD in incarcerated males approaches 25%,

suggesting that the condition is significantly overrepresented in prison populations among both genders. In order to be diagnosed with BPD, an individual must first meet criteria for a general personality disorder. In brief, an individual must display a consistent set of thoughts, emotions, and/or behavior that falls outside the realm of normalcy given an individual's particular culture. At least two broad areas of functioning from the following categories must be affected: thinking, emotions, interpersonal functioning, and impulse control. This pattern of behavior must be inflexible, be impairing, appear by early adulthood at the latest, and occur across a broad spectrum of situations. Once an individual meets the general personality disorder criteria, he or she may be diagnosed with BPD if five of the nine criteria previously discussed are met.

Assessment of BPD is most often made through a detailed clinical interview that probes an individual's history and current/past functioning. Widely used psychological tests such as the Minnesota Multiphasic Personality Inventory, Millon Clinical Multiaxial Inventory, and Rorschach all purport to assist in diagnosing BPD.

Etiology and Course of BPD

As with most complex conditions, BPD is considered multifactorial in nature and is thought to stem from a combination of biological and environmental factors. Not surprisingly, there is a high degree of comorbid mental health conditions in individuals with BPD. One study of males with BPD on probation found an average of 6.2 psychiatric diagnoses in these individuals. In terms of genetics, BPD is approximately 5 times more common in individuals who have a first-degree relative with the condition when compared to the general population. In addition, twin studies have shown a higher concordance rate of BPD in monozygotic (identical) versus dizygotic (fraternal) twins. Both functional and structural neuroimaging studies have found abnormalities in frontal and limbic areas including the prefrontal and orbital cortices, amygdala, and anterior cingulate cortex. Abnormalities have also been noted within the brain's serotonin system.

In terms of environmental factors, a history of abuse is common in individuals with BPD. Family

dynamics are frequently dysfunctional, and it is not uncommon for an individual with BPD to have experienced a history of early-onset and prolonged abuse. This has prompted some researchers to note the similarities between individuals with BPD and what is now known as *complex post-traumatic stress disorder*.

Research suggests that the symptoms of BPD may lessen over time and are less stable than previously thought. In a 2003 study conducted by Mary C. Zanarini and colleagues, approximately 68% of individuals diagnosed with BPD met criteria for remission after 6 years. Some risk factors associated with poor outcome include early age of onset, significant instability of affect, and a family history of mental illness.

Treatment of BPD

Treatment of BPD falls into two broad categories: medication and psychotherapy. Medications can help reduce impulsivity, emotional dysregulation, and cognitive distortions (e.g., suspiciousness, paranoia) based on placebo-controlled drug trials examining selective serotonin reuptake inhibitors, mood stabilizing drugs, and antipsychotic drugs. These calming effects can help improve the efficacy of psychotherapy. However, the medications target only symptoms of BPD, and the main treatment for BPD is psychotherapy.

The most widely used form of psychotherapy for BPD is dialectical behavioral therapy (DBT). DBT, developed by Marsha M. Linehan, is a modification of cognitive behavioral therapy. There are four components of DBT: group skills training, individual therapy, phone coaching, and the therapist consultation team, which is a type of support group for DBT therapists to help avoid burnout. DBT teaches individuals four sets of skills: mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation. Research has found DBT to be an effective treatment for BPD. A 2016 pilot study of an 8-week DBT skills group in an incarcerated male population showed favorable results and lays the groundwork for future studies in correctional settings.

Another commonly used group treatment for BPD is systems training for emotional predictability and problem-solving. Some correctional settings have employed systems training for emotional

predictability and problem-solving group treatment with favorable results, including one study showing that a 20-week treatment program led to improvements in mood and reductions in suicide or self-harm behaviors and disciplinary infractions in both male and female inmates.

Benjamin Gliko

See also Antisocial Personality Disorder in Incarcerated Offenders; Treatment of; Offenders With Mental Illness; Personality Pathology; Suicide Risk and Self-Harm

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BRIEF JAIL MENTAL HEALTH SCREEN

On any given day, 5–15% of men and 20–30% of women jail detainees have a diagnosable serious mental illness, resulting in over 2 million persons with mental disorder admitted to U.S. jails each year. Corrections professionals have a constitutional obligation to provide adequate mental health treatment; thus, they need to immediately triage incoming detainees to determine who is at risk of suicide, who has mental health problems, and who is experiencing typical reactions to

incarceration. To assist jails in meeting their constitutional obligation, researchers developed a valid, easy-to-administer screen for mental health disorders in jails: the Brief Jail Mental Health Screen (BJMHS). This entry discusses the development, validation, and use of the BJMHS.

Development

The BJMHS was developed with funding from the National Institute of Justice to provide jail staff with a short screen to identify detainees with mental health problems who they could refer for additional assessment and appropriate treatment. The goal was to develop a mental health screen that was simple, free, valid, and decisive and could become part of the routine booking procedures in jails.

The BJMHS is derived from the Referral Decision Scale, a clinical screen with high levels of correctly identifying people with serious mental illness, such as schizophrenia and bipolar disorder, and those who do not have serious mental illness. Questions arose, however, that the Referral Decision Scale was not appropriate for corrections populations because it asks about lifetime experiences rather than current symptoms. The BJMHS was specifically designed for use in corrections settings, in particular to identify individuals currently experiencing mental health symptoms and those with a history of psychiatric hospitalization and medication.

The BJMHS includes 8 yes/no items including 6 questions about current symptoms and 2 about medication and hospitalization history. The BJMHS is decisive, leaving no room for ambiguity as to what the staff person administering the screen does with the results. If an individual answers *yes* to 2 of the first 6 items, he or she is referred for further assessment. If the individual endorses a history of either hospitalization or medication for emotional or psychological problems, he or she is referred for assessment. The screen can be administered in 3 min by corrections staff with minimal training, and instructions for the screen and for the results are included on the instrument.

Validation of BJMHS

The BJMHS was validated in 2005 and again in 2007. When validating this screen, it was critical

to know if the screen correctly identified people who needed further mental health assessment and those who did not. It is imperative that corrections staff identify people who need mental health treatment and those who do not to provide a safe environment and to efficiently allocate jail resources.

In the first validation study, the BJMHS was administered to over 10,000 jail detainees in four U.S. jails and identified 11% who needed further assessment. From this group, a stratified random sample of 125 individuals was selected for assessment. From the 89% who did not need further assessment based on their BJMHS outcome, a stratified random sample of 232 detainees was selected. All 357 individuals were administered the Structured Clinical Interview for *DSM-IV* (SCID), a diagnostic clinical tool widely used with corrections populations. Based on the SCID results, the BJMHS correctly identified 74% of men and 62% of women. This means that the BJMHS screen outcome agreed with the longer, clinical assessment in 74 of 100 men and 62 of 100 women.

One group of detainees in the validation study was a concern to researchers: those whose BJMHS said *no mental illness* but whose SCID said *mental illness*. These are referred to as *false negatives*. In effect, these detainees would not be identified at booking as needing a referral to mental health but did, in fact, need more services. In the validation study, the BJMHS incorrectly indicated that 15% men and 35% of women had *no mental health problem* but did when administered the SCID. The opposite outcome—where the screen said *yes* and the assessment said *no*—results in misallocated resources through administering unnecessary assessments, but they were not as concerning as missing detainees who need mental health treatment.

Because of the high proportion of women (35%) whose mental disorder was missed by the BJMHS, a second validation study was conducted in 2007. It was posited that the high number of women with mental disorder not identified using the 8-item BJMHS had symptoms and diagnoses not captured by the instrument. Specifically, it was asserted that the 8 items were not sensitive to anxiety and depression resulting from post-traumatic stress disorder, a common diagnosis

among female detainees. Four questions were added to the BJMHS to determine if a 12-item scale would more correctly match women's BJMHS outcome with their SCID. Using an identical research protocol and three of the same four jails plus one new one, the researchers sought to revalidate the BJMHS-Revised.

The BJMHS-Revised was administered to over 10,000 jail detainees, and 464 individuals were sampled to receive the SCID using the same selection procedures as in the first study. Results from the revalidation study showed that the addition of the 4 items did not improve the accuracy of matching the BJMHS and SCID outcomes for women detainees.

A final inquiry into the validity of the BJMHS was to determine if it is equally accurate across racial groups. Black and Hispanic detainees were slightly less likely than Whites to endorse any of the 6 symptom items, and they were much less likely to report past psychiatric hospitalization or medication.

Use of BJMHS

The BJMHS is used in over 200 jails throughout the United States. It has also been studied in England, Australia, New Zealand, and the Netherlands. While the BJMHS can be administered by corrections staff, the researchers encourage it to be administered by corrections and clinical staff who have interviewing skills and a clear understanding of the purpose of the tool. In addition, it is important to be aware that the BJMHS is better at correctly identifying mental health problems in White males than in males of other races or all women.

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See also Jail Diversion; Mental Health Assessment; Mental Health Assessment: Screening Tools; Mentally Ill Offenders in Prisons, Treatment for

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BULLYING

Bullying is any unwanted aggressive behavior by another individual or a group of individuals who are not siblings or romantic partners. Bullying involves an observed or perceived imbalance of power that is repeated several times or is likely to be repeated. The power differential can arise from individual characteristics such as strength or from a position in the social group (i.e., status within the group or membership to a specific group). Power imbalances can change over time and vary by situation even if the same individuals are involved.

The repeated nature of bullying means that there have been multiple incidents of aggression over a period of time or there is serious concern that a particular incident has a high probability of being repeated. With each repeated incident, the power differential becomes consolidated. Physical, social, psychological, or educational harm or distress may be inflicted on the target as a consequence of bullying. Therefore, this unhealthy relationship can cause many negative effects in the future.

This entry focuses on descriptors and effects of bullying, followed by controversies in definition, electronic bullying, neurobiology, and intervention efforts.

Bullying Descriptors

Bullying can take several forms, and the content of each form may vary by situations and individual characteristics. There are direct forms of bullying, which occur when actions or words are used to openly hurt another in face-to-face interactions or through written communication. Conversely, indirect forms of bullying are not directly

communicated to the target but are used to damage an individual's reputation or relationships. Physical bullying is a common direct form that involves hitting, kicking, punching, or vandalizing. Verbal bullying is a direct form that occurs when words are used to intimidate or humiliate others through name-calling, mocking, or threatening. Relational bullying is an indirect form that damages relationships by gossiping, excluding, or ignoring.

The content of bullying may vary and includes physical appearance (e.g., weight), sexuality (e.g., unwanted physical contact or rumors about an individual's sexual identity and/or orientation), race or ethnic origin (e.g., racist name-calling or gestures), religious beliefs (e.g., slurs about holidays, clothing, or diet and/or purposeful exclusion from groups), and disability (e.g., based on physical and/or intellectual disability).

Electronic bullying, or cyberbullying, is a relatively new form and is defined as inflicting harm toward another through online communication technology. As with other forms of bullying, it can be direct when messages are openly sent to the target or indirect when insulting messages are posted on a public forum. The defining difference between electronic bullying and the other forms is the use of electronic means and that it can potentially involve a broader audience, has a greater reach, and the ability to permanently exist in cyberspace.

Involvement of Peers

Bullying is social in nature and frequently takes place when individuals come together to form groups. Within any given bullying interaction, there are several roles that individuals may assume, including the bullying perpetrator and victimized youth. Other roles include those that are more overtly involved in the incident such as the reinforcer (e.g., laughing, clapping, or cheering) and the assistant (e.g., helping, joining in). Other children may act as the defender who aids the victimized youth by comforting and supporting them and the outsider who is a passive observer.

Roles tend to be fluid based on the situation; a child may act as a defender in one situation but a reinforcer in another. Associations are often made between social standing and bullying behavior. In longitudinal studies, bullying perpetrators (and

their assistants and reinforcers) score high on popularity but low on likeability. In other words, over time, adolescents high on bullying were less liked by their peers, yet maintained a high position in the classroom hierarchy. Adolescents also tend to like peers with similar levels of bullying and were influenced by their peers, typically when they liked peers high on bullying.

Bullying Demographics

Currently, bullying is a pervasive problem that affects children and youth, as approximately 200 million individuals are being victimized by their peers worldwide. Verbal and social bullying represent the forms with the highest prevalence rates followed by physical bullying. Furthermore, a significant number of youth are victimized online, with prevalence rates between 10% and 35%. Bully victims, children who are both victimized and bully others, represent between 2% and 4% of all students and between 30% and 50% of the bullying perpetration group. Notably, occasional victimization has decreased from 33.5% in 2001–2002 to 29.2% in 2009–2010, which was seen in 11 of 33 countries. Decreases are also reported across Europe and North America in chronic victimization from 12.7% in 2001–2002 to 11.3% in 2009–2010. Rates of bullying and victimization can vary by age and sex.

Bullying and victimization increase steadily during childhood, reaching a peak in middle adolescence (i.e., 14–15 years old), as youth transition to high school, followed by a decline in the number of reported incidents. Younger children tend to favor direct forms such as pushing or name-calling; however, with age, individuals tend to favor more indirect forms of bullying such as social exclusion. Physical bullying declines with age, while verbal, social, and electronic bullying tend to increase between the ages of 11 and 15 years. Boys are more likely to use physical bullying. Girls tend to begin using social bullying earlier than boys, but both sexes reach about the same level of social bullying by middle adolescence. Both sexes are also equally likely to use verbal and electronic tactics especially in middle adolescence. Finally, boys are prone to bully other boys rather than girls and boys also disclose higher levels of bullying.

Effects of Bullying

There is a wide range of harmful effects associated with bullying perpetration and victimization. Perpetrators of bullying experience somatic symptoms such as headaches and bed-wetting as well as behavioral problems such as attention-deficit disorder and oppositional conduct disorder. They are also at risk of long-term mental health-related issues such as depressive symptoms, suicidal ideation, alcohol abuse, and substance use. Importantly, perpetrators are at a higher risk of delinquency and crime in adult years as well as prolonged social problems. They are more likely to have a positive attitude toward physical aggression and experience more externalizing and antisocial problems in adulthood. By age 30, perpetrators of bullying are more likely to have had criminal convictions and traffic violations. They are also more likely to demonstrate physical aggression toward their spouse and physical punishment on their children.

That said, it is the victimized youth who face greater negative effects from being victimized. Victimized youth experience more somatic symptoms such as headaches, colds, sleeping difficulties, stomach pains, and low appetite. They also experience greater levels of internalizing disorders such as anxiety and depression, especially for girls, as well as loneliness, withdrawal, and in extreme circumstances suicidal ideation. Individuals who are victimized may perceive less social support and have poor self-esteem and a fear of school. That is, they feel unsafe, unhappy, and, in certain cases, may drop out of school to avoid the pain. The prolonged and severe stress associated with victimization can be never-ending, as individuals are able to relive the pain. This cycle is associated with a clinical range of post-traumatic stress disorder in 28% of boys and 40% of girls in Grades 8 and 9.

Despite the detrimental effects of bullying, laws are slow to change. In Canada, bullying is considered illegal if it involves death threats, severe bodily harm, assault, criminal harassment, or distribution of intimate images without consent. The importance of bullying prevention has become apparent in Canada and the United States. In Canada, schools are mandated at the provincial level to have an intervention program. Schools are also required to evaluate whichever program they have chosen to implement, as

bullying may be interpreted as a violation of the Charter of Rights and Freedoms. In the United States, most bullying legislation is determined at the state level and all states have passed school antibullying legislation.

Major Issues

Several controversies have emerged in the study of bullying. These include definition problems, traditional versus electronic bullying, neurobiology, and intervention efforts.

Researchers fail to work under a mutual definition of traditional and electronic bullying. There is debate regarding whether intention and repetition should remain in the definition. The lack of consensus means that many researchers measure aggression instead of bullying because they fail to consider the repetitive aspects of the construct. A similar debate applies to electronic bullying definitions, leading to a lack of valid and reliable measurement. If academics cannot agree on a definition, there will likely be similar problems when it comes to bullying prevention and intervention efforts.

In both traditional and electronic bullying, the goal is the same: to harm, harass, embarrass, or socially exclude another individual. Those who are victimized in person also tend to be victimized online. The negative outcomes of electronic bullying are similar to those of traditional bullying; however, electronic devices add another layer to the relationship between the perpetrator and victimized youth. The bullying relationship becomes more complex due to potential anonymity (i.e., use of a pseudonym), the larger and broader audience who may witness the bullying or have access to it online, lack of supervision and consequently less likelihood adult intervention (i.e., no consequences for their behavior), and increased accessibility to the target. Thus, while the dynamics involved in electronic bullying and traditional bullying are similar, the context of social media add features that heighten the negative effects. There is some disagreement regarding whether electronic bullying is fundamentally different from traditional bullying or whether it just happens in a different medium.

A newly emerging field in the bullying literature is the neurological processes associated with both bullying and victimization. To understand

how peer victimization may contribute to poor mental health, a growing body of research has begun to explore the neural correlates of peer victimization. Children who have been victimized show blunted hypothalamic–pituitary–adrenal axis activation in response to stress, thus producing less cortisol, which is a common experience in people with prolonged and severe stress. Similarly, peer victimization has been shown to exhibit reduced cardiovascular and galvanic skin response to simulated social exclusion. In studies using functional magnetic resonance imaging to explore brain function, social exclusion (a form of relational peer victimization) has been shown to elicit activity in multiple regions including the dorsal anterior cingulate cortex, insular cortex, and prefrontal cortex. The dorsal anterior cingulate cortex is associated with processing the unpleasantness of physical pain, and the insula is related to processing visceral sensations. Furthermore, activation in the right ventral prefrontal cortex is implicated in the regulation of physical pain. These findings suggest that experiences of bullying and victimization may be associated with changes in biological processes that may be an underlying mechanism explaining the link between victimization and poor health. This relatively new area of research may increase current understanding of the long-term effects of involvement in bullying.

Bullying prevention programs attempt to reduce the number of incidents; however, program effectiveness lags behind prevention research. Most programs produce little change, and some programs may produce negative effects, especially those that focus on deviant peers. At best, prevention programs produce modest effects and are more likely to influence attitudes and knowledge rather than behaviors. The limited effectiveness means that the research community needs to identify critical elements of program success in bullying prevention programs. Successful bullying intervention strategies aim to target the entire school population (a whole school approach) that addresses wider systemic factors. Research has indicated that interventions should be evidence based (i.e., theoretically and empirically driven). Furthermore, program intensity and duration are linked to effectiveness. Programs may be ineffective because schools experience difficulty implementing and maintaining such programs. There is

often a lack of training and manuals for program delivery, contributing to program drift, and schools often struggle with having adequate funding for implementation. Bullying prevention programs require a balance between fidelity and adaptability to be successful. Finally, program maintenance often requires that the program become embedded in the school's culture and align with other initiatives. More research is required to facilitate the development and implementation of effective bullying prevention programs.

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See also Cyberbullying

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BURGLARY

Sir Edward Coke (1552–1634) was appointed Chief Justice of England's Court of Common Pleas in 1606 and had a varied judicial and political

career. In his four-volume *Institutes of Laws of England*, he defined burglary essentially as breaking and entering a private dwelling at night with the intent to commit a crime inside (usually theft but may include violence if an occupant discovers the burglar). Although some of the details have changed over the centuries, *burglary* retains Coke's classic defining features. For example, *unauthorized entry* into a building or structure remains salient, as does the *intent to commit a crime within*, which is usually theft. However, time of entry, type of entry, and site of entry, as well as other details, have broadened, depending on the judicial territory. First, time of entry extends from nighttime to daytime. Second, the burglar need not literally break anything to enter but may simply walk, reach, or crawl inside through a doorway, window, or any other access point. Third, in addition to one's private dwelling, burglary extends to almost any structure that shelters people, animals, or property, such as a garage, mobile home, motel or hotel room, office building, barn, apartment, railroad car, boat docked at a marina, or retail store (during closing hours). In the United States, depending on the state and the specifics of the crime, burglary may be prosecuted as either a misdemeanor or a felony. For example, it may be a felony if the burglar possesses a weapon, steals property valued above a particular dollar threshold, or assaults an occupant.

Since the year 2000, roughly 3 million or more burglaries occur each year in the United States. The chances of a residence being burglarized in a given year is about one in 50. In the majority of residential burglaries, a door or window is forced open to gain entry. Most residential burglaries go unsolved, with arrests in only about 10% of the cases and convictions in only about 3% of the cases. The best predictor of an arrest is the presence of a witness (usually an unexpected occupant). The average dollar value of property stolen per burglary is about US\$600. Although cash and firearms are of high premium, they are obtained in less than 10% of the burglaries. The most common items stolen are jewelry, watches, purses, wallets, credit cards, power tools, silverware, guns, and portable electronic equipment such as laptop computers, smartphones, digital cameras, and video and game players. This entry reviews the common characteristics associated with burglaries and those who engage in this behavior.

The Burglar

Most residential burglars are males. Although their ages range from the early teens to middle age, the majority are between 15 and 25 years. The young or novice burglar must acquire skills, which include selecting targets that have something worth stealing, breaking and entering, searching for items of value once inside, escaping without detection, and disposing of the stolen property. These skills are usually learned from older more experienced burglars, often relatives.

Although a small percentage of burglars may be defined as *professionals*, making the bulk of their income from burglary, the vast majority commit burglary as one of many crimes and *hustles* that sustain their criminal livelihood. Some researchers refer to these individuals as *opportunists*. They are opportunists in the sense that they follow the path of least resistance, often responding to immediately presented chance opportunities while driving, riding a bike, or walking. Their targets are generally within a few miles of their own residence, and in approximately 65% of residential burglaries, the burglar is acquainted with the occupant.

Opportunists may also seek chance opportunities in the sense that they actively search for situations in which monetary gains may be obtained through driving or other transportation means and through informants or *insiders*. Their targets tend to be in areas where their routine activities occur and along their day-to-day travel routes.

Burglars tend to live day to day, and considerations of next week or next month do not enter their stream of consciousness. Their here-and-now orientation, coupled with their need to keep up a party-style appearance to others, is incompatible with securing a full-time job. Their predilection for drug abuse also inhibits gainful employment. There is better than a 75% chance that the burglar is abusing or addicted to an illicit drug such as heroin and other narcotics (e.g., oxycodone), methamphetamines, cocaine, and marijuana or licit drugs such as alcohol. Unlike a legitimate occupation whereby monetary rewards are delayed, the rewards for burglary are numerous and immediate. Many will use the proceeds from their burglaries to purchase more drugs.

Most burglaries are successful in that the burglar is rarely caught. The burglar knows that the

probability of being arrested is low, and that convictions are slim. They also know that punishment is relatively light if convicted, especially for the first offence if unarmed. Consequently, in approximately 75% of household burglaries, the burglar does not carry a firearm. Unarmed, there is less fear of punishment. The *fear* that exits does not come from apprehension and punishment but rather from the actual execution of a burglary elicited by the *potential* of an unexpected occupant. In over 25% of burglaries, an occupant is present. Although the majority of burglars are not prone to violence, about one third of the cases where the burglar encounters an occupant result in violence (usually simple assault).

Motivation for Burglary

The immediate motivator driving burglary is the acquisition of money. The goal is to acquire property and convert it to cash and thereby support *partying* activities, *keep appearances*, and purchase drugs (including alcohol). Secondary motivators often include the thrill and excitement of the burglary event and, sometimes, getting revenge for a prior slight. Younger burglars tend to be get more excitement thrills than older, more experienced burglars. Pangs of conscience or feelings of guilt are virtually nonexistent, regardless of age.

The excitement begins with the anticipation of entering a residence. Once inside, the excitatory emotion is what many burglars describe as an *adrenaline rush*, a very pleasurable emotion. Searching and choosing items to carry away sustains the exhilaration. The excitatory emotion co-occurs with the fear of encountering an occupant and detection. Exiting the residence and escaping undetected eliminates this fear and serves as another pleasurable emotion in the burglary sequence. To keep excitement in check and to reduce fear, many burglars prefer to be under the influence of a drug while executing their burglaries, claiming they are better burglars. They report needing to *be steady*, and that a moderate dose of their preferred drug enables them to be calmer, less fearful, more decisive, and faster.

Target Site Selection

Burglars work alone or with cooffenders during periods when residences and businesses are

unguarded. The majority of residential burglaries are committed in the daytime (6 a.m. to 6 p.m.), with the most common interval between about 10 a.m. and 3 p.m.; this is the time residents are likely to be working or seen leaving, perhaps to shop or drop-off and pickup children. Similarly, office and retail stores are more likely to be burglarized at night because workers are absent. Once the decision is made to commit a burglary, the burglar employs a basic three-step decision strategy acquired through mentoring, modeling, and experience.

The first step in the decision strategy is an assessment of target sites for some minimal potential monetary gain. Most burglars can rapidly estimate potential gain based simply on external appearances of the residences, including the general affluence of the neighborhood. Larger and better maintained houses are judged to have more property worth stealing. Houses with newer, more expensive automobiles associated with them are judged to have greater expectation of gain. However, higher income households experience lower rates of burglary. Approximately 45% of household burglaries occur in neighborhoods where the annual household income is less than US\$15,000. This is likely because residential burglars, in addition to being opportunists and without gainful full-time employment, live in lower income housing themselves and are more likely to burglarize dwellings in close proximity to their own. They're also apt to know their victims and thus have information about what's inside of value.

The more experienced burglars often work with *insiders* who have access to more gainful targets and who are willing to provide the burglar with information about valuables and the comings and goings of the occupants. Sometimes, maids, gardeners, and service workers (e.g., appliance repair, carpet cleaning, pizza delivery, lawn maintenance, plumbing, carpentry, painters) reveal such information in casual conversation without intending to assist the burglar. The burglar needs to *fit in* to the neighborhood. It is easier to fit into more affluent neighborhoods when one poses as, or works as, a service worker. Many burglars will occasionally pose as a salesman or work as painters, yard keepers, or carpenters' helpers so they can learn habits of the occupants and, equally important, to learn about the neighbors. The burglar may then return in a couple of weeks and break into one of the homes in the neighborhood.

More burglaries occur in the summer months because there are generally more service-related activities and commonly more routine family activities outside the home, thus the burglar is less apt to stand out. On one hand, residences near schools, businesses, and main thoroughfares, and more access routes are more vulnerable to burglary. On the other hand, residences that are off the route of a burglar's routine activities, and where the burglar may not fit in as well, are less susceptible to burglary—that is, residences in gated or walled communities, or otherwise restricted access (e.g., apartment buildings), and residences on cul-de-sacs and streets with fewer intersections.

The second and most critical step the burglar takes to arrive at a decision to break into a residence is to determine whether anyone is inside the home. The ideal target is one that is unoccupied and where no one else may see them—and where there are no loud barking dogs to attract attention. If someone is inside the home, then a potential burglary event is often immediately aborted. The burglar may return later or search for a new target site. The burglar also needs to determine whether a neighbor or anyone passing by may see them. The presence of a neighbor, passersby, a loud barking dog, an alarm system, or secure deadbolt hardware can serve as deterrents and displace the burglary event elsewhere. In general, burglars prefer targets that do not have alarm systems.

The third step in the decision-making process is to determine the difficulty of actually breaking into the target site. Most burglars are not particularly skilled and use brute force to gain entry, either through a door or window, preferably in the rear where one is out of sight. Entering through unlocked doors and windows is not uncommon. Picking locks or disarming alarm systems is beyond the repertoire of the vast majority of burglars.

Once inside, the burglar must search and locate property worth stealing. Few burglars make a careful search of the dwelling. They need to be in and out as quickly as possible. Most want to be out within 5 min, knowing that police response time is generally greater than 5 min if reported. Master bedrooms and baths, closets, and drawers of all kinds are good places to find valuables. Most will also inspect medicine cabinets seeking prescription medications. Burglars also frequently look in the refrigerator and

freezer for hidden cash. Leaving the burglary site and transporting these items is risky, especially for burglars who walk or ride a bicycle to the crime site. Consequently, burglars anticipate their getaway before they enter and focus on stealth when leaving, often planning two avenues of escape.

The general three-step process involved in a decision to burglary a home or business appears to indicate a rational process whereby the burglar evaluates dwellings prior to burglary. However, burglars are often under the influence of drugs and may act with little forethought when they spot an opportunity. When opportunity arises, the burglar has to act fast. Most often, they are lucky as opposed to being rational planners and complete the burglary without arrest.

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See also Criminal Lifestyle; Juvenile Offenders; Punishment, Effective Principles of; Substance-Abusing Offenders

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CAREER PATHS IN CRIMINAL JUSTICE

Criminal justice as a career path offers a wide array of positions and subspecialties, each supporting the goals of public safety and upholding the principles of government. This entry examines and delineates the roles of various criminal justice professionals in judicial, law enforcement, and correctional domains, highlighting auxiliary responsibilities and general knowledge, skill, and ability requirements for each role.

Judicial Domain

The judicial system comprises numerous positions within the criminal justice system, including judges, criminal prosecutors, correctional officers, and probation and parole officers. Integral to the criminal justice system is the tenet that justice is not only sought but fairly applied.

Judges are a crucial part of the system, often as one of the first individuals in the criminal justice system a person charged with a crime encounters, such as during the arraignment process (when the person charged enters a plea of guilty or not guilty). Generally, district judges must possess a law degree and have experience as a prosecutor. Other duties of judges involve signing search warrants and handing down sentences for those found guilty or exonerating an individual upon good cause. Alternatively, a judge may order probation if an individual's crime is considered minor.

Judges also oversee the judicial process as it relates to the prosecution of criminal offenses. Anyone interested in prosecuting criminal cases on behalf of the state or local government must obtain a law degree and be licensed to practice law within a specific jurisdiction.

Oftentimes an offender will receive punishment in the form of incarceration at a correctional facility such as a jail or a prison. Correctional officers are tasked with maintaining security in these facilities. An individual may prepare for a career as a correctional officer by taking specific corrections courses, and many law enforcement agencies require rookie officers to serve a year as correctional officers before assigning them to street patrol.

Probation, an alternative to serving jail or prison time for minor offenses, is overseen by a probation officer. This person supervises the conduct of an individual granted probation by a judge. A probation officer must generally possess some college experience and be able to manage multiple, diverse caseloads.

Parole officers monitor the activity of correctional inmates after they have been released into society on parole. Such monitoring serves as a measure of public safety and recidivism reduction. In accordance with this responsibility, parole officers can implement a range of actions, including unannounced home visits and mandatory urinalyses. Many jurisdictions require parole officers to have a bachelor's degree in some field related to criminal justice.

Law Enforcement Domain

Patrol

Many police officers begin their careers in a highway or a street patrol. In fact, most police agencies require several years of patrol experience before allowing advancement to other specialized areas of law enforcement. In a broad context, the primary goals of a police patrol are (a) to deter crime by incorporating the visible presence of a marked police unit, (b) to reduce the occurrence of vehicular accidents, and (c) to interdict illicit activities. The community-oriented policing model revolutionized approaches to patrol efforts by integrating strategic-oriented policing, neighborhood-oriented policing, and problem-solving policing. Because criminal activity and vehicular accidents are not uncommon phenomena, occurring day and night, patrol officers work varying schedules in order to meet the demands of 24-hour coverage.

Numerous factors play into the responsibilities of a patrol officer, including agency size and the geographic area served. For example, local police departments generally focus on urban-related traffic violations and service calls by concerned citizens and complainants of criminal activity. Many of the larger police departments in the United States have the ability to direct patrol activities toward specific areas, such as speed enforcement, accident investigation, and highway narcotics interdiction. Each state utilizes a highway patrol to enforce traffic laws on state and interstate highways. These officers are also highly trained in the areas of accident investigation and criminal interdiction.

Technological advances have changed how patrol officers and other law enforcement officers carry out their duties. Computer tablets have replaced the pen, and analog radio systems now comprise digital units. Advancements in radar technology have enhanced speed enforcement activities. Many of these changes were implemented in the aftermath of the events of September 11, 2001, and have changed the landscape of police work and intelligence systems. Fusion centers have been created in an effort to provide a type of proactive intelligence platform whereby information can be shared among various local, state, and federal agencies. In contrast to attending shift roll

call, patrol officers are now equipped with robust, in-car computer networks connecting them to critical incident data in real time. Having this technology allows officers to begin their shift in their patrol unit, rather than at roll call, which can also help police agencies effectively manage resources and costs.

Aviation

Many mid-size and large police agencies employ aviation assets as a mechanism of public safety. Typically, aviation officers can choose to focus on either fixed wing (airplane) or rotor wing (helicopter). While both can cover large geographic areas, fixed wing aviation assets may be used to transport prisoners and conduct aerial reconnaissance, whereas rotor wing aviation is generally used to survey areas to identify such criminal activity as growing marijuana crops, to transport officers from one location to the next, and to carry out manhunt operations. Some officers seek to qualify as a flight tactical officer whose job is to sit next to the pilot and make observations of criminal activity.

Officers choosing the aviation career path are generally more tenured but do not necessarily have to be of advanced rank for consideration. It is not uncommon for agencies to require prior licensure as a pilot.

Federal Law Enforcement Careers

While the focus in this entry so far has been on local law enforcement, there are also many potential career paths within federal law enforcement. With over 70 federal law enforcement agencies employing investigators, often called *special agents*, careers in federal law enforcement can take many paths with a variety of agencies, each with its own mission. Most agencies have exclusive enforcement delineations, while others have broad authorities. For example, the mission of the Drug Enforcement Administration (DEA) is to enforce U.S. laws and regulations regarding controlled substances. The mission of the Federal Bureau of Investigation is to protect and defend the United States against terrorist and foreign intelligence threats, to uphold and enforce the criminal laws of the United States, and to provide

leadership and criminal justice services to federal, state, municipal, and international agencies and partners.

The hiring process for federal law enforcement positions is competitive. The stronger the applicant's education, experience, and specializations are, the more likely the candidate is of obtaining the first step in the hiring process. The list of federal law enforcement opportunities available to individuals with diverse educational and professional backgrounds is ever expanding. Often, the decision-makers of agencies are searching for individuals who hold degrees in fields beyond criminal justice. Psychology, law, forensic accounting, political science, emergency management, foreign language, computer technology, and homeland security are some desirable educational backgrounds.

As national security threats expand, so does the need for individuals with additional qualifications, such as a specialty in cybersecurity. Each agency has distinctive training programs and prefers candidates who bring specialized knowledge and skills to fulfill positions that contribute to the agency's mission. Once hired, the individual will sign a mobility agreement and attend an academy for training. Because relocation and travel are common to these positions, those who prefer not to relocate may wish to pursue a career in a local or state law enforcement agency.

Depending on the agency's mission, the job duties of special agents vary, although in a basic sense they gather evidence through informants, undercover operations, surveillance methods, search warrants, interviews, and interrogation. Covert surveillance may include visual observation, wiretaps, and tracking and electronic methods obtained by a written permission from a court. Agents are required to write a detailed affidavit establishing probable cause when requesting court permission to electronically intercept evidence. Agents must also keep copious notes and reports of surveillance findings. Depending on the court-authorized search warrant issued, agents may examine personal, financial, and business records as well as electronic documents for evidence in furtherance of an investigation. Agents also serve arrest warrants, prepare for court proceedings, and testify on the evidence presented.

In addition to special agents, federal law enforcement agencies have a number of support positions that carry out important roles. These include polygraph operators, training coordinators, firearms instructors, confidential informant coordinators, recruiters, victim witness coordinators, critical incident responders, internal affairs investigators, and public information officers. These positions are usually available to experienced agents or those with specialized training.

Alternative Careers in Federal Law Enforcement

In addition to special agents and support positions, federal law enforcement agencies offer career opportunities in a variety of disciplines. Within each agency, specialized positions are utilized to further the agency's purpose. This section describes a few diverse opportunities within DEA to provide examples of career paths within a single-mission federal law enforcement agency.

DEA chemists analyze substances seized by law enforcement to determine whether they are illegal or controlled substances, and they may testify in court, usually for the prosecution, regarding the composition of such substances. DEA intelligence analysts provide information to assist with investigations, help with trial preparation, and deliver reports and statistics to supervisors when requested. Diversion investigators perform investigations into operations related to pharmaceutical drugs and drug-manufacturing chemicals. These types of supporting careers may be often overlooked when one is seeking a career in criminal justice, but they can offer exciting and rewarding opportunities within the criminal justice field.

Corrections Domain

In addition to the correctional positions that fall into the judicial domain (i.e., probation officers, corrections, and parole officers), there are various other administrative and support positions within the correctional system. The warden is responsible for administrative oversight, which includes the day-to-day operation of matters such as budgeting, policy development, personnel management, and goals that support offender treatment.

Generally, a warden must have an advanced degree in public policy and have an extensive experience in executive management.

In addition to the warden, other administrators are needed to ensure that policies that support the mission of justice are effectively carried out. Administrator jobs are typically obtained by first serving several years as a manager within the facility. However, an individual may be able to secure a jail or a prison administrator job by having an advanced degree in business or public administration, coupled with prior management experience.

Because the ultimate goal of incarceration is rehabilitation, mental health professionals are employed to care for and treat offenders who have psychological disorders. In addition, medical staff are employed in order to address ailments associated with normal life-span development as well as those resulting from within the institution such as assaults or communicable diseases. Finally, each inmate is assigned a case worker, who closely monitors the inmate's status and reports directly to a parole board regarding the status of the inmate's progress.

The precise execution of each of the aforementioned roles is needed to successfully implement policies dedicated to offender rehabilitation and lessen recidivism.

Final Thoughts

Together, the judicial, correctional, and law enforcement components of the justice system carry out justice and, when carried out efficiently, positively impact public safety. The broad role of the criminal justice professional, then, is to ensure that the goals of justice are served within the parameters of government.

Adam Park and Patricia Dearman

See also Academic Training for Criminal Justice Careers; Field Training for Criminal Justice Careers

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CENTRAL INTELLIGENCE AGENCY

The Central Intelligence Agency (CIA) is the main foreign intelligence and counterintelligence agency in the United States. It is one of the 16 agencies of the U.S. Intelligence Community, functioning under the umbrella of the Director of National Intelligence. The CIA is an independent, civilian agency, which collects, processes, and analyzes national security information throughout the world, mainly via human intelligence.

The legal framework for the organization and functioning of the CIA resides in the National Security Act of 1947, Executive Order 12333 of December 4, 1981, the Intelligence Reform and Terrorism Prevention Act of 2004, as well as additional laws, rules, and regulations. The CIA's headquarters is named the George Bush Center for Intelligence and is located in Langley, VA. Democratic civilian control and oversight of the CIA involve the executive branch direction and guidance, legislative scrutiny through two congressional select committees, internal control mechanisms, judicial review, as well as informal oversight by the media and civil society.

This entry reviews the historical background, mission, and organization of the CIA and then offers both accolades and criticisms.

Historical Background of the CIA

The United States has conducted intelligence activities since the times of the Revolutionary War (1775–1783), but only since World War II has the United States carried out such activities systematically. After the United States entered World War II, it established the Office of Strategic Services (OSS)

in June 1942, to provide intelligence to the Joint Chiefs of Staff and carry out special clandestine operations that were not conducted by other government institutions. The OSS did not, however, have global focus and missions. Despite this, the OSS's intelligence was vital to the preparation and development of various military operations conducted during the war. Notwithstanding, President Harry S. Truman regarded the continuation of the OSS activities impractical after the war; therefore, he closed the OSS in October 1945 and reassigned most OSS functions to the Departments of War and State. During this period, the president received various proposals to create a federal civilian intelligence agency, responsible for the national intelligence collection and for the coordination of the overall U.S. intelligence endeavors. However, he did not act upon any of these proposals in the immediate postwar period, partly because he tended to support the separation of roles and responsibilities among various agencies and, partly, because of opposition from the Armed Forces and the Federal Bureau of Investigation (FBI), which considered the creation of a civilian intelligence agency a threat to their activities, authority, and influence.

Eventually, President Truman became increasingly aware of the need for a civilian intelligence organization, due to the lack of coordination and sharing among the existing military and security agencies on the one hand, and the existing Cold War security context, which called for accurate and timely intelligence about the Soviet Bloc, on the other. In January 1946, President Truman created the Central Intelligence Group to ensure the coordination of intelligence collected by existing organizations, operating under the umbrella of a National Intelligence Authority, composed of the president, the secretary of state, the secretary of war, and navy departments. Central Intelligence Group was the first peacetime intelligence agency in the United States. Central Intelligence Group and National Intelligence Authority functioned for approximately 2 years.

In 1947, President Truman signed the National Security Act of 1947, which created the CIA and the National Security Council. In line with the law, the CIA was responsible for U.S. intelligence activities and coordinating, assessing, and disseminating all intelligence related to U.S. national

security, as directed by the National Security Council, tasked to operate on foreign soil, and forbidden from conducting intelligence and counterintelligence activities inside the United States. Since its creation and until the end of the Cold War in the early 1990s, the CIA's main focus was to curb the propagation of the Communist Bloc and ideology globally. Toward this end, the CIA routinely carried out clandestine operations. The present-day mission of the agency is to avert security threats and advance U.S. national security objectives, by gathering relevant intelligence, generating all-source analysis, carrying covert operations as directed by the president, and protecting U.S. secrets. The CIA's number of employees and budget are classified, as stipulated by the Central Intelligence Agency Act of 1949.

The 1947 Act created the position of the Director of Central Intelligence, who was the head of the CIA, the coordinator of the U.S. Intelligence Community, and the principal advisor to the president for national security intelligence. This position was terminated on December 17, 2004, when President George W. Bush signed the Intelligence Reform and Terrorism Prevention Act, in response to criticism of the poor performance of the U.S. Intelligence Community prior to the terrorist attacks on September 11, 2001, as well of the U.S. Intelligence Community's inaccurate analysis on Iraq's alleged possession of weapons of mass destruction prior to the Iraq War. The Intelligence Reform and Terrorism Prevention Act established the positions of the Director of the Central Intelligence Agency (D/CIA) and Director of National Intelligence, replacing the Director of Central Intelligence.

Mission, Leadership, Structure, and Organization

Nowadays, the CIA's main role is to provide senior policy-makers in the United States—the president, his cabinet, and members of the U.S. Congress—with intelligence on a wide spectrum of national security issues, collected mainly from human sources, as well as via other appropriate ways and means, such as open sources, cyber domain, and geospatial images. The CIA may also carry out counterintelligence activities.

The CIA is the only agency authorized by law to conduct covert operations, as directed by the

U.S. president, unless the president nominates a different agency to do so. Since 1975, when President Gerald R. Ford issued an executive order that banned assassination by the CIA, the CIA is forbidden from carrying out assassination operations. In addition, since 1989, when President Ronald Reagan signed Executive Order 12333, the CIA is forbidden from collecting foreign intelligence on the domestic activities of U.S. citizens. Unlike the FBI, which is a federal domestic law enforcement agency, the CIA does not possess any law enforcement role; therefore, it has no power of subpoena, mandate to arrest anyone, or authority to enforce any laws. It, however, collaborates with the FBI directly and cooperates with the FBI and other law enforcement agencies under the operational framework of fusion centers, as well as under the framework of the NCTS. Nevertheless, the CIA's involvement in criminal psychology is rather limited to funding psychological projects conducted between the mid-1950s and the early 1970s—such as MKUltra, which involved experiments on human subjects, including drug testing—as well as engaging the agency's psychologists in developing the CIA-enhanced interrogation program.

The CIA's intelligence and counterintelligence gathering within the United States is, therefore, limited and occurs in coordination with the FBI. The CIA is legally prohibited from conducting electronic surveillance inside the United States, unless it is carrying out training, testing, or countermeasures to hostile electronic surveillance. The agency is also forbidden by law to conduct unconsented physical searches within the United States, except for specific searches of legally obtained personal property of foreign citizens. The CIA is legally prohibited from carrying out physical surveillance of U.S. citizens within the United States, unless the monitored persons are current or previous CIA employees, current or previous intelligence element contractors (or their current or former personnel), applicants for any CIA employment or contracting, or those working for a nonintelligence element of a military service. The agency is also legally banned from conducting physical surveillance on U.S. citizens abroad, unless there is no alternate avenue for the CIA to acquire critical national security information.

The CIA is headed by the D/CIA, who is nominated by the president and confirmed by the

senate. The D/CIA reports to the Director of National Intelligence and also relates with the White House and the Congress. The D/CIA runs the agency's routine operations, personnel, and budget and serves as the National Human Source Intelligence Manager. The D/CIA is assisted by 12 deputies and departmental directors as follows: the Deputy D/CIA, the Executive D/CIA, the Deputy D/CIA for Analysis, the Deputy D/CIA for Operations, the Deputy D/CIA for Science & Technology, the Deputy D/CIA for Support, the Deputy D/CIA for Digital Innovation, the Associate D/CIA for Talent, the Director of the Center for the Study of Intelligence, the Director of Public Affairs, the General Counsel, and the Inspector General.

The CIA encompasses five distinct components that carry out the intelligence cycle: the Directorate of Operations, the Directorate of Analysis, the Directorate of Science and Technology, the Directorate of Support, and the Directorate of Digital Innovation. The Directorate of Operations is tasked with the clandestine collection of foreign intelligence, primarily via human intelligence, as well as covert operations. It is also the national authority for coordination, deconfliction, and assessment of secret human intelligence activities conducted throughout the Intelligence Community. Directorate of Operations personnel live and work abroad.

The Directorate of Analysis is tasked with the analysis of all-source intelligence, as well as with producing reports and briefings on relevant foreign intelligence developments and threats (e.g., the President's Daily Brief and the World Intelligence Review), which are further disseminated to intelligence consumers.

The Directorate of Science and Technology is tasked with finding innovative scientific, engineering, and technical solutions to the most pressing intelligence-related problems. Throughout the years, several such innovations have been taken over by other U.S. intelligence agencies and/or even the military.

The Directorate of Support is tasked with providing various types of support to the CIA, such as continuous facilities, financial, medical, logistic, and security-related support.

The Directorate of Digital Innovation is tasked with ensuring the boosting of the CIA's innovation efforts with groundbreaking digital and cyber capabilities.

The D/CIA is supported by additional staff, specialized in acquisitions, communications, public relations, human resources, protocol, congressional matters, legal issues, and internal control.

The CIA also includes 10 mission centers that are not attached to any particular directorate, but focus on regional (Africa, East Asia/Pacific, Europe/Eurasia, Near East, South/Central Asia, and Western Hemisphere) or functional (global, counterintelligence, counterterrorism, and weapons and counterproliferation) issues. The CIA publishes various unclassified documents, papers, and professional journals, such as *The World Factbook*, the *Studies in Intelligence* journal, and the unclassified *Kent Center Occasional Papers*.

Accolades and Criticism

Until the early 1960s, the CIA received many accolades, due to its important role in curbing the spread of Communist ideology. One example involves the agency's discovery of Soviet nuclear missiles in Cuba in 1962. From the 1960s to the early 2000s, the agency was involved in various controversial activities and failures to anticipate several national security threats and developments. Relevant examples include failed covert actions, such as the Bay of Pigs operation in 1961 aimed at overthrowing Cuban Dictator Fidel Castro; involvement in arms smuggling operations, such as the Iran–Contra Affair in the 1980s; and failure to anticipate and thwart the terrorist attacks of September 11, 2001. Since September 11, 2001, the CIA has played a key role in the fight against terrorism, including playing a central part in the capture and death of Al-Qaeda leader Osama bin Laden. Nevertheless, some CIA activities, such as the use of enhanced interrogation techniques and the detention of foreign nationals, continue to be criticized and are the sources of ongoing controversy.

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See also Federal Bureau of Investigation; U.S. Department of Homeland Security

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CHILD MALTREATMENT AND PSYCHOLOGICAL DEVELOPMENT

Child maltreatment refers to acts of commission or omission of a child under the age of 18 years by a parent, a caregiver, or a person in a custodial role that results in harm, potential for harm, or threat of harm to a child. It is a significant public health and societal concern that has numerous negative consequences for the development of a child. These consequences range from acute and severe (e.g., traumatic brain injury, death) to long-term negative outcomes such as mental health problems and behavioral difficulties (e.g., post-traumatic stress disorder, substance abuse, increased risk for suicide). Of the various areas of child development that are impacted (e.g., impaired brain development), child maltreatment has a profound and long-term impact on psychological development.

Types of Child Maltreatment

There are four common types of child maltreatment: neglect, physical abuse, sexual abuse, and emotional abuse. *Neglect* is the failure to meet a child's basic physical and emotional needs (e.g., access to medical care, education, clothing, food, and housing). *Physical abuse* is the use of physical force (e.g., hitting, kicking, shaking) against a child. *Sexual abuse* involves inducing or coercing a child to engage in sexual acts (e.g., fondling, penetration, exposing them to other sexual activities). *Emotional abuse* involves behaviors (e.g., name calling, cursing, rejection, shaming, withholding love, threatening) that negatively impact a child's sense of self-worth or emotional well-being.

Statistics

In 2015, there were approximately 700,000 substantiated cases of child victims of abuse and neglect in the United States, with 1,670 resulting in fatalities. Neglect was the most common, comprising approximately 75% of reported cases, while physical abuse accounted for 17% of cases and sexual abuse accounted for 8% of all substantiated cases. Parents, whether it be the mother acting alone, father acting alone, or both acting together, accounted for 92% of perpetrators in reported cases. Younger children are the most vulnerable to maltreatment with 25% of victims being 3 years or younger. Overall, the percentage of victims by gender appear to be fairly similar between girls (51%) and boys (49%), but boys experience higher rates of child abuse and neglect when 5 years and younger, and girls experience higher rates of child abuse and neglect between the ages of 6 and 17 years. Relatedly, sexual victimization increases for girls in adolescence, but not for boys. Overall, approximately one in 20 boys and one in 5 girls are victims of child sexual abuse, and the majority of substantiated cases of child sexual abuse involve the child knowing the perpetrator.

Within the foster care system, the majority of foster children are placed in homes due to maltreatment. Specifically, children are primarily placed in foster care for neglect and physical abuse. In the youth runaway population, almost one quarter elope due to abuse in the home. In the

adult male felon population, 68% report early childhood victimization, particularly physical and sexual abuse. It is notable that the economic burden generated by child maltreatment in the United States is approximately \$124 billion.

Risk Factors

Numerous child, caregiver, and family factors have been identified that are related to an increased risk of child maltreatment. These range from distal factors (e.g., having a history of being abused) to more proximal and amenable factors such as lack of social support, stress, having unrealistic expectations of the child, poor parenting skills, parent's substance abuse, and family discord. The strongest risk factors for child physical abuse are a lack of family cohesion, high levels of family conflict, and a parent's level of anger or hyperactivity. For child neglect, perceiving the child as a problem and a poor-quality parent-child relationship are the strongest risk factors. A child's level of social competency has also been found to be a risk factor for both physical abuse and neglect. Other child risk factors include having a difficult temperament, behavior problems, and medical problems. Finally, children with a history of maltreatment are at risk for revictimization and other forms of maltreatment later in life.

Long-Term Consequences

Child maltreatment is associated with a myriad of negative consequences resulting in medical, physical, social, behavioral, cognitive, intellectual, emotional, and psychological difficulties. There are several factors that impact the effects of child abuse and neglect: the age of the child; the type of abuse; the frequency, duration, and severity of the abuse; and the relationship between the child and the perpetrator. Children who have been maltreated have difficulty with emotion regulation and exhibit socially disruptive behavior problems such as physical aggression. Moreover, emotional regulation difficulties that originate in childhood carry over into adolescence and adulthood. Aggressive children with a history of child maltreatment engage in more severe forms of delinquency as they age, and research suggests that children who have experienced abuse are 9 times

more likely to get involved with the criminal justice system during adolescence.

Child maltreatment is associated with mental health difficulties and higher rates of psychological disorders with elevated risk of developing mood, anxiety, and substance disorders in particular. In fact, of the possible adversities one may experience as a child, abuse and neglect are two of the strongest predictors of developing psychiatric disorders. Mood and anxiety disorders tend to be associated with physical abuse, sexual abuse, and neglect; personality disorders (e.g., borderline personality disorder) are associated with emotional abuse and neglect; and schizophrenia is associated with emotional abuse.

Much of what is known about child maltreatment is specific to sexual abuse. This could be because of those who have been sexually abused, approximately one quarter of them will have lifetime contact with mental health services. Child sexual abuse has been found to be related to anxiety disorders, depression, eating disorders, post-traumatic stress disorder, sleep disorders, parasuicidal behaviors (e.g., cutting), and suicide attempts. Exposure to sexual abuse is also related to psychosis, substance disorders, and personality disorders. Child sexual abuse may be related to worse long-term mental health outcomes relative to physical abuse. Moreover, sexual abuse is a risk factor for the development of subsequent mental health problems regardless of victim gender.

Of course, there is also evidence of a causal relationship between nonsexual forms of maltreatment and a host of negative outcomes (e.g., psychiatric disorders, suicide attempts), highlighting that all forms of maltreatment are important risk factors for adult behavioral health. For example, experiencing physical abuse in childhood is predictive of poor mental and physical health, even decades after the abuse. Specific to emotional abuse and neglect, these experiences are uniquely related to later symptoms of anxiety, depression, and maladaptive beliefs. Thus, each subtype of maltreatment should be considered individually and holistically with regard to psychological development.

In studying this profound relationship between maltreatment and psychopathology, age of onset is a critical variable. To illustrate, earlier onset is predictive of more symptoms of anxiety and

depression in adulthood, whereas later onset may be predictive of more behavioral problems later in life. Specific to sexual abuse, later onset seems to be especially salient to a greater risk of psychopathology.

Maltreatment is strongly related to other negative outcomes in adulthood beyond psychopathology. For example, compared to young adults with no confirmed history of abuse, adults with a history of abuse demonstrate greater overall health difficulties, less educational and economic attainment, and more criminality. A phenomenon referred to as the *cycle of violence* details how child maltreatment may progress to violent and criminal behavior in adolescence and adulthood. Indeed, adversities such as neglect and experiencing and witnessing violence as a child are particularly strongly associated with adult criminal behavior. There are also complications with physical health after maltreatment, such that the magnitude of risk for negative physical health outcomes is comparable to the risk for negative mental health outcomes. For example, there is evidence to suggest that the experience of sexual abuse is related to lifetime diagnoses of somatic disorders. Of particular concern are neurological and musculoskeletal problems, trailed closely by respiratory and cardiovascular issues. Relatedly and as noted earlier, child maltreatment is also associated with suicide attempts and other adjustment difficulties as an adult.

Protective Factors

There is variability among victims of maltreatment with regard to the level of impairment. Not all children respond similarly to abuse and neglect—some may develop long-term consequences, while others display minimal symptoms. This variability has led to the identification of protective factors that may promote resiliency and attenuate the negative long-term consequences of this adversity. In particular, the stability of the family environment and the presence of supportive relationships are consistently identified as protective factors. Moreover, in adulthood, social support is a key mechanism in resiliency to anxiety and depression after childhood maltreatment. Similarly, perceived parental care, positive adolescent and adult peer relationships, and the stability of

adult romantic relationships are related to fewer symptoms of psychopathology. Although positive adaptation in the face of maltreatment is possible, only a minority of adults with an abuse history report no mental health difficulties. Based on what is currently known, social support is key to buffering the effects of child maltreatment, especially for later psychopathology. However, those with a history of maltreatment report having significantly less social support than those without a history.

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See also Developmental Theories of Crime; Maltreatment; Extrafamilial Child Molestation; Intrafamilial Child Molestation; Violence Against Children

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CHILD PORNOGRAPHY

Child pornography (CP) is readily defined as images that portray the sexual assault of minors. Due to the massive growth of sexual content featuring children that is available on the Internet and the role the Internet plays in driving CP, its possession, distribution, and production, increased

public and law enforcement attention has also been drawn to the issue of child sexual abuse and exploitation. This entry examines the issue of CP from its development in physical media to electronic forms with the Internet. Also highlighted are the amounts and types of CP that exist on the Internet and a profile of those most likely to use it. Because these activities have reached the forefront of law enforcement action and societal concern, this entry concludes with an examination of legal and law enforcement approaches to CP.

Defining CP

One difficulty in the classification of CP as images that portray the sexual assault of minors is determining whether the individual portrayed is actually a child or a minor. Sometimes this is a simple matter, as in the case of very young individuals. It is a bit more difficult, however, with those who are older or who appear older. In these cases, physical features such as body size, waist-to-hip ratio, and genital development may be examined to make a rough determination regarding the individual's approximate age.

From a legal standpoint, the major requirement of defining an image or a video as CP is that a child must be present. In most jurisdictions, a child, or a minor, is defined as someone under the age of 18 years. If a child is present, the next step is to determine whether he or she is being portrayed in a way that could be considered pornographic. Often, pornography is defined along the lines of obscenity or in tandem with notions of sexuality and arousal. Therefore, it is possible for an image to be considered pornography with regard to the sexualized nature of the composition, but not to fall under the rules of pornography as defined by obscenity. Examples of this would be images that focus on the genitalia of clothed children or photographs of children interacting with adults in the context of a nudist colony.

In other words, CP is not an easily defined concept. At the core is the understanding of who is considered societally to be a child. This can differ by *t*, the time period, country, or even jurisdiction. Another complication is determining the types of material considered pornographic. This is also often determined by the social mores of a particular time period or within a specific community.

History

Sexualized images have existed since the beginning of recorded history. While the exact origin of sexualized images of children has not been established, stories and images (drawings or paintings) of sex with children date back as least as far as the 1400s. Erotic material involving children has proliferated throughout history, waxing and waning with regard to appropriateness, depending on changing social values of the time.

The development of the camera, and more specifically film and photographs, ushered in a *golden age* of CP and erotica. With photography, printed images could appear in mass-produced books and magazines, often easily obtainable and publically traded or purchased in stores. Many of these magazines, with names such as *Nudist Moppets* and *Bambina Sex*, were produced in Europe. Eventually, due in part to reports (sometimes erroneous or exaggerated) regarding the number of children involved in the production of CP and the amount of money being made off of their participation, the tide of social acceptance began to turn. This culminated with the passage of several laws, including the Protection of Children Act of 1978 in the United Kingdom and the Protection of Children Against Sexual Exploitation Act of 1977 in the United States.

The advent of the Internet and the spread of digital cameras and media facilitated the anonymity and affordability of CP. Prior to the Internet, obtaining child exploitation images required either producing it oneself or contacting brokers, often through classified advertising. Both of these methods provided opportunities for detection and arrest. The net effect of this risk for arrest and the difficulty in obtaining material was that CP became a risky and an expensive venture. However, with the advent of the Internet, individuals interested in obtaining CP were afforded a heretofore unseen level of anonymity. The Internet provided a high degree of availability and affordability as well.

With regard to availability, it is evident that sexual materials, both legal and illegal, are readily accessible to anyone with a computer and access to the Internet. One of the main reasons for this is the nature of digital images and film. What once needed to be photocopied and passed around by

hand or through e-mail could now be digitally copied, with little to no degradation in quality, and passed along computer networks at fast speeds. Along with this ease of image accessibility, creating and maintaining collections of CP material also became easier due to increased storage capacity and decreased costs of hard drives and attendant technologies. Additionally, the Internet is *always on*. Interested individuals need only to pull up a browser or start any number of chat room software programs at any time to begin the process of obtaining and/or distributing CP.

Furthermore, the anonymity of the Internet has substantially decreased the risk of detection. This is not to say that the trafficking and collecting of child pornographic images are risk free, but given the myriad ways of anonymously traveling the digital highways of the Internet, it is relatively easy to operate undetected. As the technology develops over time, law enforcement is given new tools with which to make anonymity less certain. However, technology devoted to hiding one's true identity also progresses at almost the same pace, the Dark Web and browser anonymizers such as Tor being two of the more recognizable examples of this trend.

The combination of availability and anonymity has made the collection and storage of CP not only easier to do but also more affordable. Computers are readily available, if not in homes, then in public libraries or Internet cafes. Connection to the Internet, through an Internet service provider, becomes more and more affordable as it increasingly becomes a part of everyday life. Before the onset of the digital age, an individual was able to buy a magazine or a book with relatively few CP images. The cost of this book was approximately the same as one might have paid in the mid-2010s for a month of Internet service, offering potential access to thousands, if not tens of thousands of similar images.

Content and Typologies of CP

Analyses of thousands of pictures and videos of CP have yielded remarkably consistent results as to the nature and content of these images. Most typically, the individuals shown are prepubescent children who are overwhelmingly female. Research also shows that the typical child is smiling or does

not appear to be in distress, suggesting that only a small minority of those who consume CP are interested in seeing a child in depictions of sexual violence or sadism. This is not to say that images of sexual violence do not exist in the typical offender's collections, rather that it was not the overwhelming focus of their interests.

Other studies have categorized types of CP, based on the degree of victimization displayed in the image or video. One common taxonomy was developed by the Combating Paedophile Information Networks in Europe project. This approach utilizes 10 categories that start with images that are indicative of sexualization, such as those showing children in their underwear or swim clothes. They continue to nudist categories where naked children are shown in appropriate settings and then to erotica where nude and/or seminude children are shown in provocative poses or with a particular emphasis on their genitals. The final categories are those where actual physical or sexual assault occurs, with the last category being reserved for those images where the child is purposively being shown in situations where they experience torture or some other form of sexualized violence.

Amount of CP Online

As with many forms of illegal sexual deviance, much of the information about the prevalence of CP comes from sources in contact with the legal system. To a large extent, then, the degree to which child exploitation images exist outside of this legal context, while undoubtedly larger, is unknown. What is known is that there are individuals and groups dedicated to the trafficking and collection of CP images in almost every corner of the Internet.

Although CP is widespread across the Internet, the availability of these images has declined since the early 2000s. The main reason for this is the increased attention on them from the law enforcement community. A number of high-profile cases and prosecutions, coupled with a dramatic increase in penalties, have driven child abuse images into the darkest regions of the Internet. This is not to say that the number of images has decreased, however. It is likely that the absolute number of CP images and videos has grown: Old content is

traded, downloaded, and stored on countless hard drives and servers around the world. New images are uploaded and dispersed through anonymous e-mail clients and encrypted browsers.

Consumers of CP

As the amount of CP has grown over the years, a distinct profile of the typical consumer of sexualized images of children has emerged, particularly in terms of gender, age, education, race, and marital status.

Gender

The typical consumer of CP is male. This is the strongest correlate of offending behavior and is consistent across other types of sexual offending as well. This is not to say that there is a complete lack of women in CP offending. Rather, a relatively small number of women have an interest in CP from the clinical perspective (that being someone sexually interested in children) or were serving in a supportive role for the male by grooming or obtaining children for production purposes.

Age

The typical CP offender is slightly younger than the general population or that of the contact sexual offender (i.e., sexual offense in person). Because CP is accessed mainly through the Internet, this is likely due to the tendency toward greater technology fluidity by younger persons than those of older generations.

Education

Compared with contact sexual offenders, those who use CP are likely to be more educated. As with age, this is likely the result of the type of person more likely to use the Internet and related technologies. The more education a person receives, the more likely this person will be Internet-savvy.

Race/Ethnicity

The overwhelming majority of these individuals are non-Hispanic Whites. While somewhat unclear as to why racial or ethnic differences exist among CP consumers, the most likely explanation

for this is the disparate use of the Internet among those of various backgrounds.

Marriage

CP offenders are less likely to be married as compared to people in the general population. One explanation for this is that these offenders are more likely to have issues relating to interpersonal interactions, social skills, and self-esteem as compared to their nonoffending counterparts in the general population. It is also possible that those who consume CP, who have a sexual interest in children, are less likely to form bonds with similarly aged adult partners and are therefore less likely to marry.

Law Enforcement and Legal Responses to CP

Prior to the development of the Internet, the normative method of transmitting CP images was, if not exchanged in person, through e-mail. Consequently, the responsibility for investigating and apprehending individuals involved in CP fell largely upon postal inspectors. As the Internet expanded and the technologies associated with it grew more sophisticated, law enforcement strategies were forced to adapt. As more individuals began accessing and collecting CP images online, law enforcement officials began scouring chat rooms, image-sharing services, and other corners of the web in an effort to track down those trading in illicit images of children. Numerous agencies in the United States, from the U.S. Marshals to the National Center for Missing and Exploited Children, along with the Internet Crimes Against Children Task Force, have increased attention and resources on the problem of CP.

In addition to the front-end law enforcement strategies, the U.S. federal criminal code has also expanded to include broader categories of sexual offenses and lengthened sentences associated with them. For example, the PROTECT Act of 2003 increased the maximum sentence for the production of CP as a first offense from 20 to 30 years. A new mandatory minimum sentence of 5 years was created for the receipt and distribution of CP. Additionally, judges could exercise discretion to extend the term of postrelease supervision to a maximum of life. This had the effect of

dramatically increasing terms of postrelease supervision for CP offenders, who had previously been subject to a maximum term of 5 years.

Erik Faust

See also Internet Sexual Offenders; Pedophilia; Sexual Offenders; Sexual Offending

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CHILDREN OF OFFENDERS

Children of offenders incur a host of disadvantages as a result of a parent's criminal behavior and criminal justice involvement. Of particular concern to researchers and policy makers are children whose parent's criminal behavior has resulted in incarceration. A growing body of work identifies parental incarceration as a leading contributor to social and economic inequality. This is because parental incarceration affects children in ways that adversely affect children's life course trajectories. This entry focuses on the short- and long-term implications of parental incarceration on issues related to children's welfare such as behavior, mental health, educational outcomes, and economic well-being.

Children of Offenders in the United States

In the United States, most incarcerated parents are parents. Surveys of prison inmates reveal that approximately 52% of state inmates and 63% of federal inmates are parents to minor children and that many of these parents have more than one child. Rates of incarceration have increased among mothers and fathers in recent decades, but fathers constitute the bulk of incarcerated parents. Research shows that most mothers and

fathers were involved in their children's lives before they were incarcerated, with many children residing with or otherwise economically supported by their parents prior to their parents' incarceration.

Recent estimates of incarcerated children suggest that 2.7 million, or one in every 28, U.S. children have a parent who is currently incarcerated. Nearly 10 million children have experienced a parent's incarceration at some point during their childhood. While incarceration has become a more common experience among U.S. children in recent decades, parental incarceration is not equally distributed across children. Black and Latino children are disproportionately affected by parental incarceration; Black children are 7½ times more likely than White children to have an incarcerated parent, and Latino children are 2½ times more likely than White children to have an incarcerated parent.

Trauma and Stigmatization Associated With Parental Incarceration

Before parents are incarcerated, they are arrested. Aside from the incarceration, a parent's apprehension often creates a traumatic and confusing situation for children. This is true even for children who do not witness their parents' arrest. For children, a parent's apprehension is often abrupt and unexpected because children are often not privy to their parent's criminal behavior.

Displacement is one of the ways in which a parent's arrest and subsequent incarceration are traumatic for children. Children often become displaced from their familial home following their parents' arrest, and many children are relocated to homes that are underprepared financially for their arrival. While most children remain with their mother during their father's incarceration, children whose mother is incarcerated rely largely on grandparents, friends, and relatives and the foster care system for childcare during their mother's imprisonment. One in four children who reside with grandparents during their parents' incarceration lives in poverty, and many experience unmet financial and material needs. As children wrestle with making sense of their new life without their parent, their behavior can change in detrimental ways with some children beginning to act out behaviorally (i.e., aggressive; externalizing

behavior problems), while others suffer in silence (i.e., internalizing behavioral issues).

Not only must children cope with physical and emotional losses associated with their parent's arrest and subsequent absence, many must also endure social consequences stemming from having a parent who is incarcerated. The available literature suggests that incarceration is stigmatizing to offenders *and* to those who are connected to them by familial ties, including their children. Incarcerated children and families experience stigma from peers, teachers, family members, and others in the community. In this way, incarceration serves as a double blow to incarcerated children by removing a parent from their lives and by stigmatizing them and their families at a time when they need encouragement and support from others. The exodus of people from children's lives and the isolation that often results can exacerbate the detrimental consequences associated with parental incarceration.

Consequences of Parental Incarceration for Children's Behavior

Research shows that parental incarceration often leads to children's externalizing behavior issues. The effects of parental incarceration on children's behavior have been observed across developmental stages from early childhood to adolescence. Increased levels of aggression, disruptive behaviors, and problems with attentiveness have been observed among young children who have a parent who has been incarcerated. These outcomes have been observed even as early as age 3. Compared with children who have been separated from their parent for other reasons, children with a parent who has been incarcerated are more likely than their counterparts who have not experienced a parent's incarceration to commit a range of delinquent acts including drug and alcohol abuse, truancy, gang involvement, fighting, prostitution, and violence. Other externalizing behaviors among youth who have a parent who has been incarcerated include sexual promiscuity and teenage pregnancy.

Some of the aforementioned externalizing behavioral issues may stem from both parental absence and the stigmatization associated with parental incarceration. The incarceration of a parent does not carry as much positive sentiment and social

support as other situations involving parental loss such as divorce or death. While some children display feelings of vulnerability, others face their challenges through aggressive and disruptive behaviors. As such, some children develop retaliation toward others, experience pent-up and explosive anger, have low self-esteem, and engage in behaviors that undermine their childcare arrangements.

Researchers and policy makers concerned with the intergenerational transmission of crime from parents to offspring have devoted much attention to investigating whether children of incarcerated *themselves* are likely to be incarcerated in the future. This body of research has produced mixed results. Nevertheless, there is research suggesting that children of incarcerated are 5–7 times more likely to be incarcerated than their peers whose parents have not been incarcerated themselves. Other research suggests that one in 10 children who have a parent who has been incarcerated will be incarcerated themselves before reaching adulthood.

In addition to external displays of problem behaviors, children of incarcerated experience internalizing behavioral issues. These issues have also been observed across developmental stages. Inmates' children often develop anxiety and fear about their parent's absence, and their inability to regularly communicate with their parent solidifies these emotional outcomes because children are left to wonder about their parent's welfare while incarcerated. Young children and adolescents are likely to experience depression as a result of their parent's incarceration. Inmates' children are also likely to experience separation anxiety, impaired socioemotional development, traumatic stress, and survivor guilt during and following their parent's incarceration. Young children are especially vulnerable to outcomes such as developmental regression, poor self-concept, and acute reaction and inability to overcome future traumatic and stressful situations.

Consequences for Children's Educational Attainment

Parental incarceration creates difficulties for children to be socialized through mainstream institutions such as schools. These children often have lower educational performance partly because some children experience academic disruption as they move to new schools and neighborhoods.

Research shows that when compared to children whose parents have not been incarcerated, children who have an incarcerated parent are more likely to have extended absences from school, more likely to drop out of school, less likely to graduate from high school, portray lower cognitive abilities, and have delays in learning. These outcomes are typically observed 1–4 years after a parent has been incarcerated. As a result of their poor academic performance, incarcerated children are often held back a grade. Behavioral problems stemming from a parent's incarceration also make school less manageable for incarcerated children. Research shows that these children are significantly more likely than those who have not experienced parental incarceration to be expelled or suspended from school.

Parental Incarceration and Children's Economic Well-Being

Children of offenders often struggle financially both during and after a parent's incarceration. During incarceration, parents are hindered from contributing household income or child support to their families and children. This means that a parent's arrest and subsequent incarceration automatically reduce financial support for some children.

In addition to limiting the economic support parents contribute to their children, parental incarceration places increased demand on children's already-stretched resources. Maintaining contact with an incarcerated parent is a costly endeavor; visiting mothers and fathers, who are often housed at far-flung facilities, demands resources that may be hard to come by or might be needed to promote child and family well-being (e.g., pay a bill and purchase necessary items). In some cases, the cost of a parent's legal representation is another added expense spurred by incarceration that children's families must endure.

The financial losses associated with parental incarceration have been associated with a number of deleterious outcomes for children. Research shows that children of incarcerated are more likely than other children to experience food insecurity, material hardships, and even child homelessness. The risk of experiencing financial insecurity does not significantly improve when parents are

released from prison because having an incarceration history reduces parents' access to employment in the regular sector and wages that can sustain a family.

Parental Incarceration: Implications for Children's Well-Being Across the Life Course

The problems associated with parental incarceration vary considerably in complexity and severity for children, but the detrimental effects of incarceration in early childhood and adolescence can reverberate throughout a person's life course. Children who do not experience attachment and supervision from their parents are at a higher risk of emotional and behavioral problems during their lives. Aggression toward others, for example, can lead to outcomes such as substance abuse and contact with the criminal justice system in early adulthood. Parental incarceration also increases the risk of long-term mental health issues as children grapple with memories of a parent's arrest, criminal behavior, and incarceration.

Importantly, too, parental incarceration hinders children and parents from developing and maintaining a strong parent-child relationship. The level of contact between children and their incarcerated parent depends on factors such as school hours, children's distance from the jail or prison facility, and compliance from children's caregivers. As a result of the challenges associated with maintaining a parent-child relationship, some children redefine their perceived closeness with their parent.

Children's views vary toward their parent's incarceration and the challenges related to their parent's reentry postincarceration. Whereas some children are optimistic about assisting with their parent's desistance from crime and reentry, others worry about their parent's potential for future contact with the criminal justice system. The effects of parental incarceration on the parent-child relationship are sometimes so severe that some youth choose to prematurely terminate their dependency relationship with their parent, which can have implications for the intergenerational crime and their own risk of incarceration.

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See also Families of Incarcerated Offenders; Incarceration, Effects of; Juvenile Delinquency and Antisocial Behavior; Life Course Perspectives on Crime; Prisons

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CLASSIFICATION

Classification is the systematic assignment of entities to homogeneous categories, groups, or types according to specified rules or parameters. By formulating classification systems for crimes, criminals, and patterns of criminal behavior, criminologists hope to increase their understanding of these phenomena. Taxonomies are comprehensive

systems that seek to categorize a broad array of phenomena. Syndromes are narrower in scope. Categories can be formulated heuristically on the basis of psychological or criminological theory or empirically on the basis of observations. Any shared characteristic can serve as the basis for a classification system as long as those assigned to each category have more in common with each other than those placed in other groups. Successful systems are valid, are reliable, and make a contribution to knowledge, as well as being practical and useful.

Fundamental to human knowledge, classification probably began with the rudimentary differentiation of plants as edible or inedible and animals as predators or prey, eventually evolving into the complex systems that are today the basis for all scientific inquiry. The essential feature of classification is that the members of each group are relatively homogeneous and share more characteristics with one another than they do with those assigned to other groups and categories. By studying the similarities within groups and the differences between groups, criminologists hope to further their understanding of criminals and their behavior. They investigate such issues as the antecedents of different types of criminal behavior, how patterns of offending vary across cultures and subcultures, and what interventions work best with different types of behaviors. In applied settings, such as correctional facilities, classification is used to assist in management and treatment decisions such as which offenders should be placed on probation or incarcerated.

Taxonomies are comprehensive classification systems that seek to categorize a wide range of entities. Over the years, numerous taxonomies of crimes and criminal offenders have been postulated. Many are hierarchical with broad categories being differentiated into smaller, even more homogeneous subgroups. For example, a system that differentiates crimes against people from those against property might subdivide the latter into those in which the victim is present, such as robbery, from those in which the victim is absent, such as burglary. Less comprehensive classification systems may focus on particular syndromes rather than the whole array of crimes or criminals, for example, differentiating overcontrolled from undercontrolled violent offenders.

Whether they are taxonomies or syndromes, classification systems may be created heuristically or empirically. Heuristic or theoretical systems follow the principles of deductive logic with categories derived from constructs such as those found in theories of personality or criminology. Empirical systems utilize inductive logic and are based on observed patterns of covariation, such as those revealed by systematic observation or by statistical techniques such as a factor or cluster analysis. Some approaches employ a combination of these approaches.

Any shared characteristic or a set of characteristics can be used as a basis for classification, and many have been proposed. Differentiations based on age, gender, and types of offense are so widely used as to be almost universal. Juveniles are typically processed differently from adults, men and women are usually housed separately, and the more violent and arguably dangerous offenders are often segregated and confined more securely than those judged to be less of a threat to one another and society.

More detailed criminal classification systems have been based on a wide variety of variables. They include schemes constructed using constitutional or physiological factors; groupings based on cognitive functioning; categories using physical, emotional, and interpersonal maturity levels; types based on the current offense, repetitive crime patterns, and criminal careers; categories postulated on the basis of demographics, social class, and subcultural values; as well as groupings derived from psychological, psychiatric, sociological constructs, to list just a few.

While all these factors can be and have been used as the basis for classification, in the U.S. criminal justice system, ethical considerations of social justice and equity prohibit using variables such as race, religion, wealth, and family status to guide the treatment of criminal offenders.

The value of a classification system must be established through empirical research. The first test is validity, determining whether the hypothesized categories actually exist, whether the members of each group really have the postulated attributes or traits, and whether they differ in this respect from other groups.

The second issue is reliability. For a system to be useful, raters must be able to assign events or individuals to the specified categories consistently.

Reliable classification requires clear operational definitions of the categories with carefully specified objective rules or scoring principles. Different raters working in different settings must be able to agree on the designation of each case. In taxonomy, all cases must be assigned to some category.

A third question is heuristic value, whether the proposed system advances criminological research, helps explain observed phenomena, leads to new insights, or advances theory. Determining the heuristic value of a system requires the accumulation of a body of empirical research over time.

Utility is a fourth consideration. Useful systems contribute to criminal justice and correctional decision-making such as assisting in inmate management and treatment or lowering parole recidivism.

A fifth issue is practicality or cost-effectiveness. Other things being equal, systems that can be easily implemented and use information that can be readily obtained at low cost will be preferred. Computer-based classification systems are typically more economical than those requiring extensive training of human raters.

Although many criminological and psychological taxonomies and syndromes have been proposed over the years, relatively few have actually been systematized, defined, validated, or implemented. Those few, however, have greatly contributed to our ability to understand and deal with criminal behaviors and offenders.

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See also Inmate Classification, Methods of

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COERCED CONFESSIONS

A coerced confession is an involuntary confession. Coerced confessions are elicited by investigating officers' use of coercive tactics. Coerced confessions

are sometimes authentic but are often false. In addition to true, but involuntary confessions, there are two different types of false coerced confessions: coerced-compliant and coerced-internalized. Coerced confessions are an important topic in criminal psychology because any suspect interrogated by police officers could be coerced into making an involuntary confession. False coerced confessions can lead to wrongful convictions, which pose serious problems for the criminal justice system. This entry describes the coercive tactics investigative officers may use, the different types of coerced confessions, the role of coerced confessions in the court system, and coerced confessions in psychological research.

Coercive Tactics

Coercive tactics are designed to compel, control, and/or intimidate. Coercive tactics are often used by police officers during interrogations of suspects. It is important to note that some interrogative tactics considered coercive are accepted legally, while other coercive tactics are not.

Illegal Coercive Tactics

In many countries, confessions provided under the promise of leniency or stemming from the use of quid pro quo tactics—that is, explicit offers of benefit in exchange for admissions of guilt—are inadmissible in a court of law. Similarly, in most countries, any statement following the use of physical force or explicit threat of physical force by the police would be inadmissible.

Legal Coercive Tactics

There are a number of coercive interrogation tactics that are permitted by the courts; however, specific coercive tactics considered legally acceptable vary noticeably by jurisdiction. A confession resulting from legally acceptable coercive tactics would generally be considered admissible. This is true even if the resulting confession was false. Throughout North America, and in many other jurisdictions, police officers are allowed to make strong accusations, manipulate individuals, invade personal space, psychologically pressure the suspect to tell the truth, and use lies or other forms of deception. Using false evidence ploys, officers may deceitfully imply to the suspect that

they have evidence tying the suspect to the crime. For example, an investigator may falsely tell a suspect that there is forensic evidence (e.g., fingerprint, DNA, or fiber match evidence) that incriminates the suspect or that there are eyewitnesses who have identified the suspect. Trickery and other psychologically manipulative tactics are generally accepted as legal within the court system, as it is assumed that the tactics would not influence innocent suspects to falsely confess. Although research has shown that these tactics may lead to a coerced false confession, they may also lead to a true confession, and it is nearly impossible to tell the difference between the two or to know the rates of coerced false confessions.

Coercive Interrogations

The Reid technique is a form of investigation often used by police officers, which employs coercive tactics. John E. Reid created the Reid technique in the 1990s. This technique is based on three basic themes: isolation, confrontation, and minimization. Isolation includes both physical isolation and psychological isolation of the suspect. Confrontation techniques are based on strong assertions of the suspect's guilt as well as physical intimidation. Minimization involves psychological and moral justifications for the crime as well as subtle suggestions of leniency.

The Reid technique includes many different strategies that are organized into a general framework of interrogative stages. In the early stages of the interrogation, officers will isolate a suspect for a period of time in an interrogation room. Next, officers will insist to a suspect that there is no doubt about the suspect's guilt, while confronting the suspect with evidence. Evidence may be real and/or exaggerated or outright false. During this confrontation, interrogating officers may also use other maximization techniques designed to intimidate the suspect. In the later stages of the interrogation, investigators will pressure the suspect to tell the truth in the form of a confession. When encouraging the suspect to confess, interrogators use minimization techniques designed to decrease the suspect's perceived seriousness of the situation. Officers may suggest to the suspect that just telling the truth, in the form of a confession, will be easier on the suspect (e.g., statements along the lines of "things will go better for you if you just

tell the truth and confess"). Police may also tell the suspect that they will make sure the suspect receives psychological or spiritual help. Interrogations can be very lengthy, and investigators can become very aggressive and confrontational with suspects.

Research has linked the Reid interrogation technique to false and coerced confessions. False and coerced confessions have also been associated with lengthy and confrontational interrogations. It is becoming common for police interrogations to be videotaped. Videotaped interrogations allow experts to assess the interrogation for coercive tactics and to evaluate the confession for markers of reliability or inconsistencies. It should be noted that experts are often unable to definitively establish a confession as false without other evidence exonerating the suspect.

Coerced-Compliant Confessions

Coerced-compliant confessions are false statements made under duress or pressure from coercive interrogative tactics. Individuals who have made a coerced-compliant confession know they are innocent and falsely confess to the interrogating officers in order to escape the aversive interrogation situation and/or gain some suggested benefits. A suspect who maintains his or her innocence throughout a lengthy interrogation can increase the aggression and pressure from investigating officers, who believe that the suspect is guilty. Generally, a person who makes a coerced-compliant confession has a goal of ending the interrogation, getting out of the interrogation room, and being able to go home because he or she believes that confessing will reduce the potential punishment. The suspect often does not realize the consequences of making a confession and may believe that if he or she says what police want to hear, then he or she will be allowed to leave the interrogation. Often, these individuals believe that they can recant their confession afterward and that their innocence will be recognized by the justice system.

Coerced-Internalized Confessions

A confession is considered to be coerced-internalized when an individual comes to believe that he or she committed a crime for which the individual is actually innocent. Coerced-internalized

confessions share many aspects of coerced-compliant confessions (e.g., the person is under duress from interrogators), but they are distinct in that the suspect comes to develop a false memory of committing the crime. Research has demonstrated the malleability of human memory and the phenomenon of false memories. Suspects who make coerced-internalized confessions are not necessarily confessing to achieve a goal; these individuals truly come to believe that they are responsible for the crime. Often, police will use tactics such as lying to the suspect and telling the suspect that there is either eyewitness or forensic evidence tying the suspect to the crime. Some circumstances can make a person especially vulnerable to coerced-internalized confessions, such as experiencing memory problems, being under the influence of medications or illegal drugs which impair memory, being severely tired, or being especially anxious and confused. Often, individuals who give a coerced-internalized confession are highly suggestible and can be from vulnerable populations including persons with learning disabilities.

Coerced Confessions in the Court System

A confession is powerful evidence against a defendant during a criminal trial. When a confession is a central piece of evidence against a defendant, it is up to the judge to determine whether the confession is admissible. Admissibility rules vary by legal jurisdiction. The criteria for determining the admissibility of a confession are generally based on whether the statement was voluntary or due to coercion, and that determination is evaluated on the totality of the circumstances. If a confession was obtained through the use of coercion, a judge further assesses the confession to identify whether illegal coercive tactics were used. In addition, confessions are usually evaluated for markers of accuracy, such as corroboration by other evidence.

If a suspect is convicted of a crime based on a coerced confession, it is likely that the conviction would be upheld in appellate courts, even if the individual recanted the confession. If a confession is retracted, and the individual who gave the confession is adamant, it was coerced, and given under duress, additional issues arise. If the defendant is on trial by jury, there is a question of how

well the juries are able to understand what a coerced confession is and apply that understanding in their judgment. In the courtroom, the judge ultimately is in control of whether evidence requires interpretation by an expert witness. Researchers have recognized the importance of having an expert witness testify about the psychology of interrogations and coerced confessions to help the jury understand the circumstances.

If a coerced confession is used as evidence against an innocent person who is convicted, this poses two large issues within the justice system. First, an innocent person can be sent to prison for years based on coerced confession evidence. Even when an innocent person who was wrongfully convicted is later exonerated, his or her life may never return to normal. The time spent in prison, and strain on family and loved ones of the wrongfully convicted, can uproot and change a person's life forever. The second issue that arises when an innocent person is wrongfully convicted is that the real perpetrator does not justly receive legal punishment for the crime. In addition, it is possible that the real perpetrator may still be in the community, committing further crimes. Often a confession, even a coerced confession, will end an investigation. If investigators believe that they have caught the perpetrator and that individual confesses, they usually will not continue to investigate other suspects.

Prevalence of Coerced Confessions

It has been well established that coercive tactics used by interrogating officers can lead to coerced false confessions; however, it is difficult to tell how often coerced confessions occur. Usually, confessions can only be determined to be false based on clear physical evidence that the individual in question was not the perpetrator or through clear evidence that another person committed the crime. Generally, DNA evidence is the only distinguishing piece of evidence to exonerate an innocent person who gave a coerced false confession. According to the Innocence Project, an organization that helps exonerate falsely imprisoned people in the United States, as of January 2016, 27% (or 88 cases) of exonerations of the wrongfully convicted included evidence of false confessions or admissions of guilt.

Coerced Confessions in Research

False confessions, including coerced confessions, have been studied extensively by psychologists. There are several researchers widely recognized as leaders in the area of interrogations, false confessions, and coerced confessions. These experts have conducted many studies, and written authoritative reports, on false and coerced confessions. Once a confession is on the record, it is almost impossible to distinguish a false confession from a true confession. Research has shown that innocent people sometimes make false confessions; however, many people cannot understand how this could happen. When asked, participants recognized that coercive tactics may lead to a confession but mainly believed that coercive tactics would not lead to a false coerced confession. Furthermore, it was easier for participants to deem a confession as false when explicit acts of police coercion were used as compared to subtle acts of coercion. Researchers have also demonstrated that when participants falsely confess in experimental scenarios, some internalize their confession (i.e., come to believe that they committed an offense for which they were factually innocent). Comparisons between samples of the general public and police officers have demonstrated that officers are generally no better than the public at detecting false and coerced confessions; however, officers are more confident in their judgments. Moreover, research has also indicated that regardless of whether a confession is designated as coerced, jurors often do not discount the confession appropriately.

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See also Confessions; Police Interrogations; Trials, Criminal; Wrongful Convictions

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COGNITIVE BEHAVIORAL THERAPY AND SOCIAL LEARNING THEORY

Cognitive behavioral therapy (CBT) and social learning theory (SLT) originated in the larger field of behavioral psychology. Unlike psychoanalytic psychology, which emphasizes the importance of unconscious processes on an individual’s emotional and behavioral patterns, behavioral psychology emphasizes the importance of learning experiences in shaping emotional and behavioral patterns. SLT has been used to understand how individuals acquire healthy lifestyles, as well as mental health problems and antisocial behavioral patterns. CBT is a type of psychotherapy based on SLT principles. The dissemination of CBT into criminal psychology has included treatment for common mental disorders such as anxiety and depression in correctional settings, as well as the application of CBT to specialized treatments for antisocial behavioral patterns (including anger management, violent offending, and sex offending) for juvenile and adult offenders. Overall, research has found CBT to be an effective form of treatment for reducing reoffending and improving a variety of psychological disorders found in offender populations.

SLT

There are three main models of learning within behavioral psychology: operant conditioning, classical conditioning, and SLT. Operant conditioning explains an individual’s behavior as a function of her or his experiences with observable reinforcements and punishments: A behavior that

is followed by a positive consequence is more likely to be repeated, while a behavior that is followed by a negative consequence is less likely to be repeated. Classical conditioning emphasizes associations between two stimuli resulting in a new learned response. For example, a dog trainer might ring a bell before giving a dog a treat. Over time, the sound of the bell will be enough to entice the dog to come. In both operant conditioning and classical conditioning, internal processes that are unable to be observed (e.g., drives, needs, and thoughts) are considered unnecessary to explain behavior. SLT, on the other hand, emphasizes the importance of an individual's thoughts (also known as *cognitions*) and social interactions in addition to observed reinforcements, punishments, and automatic associations in explaining behavior. For example, an individual's learning can be influenced by vicarious learning or by modeling (e.g., learning by watching others) and shaped by various cognitive processes. Expectations that arise from observed consequences of an individual's behavior, positive or negative evaluations of an individual's own behavior as well as the behavior of others, and attributions of causes of behavior of self and others are some of these cognitive processes.

While SLT was not specifically created to understand criminality, psychologists Don Andrews and James Bonta drew upon SLT as well as the scientific research on the established predictors or risk factors of criminal behavior in developing their General Personality and Cognitive Social Learning model of criminal behavior. The primary risk factors (also known as the *Central Eight*) include having a history of antisocial behavior, antisocial personality traits, spending time with criminal friends, thinking patterns that justify and provide a motive for criminal behavior, substance abuse, dysfunctional family relationships, poor performance and attitude regarding school/work, and unproductive use of leisure time. The General Personality and Cognitive Social Learning helps explain how risk factors for crime can lead to, and maintain, criminal behavior through cognitive processes, reinforcement, and modeling. For example, an adolescent may learn how to steal a car by watching his criminal friends break into a car and take it for joyride (*modeling*). The adolescent may enjoy the rush of excitement

from driving in the stolen car and experience a heightened sense of comradery with his friends who all express a sense of achievement in the night's activities (*positive reinforcement*). If they are not caught, then there will be little to deter them from engaging in car theft in the future (*lack of punishment*). Over time, the mere presence of this group of friends triggers a sense of energy and excitement, leading the adolescent to engage in risky activities when she or he is with them (*classical conditioning*). Although the adolescent is keenly aware that this behavior is against the law, she or he may evaluate the theft in a positive manner and think of the victim as foolish for leaving the car on the street instead of in a secure parking lot (*cognitions*). All of these learning factors (operant conditioning, classical conditioning, and SLT), several of which are related to the adolescent's connection to criminal friends, make it likely that the behavior will be repeated in the future.

CBT

While SLT provides a model for how behavioral patterns are developed and maintained, CBT provides a model for changing these patterns by altering the cognitive processes, reinforcements, and learned associations that established the behaviors in the first place. CBT was pioneered by Albert Ellis, a psychologist who developed rational-emotive behavior therapy, and by Aaron Beck, a psychiatrist who developed cognitive therapy. While models of CBT continue to be developed, those established by Ellis and Beck remain the most prominent and provide templates useful for understanding new CBT models. The underlying premise in both Ellis's and Beck's models is that psychological problems can be improved by altering unhealthy cognitions. Therefore, treatment involves helping clients develop an awareness of the irrational or distorted nature of their thinking patterns and then challenging or testing the accuracy of these patterns to remove their negative influence.

Ellis's overarching model of treatment is that irrational thinking patterns such as *demandingness* (insisting that people and situations conform to one's own desires), *awfulizing* (exaggerating the consequences or hardships of unpleasant or challenging situations), *low frustration tolerance*

(underestimating one's ability to cope with setbacks and problems), and *self or other rating* (unreasonably blaming other people or oneself) are the cognitive constructs that underlie human problems. Rational-emotive behavior therapy involves helping clients think more rationally and flexibly about adversity and struggle in their day-to-day lives.

Beck's overarching model of treatment is less concerned with the irrationality of a person's thinking patterns and more concerned with the distorted nature and inaccuracy of the thinking. Beck's model distinguishes three different levels of cognitions: (1) core beliefs, (2) intermediate beliefs, and (3) automatic thoughts. Core beliefs encompass our most deep-seated beliefs about ourselves, other people, and the world. In offenders with depression and anxiety, core beliefs are negative, creating a distorted filter through which they see the world. For example, offenders with a core belief that they are inferior will not only have a low opinion on themselves but will also believe that others see them as worthless. Core beliefs produce the next level of beliefs, intermediate beliefs, which lie closer to conscious awareness. These are the various attitudes and assumptions that form the basis for how an individual thinks, feels, and behaves across different situations. Intermediate beliefs are like rules or imperatives that influence one's life trajectory (e.g., "If I'm not in a romantic relationship, I must be unlikable." "If I'm not in control of the situation, then I'm in danger.").

Intermediate beliefs create *automatic thoughts*, which are the quick, evaluative thoughts that spring up in response to different stimuli and form the stream of consciousness that people might say out loud or think to themselves. In depression and anxiety, automatic thoughts occur in predictable ways referred to as cognitive distortions such as *fortune telling* (predicting the future negatively), *mental filter* (focusing on the negatives instead of seeing the whole picture), and *all or nothing thinking* (situations are viewed in only two categories instead of a continuum).

Hallmarks of the CBT approach include the development of an individualized treatment plan for each client that incorporates a clear rationale for those behavior and thinking patterns that become the focal points of treatment. This is

known as *case formulation*. Therapy sessions are structured and organized. Therapeutic tasks often involve coaching clients in building new skills to alter thinking and behaviors in ways that produce improved outcomes. Finally, homework assignments are given to clients to transfer newly learned skills to day-to-day life. In CBT, repeated practice of new behaviors and thinking patterns are critical for success. For example, an offender with depression may be asked to write down when they have a distorted or irrational thought, to note the emotional reaction it produces, and then to generate a healthier and more accurate way of thinking. Over time, the offender becomes less influenced by unhealthy thinking patterns and instead adopts healthier thinking patterns, a process called *cognitive restructuring*.

The behavioral aspect of treatment involves helping offenders learn, engage in, and practice specific behaviors (e.g., time management, dating skills, parenting skills, and assertiveness) that are more likely to lead to desired outcomes and healthier functioning. Because people behave according to their thoughts—and they think according to their behaviors—changes in behaviors will go hand in hand with changes in thinking. For example, offenders may be asked to deliberately schedule a formerly enjoyable and relaxing activity that they have stopped engaging in since the onset of their anxiety symptoms. As changes in the offender's cognitive and behavioral patterns reinforce each other, the reinforcement provided by the new activity (e.g., exercise) will produce a change in thinking ("I don't have enough energy to exercise." to "I feel better when I get out of the house and do something."), creating a self-reinforcing feedback loop. In a general sense, CBT is focused on changing both thinking and behavior.

Applying CBT to Antisocial Behavior

While CBT was initially tailored to the treatment of depression and anxiety, it has been adapted for the treatment of antisocial behavior. Modifying CBT for antisocial behavior involves a shift in how practitioners approach clients and a different focus in terms of the cognitive and behavioral patterns targeted in treatment. Three foundational components form the basis of an integrated forensic CBT approach: (1) enhancing motivation

for change, (2) focusing treatment on reducing criminal risk-relevant factors, and (3) addressing thinking patterns that facilitate antisocial behavior.

Because offenders are often coerced into treatment, they commonly approach treatment with a lack of interest, if not outright hostility. Therefore, one component of treatment is an initial focus on improving motivation to change. This is accomplished through the use of motivational interviewing, a communication style that emphasizes collaborative discussions about why change would be important, as well as how change might occur. The main objective in using motivational interviewing with offenders is to elicit and explore their own motivations for changing their risky and self-defeating behaviors.

Treatment with offenders focusing on the changeable nature of the Central Eight risk factors (with the exception of criminal history) means that their improvement reduces the risk of criminal behavior and reoffending, while their worsening increases the risk for future offending. There is a complex interrelationship, however, between criminal risk factors on treatment. For example, an unemployed offender may spend free time with friends who drink heavily and use drugs. The friends reinforce the offender's unproductive beliefs about work, the offender's drug use diminishes the likelihood of passing preemployment drug screens, and the offender's substance abuse and criminal companions further distance the offender from prosocial family members. Thus, the various risk factors specific to this case impact each other in an interrelated destructive system. On the optimistic side, a positive change in one of these areas could facilitate positive changes in the others. For example, full-time employment would result in less time with antisocial friends, less time to engage in substance abuse, and exposure to new peers who express prosocial thoughts and model more productive lifestyles.

Conceptualizing cognitions that are relevant for offenders can be approached effectively by taking into consideration the empirical literature that has developed around criminal thinking patterns that facilitate antisocial behavior. Many of these patterns are the opposites of those found in people with depression and anxiety. For example, offenders are unlikely to harshly blame and judge

themselves when faced with criticism, as is common in depressed clients. In fact, they may express little concern for the opinions of others or for how their actions affect others. Nor are they likely to overestimate and exaggerate potential dangers, as is common in clients with anxiety difficulties. Instead, offenders may underestimate danger, seeking out risky situations precisely for excitement. These are the patterns targeted in treatment for cognitive restructuring. By improving motivation for change and targeting the behavioral and cognitive patterns responsible for antisocial behavior, CBT can help prevent offenders from returning to the criminal justice system.

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See also Antisocial Personality Disorder in Incarcerated Offenders, Treatment of; Cognitive Disorders in Incarcerated Offenders, Treatment of; Major Depressive Disorder in Incarcerated Offenders, Treatment of; Motivation to Change; Psychology of Criminal Conduct; Social Learning Theory

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COGNITIVE DEFICITS, EFFECTS ON REHABILITATION

Cognitive deficits is a generic term, encompassing impairment to essential areas of brain function, but not defined uniquely by low IQ or intellectual

disability (ID). ID is defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* as impairment of general mental abilities that affects adaptive functioning in three domains: (1) the conceptual domain (language, reasoning, knowledge, and memory skills), (2) the social domain (interpersonal and communication skills), and (3) the practical domain (skills related to self-management and self-care). To meet the strict definition of ID, symptoms should be chronic and evident before the age of 18 years. Depending on the criteria established, individuals with ID are generally considered those with IQs below 70 on standardized measures. IQs from 70 to 85 are defined as being in the borderline range.

Individuals with specific cognitive deficits, on the other hand, may have IQs in the average range or above average range but commonly manifest symptoms of executive function problems, such as impairments in attention control, strategic goal planning, abstract reasoning, cognitive flexibility, and the ability to organize and adaptively use information contained in working memory. Impairments in executive function have been implicated in aspects of criminal and antisocial behaviors featuring poor impulse control, poor consequential thinking, and problems with emotion management. Unlike intellectual deficits, which must be evident in the developmental period, cognitive deficits can also be acquired impairments resulting from the impact of traumatic brain injury; disease processes, including psychiatric conditions; drug and alcohol abuse; and social and psychological disadvantages, such as poverty and substandard education. All these conditions have been found to be elevated in offender populations and are risk factors for antisocial behavior. This entry discusses the prevalence of cognitive deficits in offender populations, cognitive deficits as a risk factor for criminal behavior, consideration on how these deficits can affect response to interventions, and supervision and strategies to assist offenders with cognitive deficits.

Prevalence of Cognitive Deficits in Offender Populations

Firm rates of cognitive impairment among offenders have been difficult to estimate, although they

are thought to be overrepresented in the criminal justice system. Estimates among incarcerated populations vary based on the assessment tools used and diagnostic and classification criteria applied. Large-scale reviews have found that, when defined strictly by IQ, rates range around 2–3%, broadly in line with rates in the general public. It should be noted, however, that in the criminal justice system, most offenders with severe impairments would be diverted from prison or serve their sentences in specialized secure units, and individuals with very low function would be too limited to become involved in criminal activity. Age-related cognitive decline and lower levels of education among the aged are also rarer in offender populations. This selection bias, then, restricts the distribution of IQ scores within incarcerated populations relative to the community and probably underestimates the rates of ID among individuals involved in crime. Prevalence rates should also be understood relative to whether the sample constitutes offenders who are incarcerated, awaiting trial, or on parole or probation. Another consideration is whether the prisons incarcerate offenders with particular profiles (e.g., the facility has a disproportionately higher number of high-security offenders, offenders in special treatment units, or offenders allocated to protective custody).

Some subgroups of offenders may be more likely to be identified as having IDs compared with others. For example, violent offenders, sex offenders, and persistent serious offenders are among the profiles associated with lower cognitive function, although, once again, this is not a universal finding. Researchers examining the link between ID and sexual offending, for example, have noted that the evidence for lower IQ appears to be related to the referral source, with offenders referred from child protection agencies and prosecutors' offices more likely to have scores in the impaired range. Conversely, there is accumulated evidence that higher cognitive function may be a protective factor for the initiation of criminal behavior among at-risk youth and might also be a protective factor for reoffending.

Although there is inconclusive evidence suggesting that offenders have lower intellectual function than nonoffenders (as assessed by standardized IQ measures), there is reliable evidence that offenders

are more likely to manifest specific cognitive deficits. In particular, there is evidence of increased rates of learning disabilities and impairments in executive function related to poor planning and impulse control and aggressive and erratic behavior. These symptoms are associated with higher rates of diagnoses for attention-deficit/hyperactivity disorder (ADHD), fetal alcohol spectrum disorder and alcohol-related neurodevelopmental disability, and traumatic brain injury. Given that cognitive deficits are related to alcohol dependence and ADHD, there are considerable levels of co-occurring mental health problems. For example, a significant percentage of offenders with serious alcohol problems have cognitive deficits, as do those with substantial symptoms of ADHD.

In summary, there is an agreement that the rates of cognitive deficits are elevated in offender populations. However, precise estimates of the prevalence of cognitive deficits in offender populations vary widely due to the heterogeneity of the definitions used to describe cognitive impairment, the range of measures used to assess it, and the offender population assessed.

Association of Cognitive Deficits and Criminal Behavior

There is established literature demonstrating that impaired cognitive functioning plays a role in criminal behavior. The most current explanation of the association between cognitive deficits and crime is that the relationship is multidetermined, beginning with a developmental trajectory involving early neuropsychological impairment (especially lower verbal skills and problems in executive function), school failure, a drift toward antisocial peer group, and, as a consequence, the weakening of prosocial bonds. For those with acquired impairment, the link is more directly related to impaired judgment and poor consequential thinking, planning, and problem-solving skills. These related executive function deficits are implicated in aggressive, impulsive, and erratic behavior. Some have gone so far as to label a constellation of personality changes produced by frontal lobe damage as *acquired sociopathy*. One leading researcher attributed a life-course pattern of antisocial behavior to developmental neuropsychological problems that interact with a criminogenic

environment, culminating in an antisocial personality. Later research also implicated cognitive impairments to adolescent-limited criminality.

Although the relationship may be complex, there is little doubt that impaired cognitive function is a direct criminogenic factor, not only a responsivity factor affecting offenders' response to interventions. Thus, this should be considered in theories of crime causation and in planning intervention strategies to reduce criminal recidivism.

Effects of Cognitive Deficits on Rehabilitation Efforts

The presence of cognitive deficits in offender populations is associated with histories of lower educational achievement, unstable employment history, learning disabilities, and symptoms of ADHD. For those offenders who have severe cognitive deficits, the correctional environment can be especially demanding. Difficulties understanding and abiding by institutional rules and vulnerability to victimization and exploitation can make the prison experience more challenging for offenders with serious cognitive deficits.

There is some evidence that problems in executive function may impair offenders' ability to respond to correctional programming as measured by program completion rates and improvements associated with participation. Standard correctional program components require considerable levels of literacy that can be discouraging to participants and a barrier to their treatment progress. However, correctional programs that focus on self-regulation skills (i.e., problem-solving, goal setting, planning, and consequential thinking) and address substance abuse (particularly alcohol abuse) are appropriate interventions for many offenders with cognitive deficits. Agencies should be mindful, however, that participants with cognitive deficits will require assistance to compensate for lower literacy and attention deficits. For those with the most severe deficits, specially designed correctional programs may be required to accommodate their learning styles. When these provisions are in place, there is encouraging evidence that offenders with cognitive deficits can complete and benefit from correctional programs.

In addition to programs that directly target factors related to unstable employment history, low

educational attainment, and ADHD symptoms can block opportunities for offenders with cognitive deficits to attain prosocial goals once released. Therefore, vocational training, educational upgrading, and job skills coaching that prepare offenders for community employment are appropriate targets for intervention to reduce future recidivism and improve reintegration potential.

Offenders with cognitive deficits pose a greater challenge to institutional or community management. They can have more trouble adjusting to the constraints of incarceration and increased difficulty following the institutional rules and managing relationships with other offenders. Their rates of institutional misconducts and the severity of the incidents, therefore, are generally greater than those of offenders without these deficits. This finding is consistent with research showing that cognitive deficits are associated with poor social adjustment across a variety of contexts. An understanding of the behavioral patterns associated with severe cognitive deficits could facilitate informal resolution when institutional incidents arise.

Because of higher risk ratings and institutional adjustment problems, offenders with cognitive deficits tend to serve a larger proportion of their sentences prior to being given their first release. This can mean that they are not afforded the same period of time to be supervised and receive the benefit of services from correctional agencies before their sentences are completed. On release, their outcomes tend to be poorer, reoffending and returning to custody at rates higher than those without deficits. This suggests that, in addition to the social and vocational training support required to meet their considerable needs, they require a higher level of monitoring and supervision in the community. Provisions are needed to broker longer-term services from agencies that provide assistance after the mandate of correctional agencies expires.

It should be noted that the contribution of cognitive deficits to the prediction of future offending behavior is much less significant than that provided by standard measures of criminal risk and need, which are composite constructs composed of a number of well-established factors related to correctional outcomes. Still, the overall view of the latest literature is that the level of cognitive function is independently related to correctional

outcomes, even when risk and need are considered. In knowing this, staff have valuable information that can assist them in case planning, accommodation of correctional program delivery, and aiding these offenders in their reintegration efforts.

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See also Cognitive Disorders in Incarcerated Offenders, Treatment of; Fetal Alcohol Spectrum Disorder in the Criminal Justice System; Neurobiological Models of Psychopathy; Neurodevelopmental Disorders in Incarcerated Offenders, Treatment of

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COGNITIVE DISORDERS IN INCARCERATED OFFENDERS, TREATMENT OF

Mental disorders are frequently associated with varying degrees of neurological impairment that pose serious problems for an individual's ability to self-regulate, avoid self-defeating behaviors, and attain prosocial goals. The term *intellectual disability* specifically refers to impairment in functional domains usually associated with IQ scores below 70. *Cognitive deficits*, however, is a more generic term, also encompassing impairment to essential areas of brain function, though not defined uniquely by low IQ. Individuals with cognitive deficits may test in the average range or higher, but they commonly manifest symptoms of executive function problems such as impairments in attention control, strategic goal planning,

abstract reasoning, cognitive flexibility, and the ability to organize and adaptively use information contained in working memory.

The estimates of prevalence of intellectual deficits among offender populations as defined by IQ level vary widely; several large-scale studies have found rates similar to those in the general public. While rates of the most severe cases of cognitive impairment are low in most prison systems, few researchers would contest that rates of at least mild cognitive impairment are elevated in prison populations relative to the community. This entry provides an overview of incarcerated offenders with cognitive disorders and then focuses on evidence-based interventions. The second half of the entry explores the need for staff training and the important roles that protective factors, advocacy, and mentoring play in effective interventions.

Overview

Those involved in the criminal justice system can experience deficits that range from mild executive function problems with otherwise average or above average intelligence to more serious impairments that severely limit adaptive function. Individuals with the most severe cognitive deficits are likely to be diverted from sanctions early in the criminal justice process. Those who are incarcerated, therefore, tend to have less severe intellectual disabilities, which may make them harder to identify without the benefit of standardized assessment tools.

The origins of these neurological problems are various; for example, fetal alcohol spectrum disorder (FASD) and alcohol-related neurodevelopmental disability are conditions acquired during fetal development due to exposure to maternal drinking; various forms of mental retardation are congenital; and traumatic brain injury and organic brain syndrome are acquired through injury, disease processes, or drug and alcohol abuse. Many of the same cognitive deficits and behavior problems are shared by individuals with neurologically based disorders. The considerable overlap in the presentation of many of these conditions suggests that the treatment and case management requirements could be similar across many diagnoses.

Offenders with cognitive deficits are more likely to have comorbid mental health conditions;

in particular, rates of substance abuse disorders and personality disorders are elevated. In prison, offenders with cognitive deficits are more likely to manifest a range of problem behaviors and face a number of challenges with respect to their preparation for release. For example, rates of institutional misconducts are elevated and rates of discretionary release (i.e., earlier gradual release) tend to be lower. Offenders with the more serious forms of neuropsychological disorders have complex, lifelong problems that require adapted correctional practices and continued services on release from multiple providers.

Research Related to Offender Institutional Behavior and Reoffending Risk

The evidence base for what works for the subgroup of offenders with more serious cognitive deficits, particularly research related to reducing recidivism, is sparse. One researcher noted that the majority of research has been based on professional opinion and commentary, with few well-controlled studies and systematic reviews. There are, however, a growing number of promising practices that have proven effective with individuals with special needs (e.g., cognitive deficits) outside correctional settings that can assist offenders with special needs by improving reintegration.

Derived from this body of work, a framework for interventions with offenders with cognitive deficits, therefore, can be proposed that summarizes recommendations related to institutional correctional practices. Many of these practices are already incorporated into general correctional programs that focus on self-management skills including training on cognitive skills, such as planning, consequential thinking, problem-solving, decision-making, and emotion management skills to reduce aggression. The executive functioning problems associated with more serious cognitive deficits, such as limited working memory, inability to follow verbal instructions, and lack of retention of the sequences of daily living, can require the use of innovative intervention responses. Management of offenders with cognitive deficits requires a comprehensive strategy that begins with initial screening, and, if feasible, an enhanced assessment for those identified with deficits that would identify functional strengths and deficits, in

conjunction with a comprehensive assessment of criminogenic needs that is part of any well-developed correctional plan.

Interventions

Offenders with cognitive deficits with a substantial antisocial history are likely to manifest the same criminogenic risk factors that are typical of offender populations, but their behavior is further complicated by their neurological problems. Dynamic (i.e., changeable) criminal risk factors should be addressed in correctional programs to reduce their impact. Since the 1990s, cognitive behavioral interventions have become the preferred approach to correctional programs based on a large body of research support. For lower risk offenders with cognitive deficits and less substantial criminal histories, the focus would be on improving adaptive function in preparation for optimal independence on release. Due to the wide range and complexity of deficits among those with neuropsychological disorders, it is impossible to recommend one specific intervention. For complex and lifelong disorders, there is a need for approaches that are problem-specific, flexible, and targeted toward the individual's strengths and needs. Recognizing that there is no *one size fits all* approach to interventions for these individuals, the following general suggestions would apply to adapting group programs focused on reducing recidivism as well as to group programs that aim to improve prosocial reintegration for offenders with more serious cognitive deficits.

Adaptations and accommodations in group programs include:

- smaller group size (limited to six to eight participants);
- structured, well-organized sessions where expectations are made clear and repeated;
- close monitoring by facilitators to avoid potential interpersonal conflicts;
- teaching only one or two concepts per session;
- shortening sessions and increasing the overall length of the program;
- minimizing classroom distractions;
- repetition of material and frequent review;
- use of clear, simple, and concrete language;
- period use of multimedia learning tools (i.e., videos);

- a focus on structured problem-solving training, to a competent level of skill acquisition, without the expectation of a high level of cognitive expertise; and
- provision of one-to-one coaching sessions as an adjunct to the group program.

In addition, the correctional environment should include:

- staff training on strategies for working effectively with offenders with cognitive deficits;
- provision of continuity of care through detailed prerelease planning; and
- case management provisions that broker and coordinate specialized services such as stable housing, vocational training and job placement, and consolidation of family and/or community support on release.

For some individuals with cognitive deficits, group programs, even when adapted, may be inappropriate and ineffective. In these cases, individual therapy or adding a coaching component to programs may be more practical. Such coaching sessions would be geared toward increasing transferability of skills from the classroom to real-world functioning. Frequent practice of skills that are incorporated into daily activities in multiple settings enables individuals with neuropsychological difficulties to transfer knowledge learned from one setting to another.

Use of Medication

There is limited evidence supporting the use of psychoactive medications as a first-line treatment for individuals with serious cognitive deficits. There is, however, a substantial literature supporting use of stimulant medication with individuals with attention-deficit/hyperactivity disorder. Medical professionals caution that people with FASD have been shown to have atypical responses to medications, and the literature recommends that providers closely monitor individuals for side effects, proper administration of medication, and responses to medications. If medication is used, providing close follow-up, using low doses, monitoring side effects, and adjusting dosages rather than treating side effects are also strongly suggested.

Staff Training

Staff training to raise awareness about neuropsychological disorders in inmate populations and to suggest strategies to address challenging behavior is frequently recommended throughout the literature. Such training can help staff recognize the characteristics of offenders with neuropsychological disorders and learn to apply skills that are appropriate to an offender's level of functioning. Recommended content for such staff training sessions have been developed for FASD and traumatic brain injury that could provide helpful guidelines for developing staff training for other neuropsychological disorders as well. These guides include information on the causes and consequences of brain injury in the offender population and describe how these offenders may be affected by problems related to their deficits. They also provide management strategies for criminal justice professionals in relation to specific challenges common to those with these disorders.

Protective Factors and Promotion of Reintegration

Since 2000, correctional approaches have begun to examine protective factors that promote positive outcomes for offenders instead of uniquely focusing on risk factors. Structured leisure, employment, support of prosocial family and friends, and stable and safe accommodation are some of the best-researched factors. Case management strategies that incorporate plans to develop or strengthen these factors are likely to improve the chances for success for all offenders but may be particularly important for offenders with cognitive deficits.

Related to case management, the concept of the external brain has been widely discussed within FASD research and may be applied to others with neurological disorders. Coined by Dr. Sterling Clarren, the concept refers to the fact that individuals diagnosed with FASD have a physical impairment in brain functioning, and much like someone who has impaired vision may require a seeing eye dog or someone with impaired hearing may require a hearing aid, people with FASD require other people, external cues, and adjustments to help them function well. If there are not already services or

family systems in place to act as this external brain, case management services could help to fulfill this function by arranging for long-term services. Having a mentor or advocate to act in this capacity is ideal. Intensive or enhanced case management has been cited as a promising practice or core component of successful service models for adults with FASD and traumatic brain injury.

As parole officers function in a case management capacity in many correctional agencies, there is a growing body of literature that suggests that creating specialty parole officers with relatively small caseloads can improve outcomes for offenders with a mental illness who are on supervision in the community. Adapting this approach in working with offenders with neuropsychological disorders may be worthwhile.

Advocacy and Mentoring

Closely related to case management services are advocacy on behalf of the offender and the use of peer or other paraprofessional mentors in services for offenders with neurological disorders. An institutional advocate is someone who can work with the offender with more serious cognitive deficits to defuse interpersonal situations which can be potentially explosive and improve the offender's overall experience within the correctional system. Mentoring programs have also been identified as a promising practice for those with neurological disorders. Although in some models, case managers themselves fulfill the role of mentor, other models have specialized mentors, or peers act as mentors. Whatever the model adapted, mentoring and advocacy are both seen as an important component of services for offenders with serious deficits related to neuropsychological disorders.

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See also Cognitive Deficits, Effects on Rehabilitation; Fetal Alcohol Spectrum Disorder in the Criminal Justice System; Neurobiological Models of Psychopathy; Neurodevelopmental Disorders in Incarcerated Offenders, Treatment of

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COMMUNITY CONTEXT AND MASS INCARCERATION

The increase in incarceration rates from 1970 to 2010 in the United States has catalyzed research to better understand why individuals commit crimes and why they return back to prison after release (recidivate). There is clear evidence of a social concentration of incarceration among four axes: socioeconomic status, gender, age, and race. Incarceration disproportionately impacts particular segments of the general population. Those involved with the criminal justice system are overwhelmingly male, African American, younger adults, and high-school dropouts. Emerging evidence substantiates a fifth axis of concentration: place. Apart from the social and demographic trends of incarceration, there is a certain geospatial concentration of incarceration. Multiple empirical studies have determined that the majority of state correctional populations come from a handful of communities. The purpose of this entry is to demonstrate why community matters when it comes to understanding mass incarceration and its collateral consequences. The vital role of community supports is described in the form of institutional resources, social bonds, and collective citizenship.

The focus on community context is part of a larger effort to rethink the root causes of mass incarceration and its collateral consequences. Community has often been left out of discussions on incarceration. Macrosystem analysis examines

structural dynamics, such as sentencing policies, that address admissions and the length of stay in prison (considered to be the *drivers* of the prison population). Microsystem-level interventions focus on evidence-based strategies for addressing criminal behaviors, most typically upon release to community to prevent recidivism. Within an ecological framework, there is an urgent need to address a critical mesosystem-level factor: community.

Place matters. *High-stakes*, *high-incarceration*, and *high-impact areas* are rotating terms to reference localities where criminal justice responses to crime exist in concentrated levels. In some cities, these areas could be neighborhoods, while in others they might be zip codes, districts, or another geographical designation. High-stakes communities are the epicenter of state punishment outside of prisons. According to the Bureau of Justice Statistics, in 2009, 2½ times the number of people incarcerated were under community supervision (probation or parole) and concentrated in particular localities.

High-stakes communities are those with a high minority residential population, a low socioeconomic status, a high score on the hardship index, and, correspondingly, high levels of violence. Recent scholarship has demonstrated that the temporal sequence and causal dynamics of incarceration and other hardship factors are not as straightforward as presumed. The common logic one might follow is the following: High-poverty and under-resourced communities struggle with crime and violence. Subsequently, a significant percentage of residents are in contact with the criminal justice system and end up in jail or prison. New findings indicate that in high-stakes communities, crime and incarceration can have reciprocal effects; there is a bidirectional relationship. In other words, crime produces incarceration, and incarceration produces more crime. As a result of this cyclical aspect, incarceration becomes a part of the ecological dynamic of crime in particular neighborhoods.

What are potential explanations that account for this dynamic? Within these communities, a significant portion of the population is in constant flux, in and out of the correctional system, a phenomenon described as *prison migration* or *prison cycling*. High residential mobility has a deleterious

effect on community life. Mobility engenders isolation and a low degree of social integration, thus decreasing the likelihood of social cohesion and commitment to a particular locality. Prison migration is a particular form of residential mobility, in that it is forced (not voluntary) and cyclical (people are removed and then returned back to the same place). Dina Rose and Todd Clear have defined this dynamic as *coercive mobility*. Forced removal of large numbers of individuals disrupts social ties and weakens social networks. Collective efficacy, or the ability to mobilize for a common good, is thus impaired. In turn, norms of order are weakened and less able to promote prosocial behaviors rather than criminality. Scholars have explored why crime and incarceration are concentrated in a discrete set of communities. Robert Sampson's research into neighborhood crime patterns has revealed that variability in crime concentration is derived from the social and organizational qualities of those places. Additionally, high levels of incarceration exist in the same areas where there are high levels of crime as well as concentrated disadvantage. In fact, highly disadvantaged communities experienced incarceration rates 3 times higher than other communities with similar crime rates. In other words, concentrated disadvantage potentially has a greater explanatory power for concentrated incarceration than crime rates. Similarly, the results confirm that concentrated incarceration increases concentrated disadvantage, which in turn predicts higher rates of incarceration.

In explorations related to the ways concentrated mass incarceration harms communities, researchers have found that the majority of correctional populations come from a handful of urban communities. Forcibly removing large segments of the population in particular communities creates a negative ripple effect. Concentrated mass incapacitation destroys social bonds, social networks, and the capacity of community residents to respond collectively to achieve a common good. As a result, concentrated disadvantage becomes more entrenched, and deviance flourishes.

Community Supports Necessary to Repair Harm

The pathway to repairing community harm at the end of an era of mass incarceration attends to the

ecological mechanisms transmitting the impact within a community. Community supports are essential to prevent contact with the criminal justice system and to help returning citizens adapt in ways that prevent prison cycling.

Institutional Resources

Institutional resources are vital community structures with potential to improve the quality of life for all residents, to prevent crime, and to support individuals returning home from prison. Communities with strong organizations (e.g., nonprofits, religious institutions, civic groups) are able to promote prosocial norms and enhance connectivity among residents. Institutional resources improve the collective social capital of a neighborhood, which can further act as an antidote to deviance and crime. Community institutions act as agents of social integration. Following this logic, strategies that enhance the amount of local resources in high-stakes communities could effectively improve public safety and reduce the number of individuals entering into the criminal justice system. More recently, scholars have begun investigating whether or not community resources impact recidivism and reoffending. One study conducted in 2010 examined California parolees from 2005 to 2006. Findings indicated that an increase in the presence of social services (within 2 miles of a residential address) decreases the likelihood of recidivating by 41% (Hipp, Petersilia, & Turner, 2010). Community institutional supports with particular importance for returning citizens include job training and employment agencies, shelters, food banks, educational institutions, health care, and childcare.

Repairing the Social Bonds in Community

Concentrated mass incarceration substantially strains social networks in high-stakes communities. Upon reintegration, the formerly incarcerated bear a heavily stigmatized status that impairs their capacity to rebuild positive social bonds, compounded by a forced extraction and an absence from their previous networks. Community social bonds to both individuals and prosocial institutions play a major role in behavior reform and exiting criminal careers. These connections place individuals in contact with citizens engaging in

conforming activities (e.g., working, attending school). Through these social bonds, individuals develop social skills necessary to integrate into other social structures (educational institutions, workplace, religious institutions), and they gain support and social capital. Most individuals experience a reward for positive social bonding such as earning wages or obtaining a degree. These awards strengthen their social bond, which thus increases their commitment to conforming behavior.

Community supports that facilitate the reforming of social bonds are vital for returning citizens. The family unit of the formerly incarcerated is a logical target for intervention efforts. Families are the primary providers of housing and financial support for offenders after release. Families typically assist with employment, transportation, and emotional support as well. A 2004 Urban Institute Report examining the Chicago prisoner's experience of returning home indicates that programmatic interventions integrating family members and connecting them to local institutions demonstrate promising reductions in recidivism. Intervention research developed in this regard includes offender and family assessments (evaluating domains of family support and prosocial support) and different evidence-based tools to assess the quantity and quality of social bonds. These tools assist correctional staff and community supports in identifying strengths in the social network and family relationship of returning citizens.

Build Collective Citizenship in Community

Community supports that empower residents to take control of their lives and environment help to build collective efficacy. Many community-based organizations use an empowerment lens to support local leaders in identifying shared goals, mobilizing resources, and developing strategies to achieve these goals. Residential involvement in local initiatives can improve sense of control, empowerment, individual coping, and health behaviors. Community organizations may operate in a variety of ways to build social bonds and collective efficacy among residents. Community organizers often use a social action, conflict-based model. Asset-based community developers use an empowerment-oriented approach in response to community needs.

Enhancing the collective citizenship of a community can also promote collective efficacy. While the constructs of felon disenfranchisement across states vary, the majority temporarily restricts or permanently removes the right to vote for individuals with criminal backgrounds. When this occurs at a large scale in concentrated dimensions, the result is the disenfranchisement of entire communities and the erosion of collective citizenship. The political strength of the entire community is undermined when a significant portion of community members bear felony convictions. For example, S. David Mitchell demonstrated how voting restrictions inhibit the community's ability to elect representatives that serve their collective interests. The collateral consequences of felon disenfranchisement are so extensive that more attention is being drawn to a critical, yet often-overlooked aspect of reentry: civic reintegration to produce conforming (vs. deviant) citizens.

Research has found that to fully understand problems and shape solutions around mass incarceration, a community approach is necessary. This approach promotes an interdisciplinary multisector strategy for supporting individuals in contact with the criminal justice system. If actualized, community supports not only reduce the number of individuals entering prisons—they can successfully restore former inmates to full and productive citizenship.

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See also Neighborhood and Crime; Restorative Justice; Social Disorganization Theory

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COMMUNITY CORRECTIONS

Community corrections, or supervision, refers to programs that oversee offenders outside of jail or prison with legal authority to administer sanctions. The two most common types of supervision are *probation* and *parole*. Although probation and parole vary in how they are administered across jurisdictions, they are generally consistent in how they are defined. Probation is typically administered in lieu of a jail sentence, whereby offenders are placed under supervision in the community. Sometimes, probation is served after a short jail sentence. For example, if an offender was sentenced to 5 years with 3 years suspended, that would mean that the offender would be incarcerated for 2 years and then on probation in the community for 3 years instead of being incarcerated for all 5 years. Parole is not a stand-alone sentence but instead is served after a term in prison. Here, an offender may be released from incarceration prior to the end of the sentence (often called *discretionary parole*) or after serving all or a specified portion of the sentence (often called *mandatory parole*). Many states have abolished parole in favor of certainty in sentencing. This entry looks at the overall goals and common programs for community corrections and reviews effective supervision strategies.

Community Corrections Goals and Programs

The overall goals of community corrections are to contribute to immediate public safety (supervision of offenders) and reduce recidivism (relapse into

criminal behavior) for the long term. The majority of individuals under correctional supervision (nearly 7 million in the United States as of 2015 according to the U.S. Bureau of Justice Statistics) are not in jails and prisons; rather, they are supervised in communities, most commonly under probation or parole supervision (nearly 5 million).

Both probation and parole are terms of supervision in the community, and offenders generally serve under the supervision of a community corrections officer. The officer is responsible for ensuring that the offender does not break any additional laws while on supervision and monitors the offender's compliance with the terms of community supervision. Often, these terms include the following: maintaining steady employment, paying fees, performing community service, refraining from consuming alcohol or drugs, and avoiding associating with other offenders. Offenders who violate the terms of community supervision can be reprimanded by the supervising officer, and serious or repeated violations can result in incarceration.

There are other types of community corrections programs including jail diversion, boot camps, detention and diversion, and drug and other specialty courts. The commonality among these programs is that offenders are usually under probation supervision and are expected to complete certain programs and adhere to prescribed conditions, and if they do not, then they will receive a sentence of incarceration.

Historically, community corrections has been used as a tool to protect the community via surveillance of offenders. However, research suggests that community corrections can provide an ideal setting in which offender rehabilitation can occur.

Effective Supervision Strategies

Risk management in the community has been implemented through various strategies. Strategies such as drug testing, electronic monitoring and GPS, and effective communication support enhance supervision. However, they alone are not effective in producing long-term change once the individual is no longer being monitored or supervised. Researchers began to look more in depth at which factors needed to be addressed to specifically target recidivism. Several risk factors emerged

as clinically significant, including past criminal history, pro-criminal attitudes and antisocial behaviors, criminal thinking and cognitive distortions, criminally minded associates, substance abuse, and employment instability. Therefore, to have a long-term effect, a program must target these specific areas.

As researcher Stanton Samenow has argued since the 1970s, criminal thinking errors must be addressed through intensive programs that will equip offenders with a new set of concepts that correct lifelong patterns of criminal thoughts and actions. Researchers Jack Bush, Barry Glick, Juliana Taymans, and Michael Guevara (2011) took this research further and developed an integrated cognitive behavioral change program that addresses the offender's criminal thinking and behaviors through cognitive restructuring, social skills development, and the development of problem-solving skills. The program *Thinking for a Change* has been empirically supported and shown to reduce recidivism.

D. A. Andrews (2011) proposed a method of assessing offenders' risks and needs: the Risk-Need-Responsivity model. The basis of the model is that offenders are less likely to recidivate when programs target the level of risk for recidivism (Risk principle), target their criminogenic needs (Need principle), and match the treatment with their skills (Responsivity principle). With the resurgence of opioid addiction and attention to the number of overdose deaths, there has been an increased focus on substance abuse treatment needs combined with cognitive treatment. New programs and community supervision alternatives such as drug courts are being implemented. No matter what issues an offender may present, it is imperative to continue to provide evidence-based treatment and program alternatives to incarceration that offer meaningful supervision for offenders while maintaining the safety of the community.

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See also Parole; Probation; Risk-Need-Responsivity, Principles of

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COMMUNITY NOTIFICATION POLICIES

Community notification policies seek to prevent crime, raise awareness, or otherwise educate the public about criminal activity by requiring or permitting the police or other community actors to disseminate information to the public. Policies can focus on potential victims, potential offenders, the community at large, or some combination of these three. Victim-oriented policies seek to reduce the likelihood of victimization by encouraging precautionary behavior on the part of at-risk individuals. Offender-oriented policies publicize information (e.g., the severity of penalties or the likelihood of arrest) with the aim of deterring potential offenders from engaging in harmful activities. Community-oriented policies provide the public with information in hopes of increasing cooperation and communication with law enforcement. Policies are usually oriented toward more than one audience. To be effective at reducing criminal activity or its costs, community notification information must reach its target audience and its content must be clear, salient, and capable of altering behavior. Community notification policies also carry risks of unintentionally exacerbating criminal activity. On the whole, relatively little rigorous evidence exists on the consequences of these policies.

Victim-Oriented Notification Policies

Victim-oriented community notification policies—the largest category of community notification policies in number and importance—fall into two primary categories: criminal offender registries and criminal activity communications. The former is typified by public sex offender registries. Public registries generally require certain types of released criminal offenders to provide current contact and other information to law enforcement authorities and permit or mandate that these authorities disclose this identifying information, along with offender criminal history information, to the public. The latter includes various communications (e.g., fliers, e-mails, or other electronic or media announcements) about specific crimes in addition to aggregated distributions of crime-related activity information, often in the form of crime-related statistics or criminal *hot spot* maps.

Public Registries of Offenders

Publicly available offender registries have a long history in the United States, but the modern form came of age in the 1990s at the state and federal levels through enactments pursuing the reduction of sex offender recidivism. In theory, enactments of this type could require the publication of identifying information about *any* convicted offender (or even any individual determined by the public to be *dangerous*), but, in practice, these postrelease laws apply, with a few exceptions, to convicted sex offenders.

To become subject to such requirements, an individual must be convicted of a *covered* offense specified by statute. If covered, the offender must supply identifying information—for example, name, date of birth, addresses, and photograph—at regular intervals to designated officials or agencies. This information is or can be made public. Publication can occur in several ways, but the best known outlets are the so-called web registries, which allow members of the public to search for released offenders with particular characteristics (e.g., living near a particular address) or to locate specific individuals previously convicted of sex crimes.

These laws are typically justified on two grounds. First, proponents claim that public registration policies empower would-be victims against recidivism by ensuring that at-risk individuals have

access to potentially critical information that will allow them to protect themselves and otherwise engage in effective precautionary behavior. Second, supporters assert that the public identification of potential recidivists effectively serves to deputize the public, providing more intensive monitoring of potential recidivists than would otherwise be possible. This scrutiny, they claim, can deter criminal behavior as well as facilitate apprehension and conviction. A third potential benefit of these laws might be the deterrence of would-be offenders by threatening an alternative sanction in the form of publicity, and therefore notoriety and shame, for the commission of a covered offense.

Critics of these laws question whether the public actually uses community notification information to engage in effective precautionary behavior and whether the plausibly criminogenic collateral consequences associated with publicly identifying released offenders might not exacerbate recidivism. In the case of public sex offender registries, a large fraction of the public does in fact access information about registered offenders, and sex offender registries are well-known and salient sources of information. Evidence that users of these registries engage in genuine precautionary behavior, however, is limited. Moreover, existing social science research indicates that the collateral consequences of being *known* publicly as a sex offender are significant (e.g., fewer employment and housing opportunities), that public registration laws may exacerbate other known recidivism risk factors, and therefore that these laws may not only be ineffective but also be counterproductive.

Several states and other jurisdictions have considered or adopted the public registration of other categories of convicted felony offenders. Examples include registries of a broad range of violent, white collar, methamphetamine, domestic violence, animal abuse, hate crime, elder abuse offenders, among others. Defenders of these registries have cited grounds identical to those used in support of sex offender registries, despite several potentially important differences in the underlying criminal activity at issue. For instance, offenders engaged in market-oriented crimes—like selling drugs—might actually benefit from the availability of publicly provided lists of potential producers, distributors, consumers, or coconspirators. Another difference relates to the potential number

of covered offenders. While public sex offender registries are certainly not small, a comprehensive violent offender registry would carry an even greater risk of overwhelming potential victims with so many names and details that its users may be unable to employ the registry's information in socially productive ways.

Despite little evidence that publicly registering offenders reduces recidivism, this category of community notification policy continues to be attractive to policy makers and popular among the broader public. Scholars have rooted this disconnect in the intuitive nature of these policies, in the disgust that the public feels for certain categories of these offenders (e.g., sex offenders), and in basic psychology. Registries may make people feel safer by providing an increased sense of control over sources of risk that seem most threatening to them. People worry most about risks that are unfamiliar and difficult to control, regardless of whether the true level of risk is significant. Crime victimization risk is associated with an acute sense of loss of control that motivates individuals to take steps to regain control over their circumstances. Information seeking is one potential strategy; it is psychologically gratifying even if, objectively, acquiring the knowledge does little to reduce actual risk.

Criminal Activity Communications

Criminal activity communication policies and practices support the distribution of information to the public regarding ongoing or recent criminal activity. The goals of such communications are two-fold. First, fresh information on recent criminal activity—especially at the aggregate level—can warn potential victims of existing risks about which they may have been unaware. Such communications allow citizens to take greater care by avoiding particular locations or taking other precautions. Second, broadly sharing information on criminal activity—particularly at the level of individual incidents—may encourage citizens who have witnessed crimes to report what they know or otherwise assist law enforcement in apprehending perpetrators. Although making the extent and scope of criminal activity public knowledge may have downsides from a policy perspective (e.g., engendering unnecessary or unproductive public

fear or inciting *copycat* criminals), the claimed upsides are that citizens will be better able to protect themselves from criminal victimization and that law enforcement activities will be more accurate and efficient in solving cases and ultimately reducing crime.

Community crime alerts may take the form of fliers, listserv e-mails, or media announcements. These alerts often include a vague description of the suspect, a summary of the alleged crime, and, importantly, the location where the incident is believed to have occurred. Typical crimes covered by these alerts include burglaries, robberies, assaults, rapes, and murders. With these alerts, there is always a chance that someone might help law enforcement apprehend the right suspect on the basis of the vague description alone, but the likelihood of this occurring is often thought to be low. Instead, the primary purpose of many of these alerts (and alert policies) appears to be simply to raise awareness of the extent and nature of victimization risk at particular places and times and hopefully prevent future crimes.

Some crime alert policies, however, specifically focus on bringing an ongoing crime to an end. Consider the design and goals of the well-known America's Missing: Broadcast Emergency Response Alert System, which comprises a set of community crime alert policies that extend across the country. Under this system, if law enforcement officials conclude that a child has been abducted and all other America's Missing: Broadcast Emergency Response Alert criteria are satisfied (e.g., risk of serious bodily injury or death, sufficient descriptive information on the victim, and a 17-year-old or younger victim), law enforcement will notify the media and transportation officials of the details of the abduction, which are then disseminated over radio, television, highway signs, etc. These alerts are often rebroadcast by other organizations, including Internet search engines and mobile phone companies. The America's Missing: Broadcast Emergency Response Alert System may be atypical, however, in that its principal goal is to facilitate the recovery of an abducted child.

With the rise of social media and other online forms of communication, criminal activity alerts have become integrated into social media networks. Thousands of law enforcement agencies have social media accounts; while there are

drawbacks to using social media (including the potential for selective and misleading redistribution of particular crime alerts by the public), there are likely to be significant advantages, too. One benefit is that police departments no longer have to work through the media via press releases to issue crime alerts. Law enforcement agencies can theoretically provide accurate, timely, and balanced information on criminal activity and can do so as often as they believe appropriate. Another benefit may arise from the fact that social networks are multidirectional communication platforms and so the public will be able to identify errors in and report confusion about particular crime alerts, which law enforcement agencies can then correct. Finally, because social networks may enhance the quantity and quality of communication from members of the public to law enforcement agencies, the chances that alerts will lead to actionable tips may increase.

At a more general level, social media technology allows law enforcement to engage in open dialogue with the communities they serve in an instantaneous, networked manner and thus may work to improve community-police relations. Where this possibility exists, current policies and practices involving criminal activity notification have the potential to morph into an extension of community policing. An example of this dynamic can be found in the Boston Police Department's successful use of Twitter during the Boston Marathon bombing investigation in 2013 to keep the public up to date on the status of the criminal investigation, to seek community tips and offer support to those affected or concerned, and even to correct false or misleading information being reported by mainstream media outlets.

Criminal activity communications also include law enforcement releases of aggregate crime data or crime maps, both of which seek to give a more complete picture to members of the public of the state of criminal activity in their community over a period of time. Sharing information in this form is unlikely to result in the apprehension of a particular criminal or in solving a particular crime on the basis of a citizen tip. Instead, the goal is to reduce crime by encouraging the public to be aware of particular crimes in particular places at particular times. Crime mapping is especially increasing in popularity, although as a practical

matter, detailed criminal activity maps (relative to direct crime alerts) seem much less likely to reach citizens and affect their behavior in ways that reduce their risk of victimization.

Criminal activity communications also raise a number of significant concerns. For instance, community notification practices may reinforce negative racial stereotypes. Importantly, scholars have found evidence indicating that individuals are more likely to have implicit and explicit biases toward Black people after reading a crime alert describing a Black suspect. Black suspects appear to be overrepresented in crime alerts, and evidence suggests that this overrepresentation is correlated with negative stereotypes about Black people as a group. Another challenge is the government's lack of control over the dissemination of a message once it is released, for example, over social media or by e-mail. A bystander's selective further dissemination or manipulation of this information has the potential to cause significant harm. On the other hand, community notification may serve to correct rumors and misinformation. The public can also put criminal activity information to ill-use. Alerts that identify a particular offender, public offender registries, or even crime maps can enable vigilantism. Finally, policies that circulate aggregate statistics and crime maps must rely on consumers of these resources to understand the limitations of such analysis and of the underlying data. Mapping, in particular, may stigmatize certain neighborhoods as *high crime* when data are presented without appropriate caveats, leading to consequences that can negatively affect communities.

Offender-Oriented Notification Policies

Offender-oriented notification policies seek to reduce criminal activity by conveying information directly to potential offenders in order to affect their decision-making regarding potentially harmful or criminal behavior. Examples include the broadcast communication of law enforcement tactics, techniques, and crackdowns; the scope of penalties for certain criminal conduct; and recent changes in criminal law. The underlying assumption of these policies is that potential offenders are aware of and will react to changes in their legal environment. In a traditional economic model of

crime, law enforcement activities are assumed to affect the likelihood of conviction and/or the severity of punishment. Notification policies, by contrast, offer the potential to shape an offender's *perception* or estimation of both of these parameters. Offender-oriented notification policies also seek to influence an offender's evaluation of any nonlegal consequences of crime. Examples include a victim's suffering or the disgrace and embarrassment an arrest or conviction causes an offender's friends and family.

Media campaigns against drunk driving may be the most well-known examples of offender-oriented notification policies. These public service announcements concentrate almost exclusively on deterring potential offenders; they rarely seek to educate potential victims about how they can best protect themselves when in close proximity to a drunk driver. Admittedly, these policies are community oriented in that they sometimes encourage third parties to intervene with potential offenders prior to the commission of crimes—for example, “Friends don’t let friends drive drunk.” But generally, these policies impart the message to potential offenders that drinking and driving carries with it a high likelihood of apprehension by law enforcement as well as harsh penalties upon conviction. These policies also seek to shame those who drink and drive by associating their behavior with wrongful risk-taking, highlighting in a more tangible way the potential for terrible harm to victims and their families. Notably, evidence on the effectiveness of these sorts of campaigns is mixed.

Community-Oriented Notification Policies

Community-oriented notification policies seek to educate members of a community broadly about crime, law enforcement, and the law. The goal is to empower citizens to reduce crime directly through their own activities (e.g., monitoring) and by cooperating with law enforcement (e.g., reporting). Community-oriented policies also affect potential victims and offenders but differ in that they communicate information to and affect the behavior of individuals who realistically do not fall into either of these categories. In this sense, public registries of offenders are both victim oriented and community oriented. Not only are potential victims encouraged to engage in

precautionary behavior, but other members of the community are given tools to monitor potential recidivists and to report suspicious behavior to law enforcement. Likewise, offender-oriented notification practices like drunk-driving campaigns may also encourage third parties (e.g., bartenders and friends) to intervene and prevent crime. Community-oriented notification policies also seek to educate the public about risky activities that may produce harm and abet criminality (e.g., drug use) and to instruct citizens on how best to work with law enforcement or emergency responders to reduce harm, to interrupt criminal activity, or to facilitate the capture of offenders (e.g., 911 emergency number information campaigns and “See Something, Say Something” terrorist activity prevention campaigns).

A classic example of a community-oriented notification policy is the decades-old “Take a Bite Out of Crime” campaign. The first phase of this campaign was more victim oriented; it offered audiences tips about protecting their homes and other property. But the second and third phases emphasized observing and reporting suspicious activity and pushed neighborhoods to organize and carry out crime-prevention strategies. As in the criminal activity communications context, the future of community-oriented notification practices may be found in the use of social media tools by law enforcement. Social media platforms ease communication with the public. Electronic messaging can keep the public up to date on investigations and encourage community members to report relevant information in a timely manner. Moreover, the two-way nature and speed of social media technology may humanize and legitimize the police in much the way community policing has been said to improve community-law enforcement relations. The result might well be a greater willingness of some communities to cooperate with police.

Concluding Thoughts

The behavioral consequences of community notification policies are generally undertheorized and understudied. To be successful, notifications relating to criminal activity must be received, salient, and consistent with existing beliefs. Policies that provide specific information are often claimed to be more successful, but message salience varies among subgroups, and so specificity may be

immaterial under many circumstances. In some contexts, but not others, notification appears to influence perceptions of crime and victimization risk, beliefs about appropriate responses, and whether individuals engage in precautionary or monitoring behavior. This lack of consistency suggests that the specifics of the policy or practice and the criminal context are critical to accurately predicting the behavioral consequences of community notification policies.

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See also Community Policing; Crime Mapping; Crime Prevention, Policies of; Deterrence; Economics of Crime; Media: Influence on Crime; Megan’s Law; Public Offender Registries; Public Perceptions and Fear of Crime; Sexual Offender Registries

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COMMUNITY POLICING AND CRISIS INTERVENTION TEAM MODEL

Community policing is defined as the establishment and use of partnerships and problem-solving techniques to address public safety concerns, such as the rise of crime in a particular geographic area. Over the decades, policing in the United States has changed from a two-pronged system with a volunteer patrol and a pay-per-warrant force to a unified police force. By the 1880s, all states had a unified police force, with the primary goal of disorder control rather than preventing an increase in crime. Throughout the history of policing in the United States, the role of police officers, in its fundamental form, has remained the same: protect their community. However, how this is done today looks very different than it did in the 1880s.

Since the 1950s and 1960s, due to a variety of reasons—such as Social Security and other governmental benefits, advances in treatments, a greater awareness of the substandard conditions of state psychiatric hospitals, and the emerging civil rights movement—deinstitutionalization of individuals with serious mental illnesses began to occur. However, many communities lacked the social services to assist those with mental health concerns. As a result, modern police forces often are called upon to interact with and assist persons with serious mental illnesses, despite having little training.

This entry focuses on community policing and the Crisis Intervention Team (CIT) model, a model that the CIT International organization defines as a specialized police-based crisis response model, integrating community, mental health care, and mental health advocacy groups. The training that CIT provides (which can be started independently by any

agency) gives law enforcement and other first responders the knowledge and skills to respond to calls involving persons with mental illnesses, while maintaining the safety of all parties involved. This training strives to reduce stigma and keep persons with mental illnesses out of the justice system when possible, coupled with innovative problem-solving and program development.

Community Policing Overview

According to the U.S. Department of Justice, community policing is built upon three components: community partnerships, organizational transformation, and problem-solving. *Community partnerships* may involve other government institutions, local nonprofit organizations, community businesses, and the media. *Organizational transformation* refers to the administrative aspect, such as agency management (e.g., culture, leadership), organizational structure (e.g., geographic placement of law enforcement officers), personnel (e.g., hiring practices), and information systems (e.g., communications, data access and use). *Problem-solving* follows the acronym SARA: scanning (e.g., identifying problems), analysis (e.g., research), response (e.g., long-lasting solution development), and assessment (e.g., evaluation of the response).

One model that was initially hailed as the gold standard of policing, and may have served as a predecessor to community policing, is known as the *broken windows theory*. A criminological theory first detailed in 1982 by James Q. Wilson and George L. Kelling, the broken windows theory suggested that law enforcement focus on lesser or misdemeanor crimes (e.g., broken windows) as a way to prevent more serious crimes (e.g., homicide). As a result, communities would feel comfortable, safe, and empowered, thereby reducing the amount of criminal activity.

Broken windows was introduced in New York City by Rudy Giuliani, who took office as mayor in 1993, and his police commissioner, William Bratton. Very quickly, the city saw a sharp decrease in criminal activity, and broken windows was hailed by some as a miracle. However, skepticism also arose. Columbia Law School professor Bernard Harcourt noticed that crime was decreasing not only in New York City but also across the entire country where broken windows was *not* implemented. Moreover, crime decreased in cities with rampant police

corruption, such as Los Angeles. In an attempt to explain why broken windows was not as effective as it seemed, Harcourt referred to regression to the mean; in other words, what goes up must come down. Before the sharp downtick in criminal activity was a pattern of upticks and downticks in the same behavior. While Kelling acknowledges broken windows may not be the miracle everyone was looking for, he claims it still has value, stating that any reduction in crime is positive.

Broken windows was followed by another policing technique known as *stop and frisk*, whereby officers pull over or stop civilians and search them for weapons or other illegal items. After taking office as New York's new mayor in 2001, Michael Bloomberg wanted to take broken windows one step further and prevent crime before it even happened, leading to the use of stop and frisk by New York City police officers. Of the 250,000 stops made by the New York City Police Department in 2008, only one fifteenth of 1% revealed a gun. Moreover, because African American citizens were the ones in neighborhoods with more physical broken windows, loitering, and graffiti, arrests of African Americans increased. In 2013, a federal district court ruled stop and frisk unconstitutional, and then-Mayor Bill DeBlasio officially ended the practice but reinstated both broken windows and Giuliani's police commissioner Bill Bratton.

Despite evidence showing broken windows does not work, Harcourt says it maintains popularity because it is an easy idea for the public and the government to understand. The balance of the popular versus the scientific is critical when discussing how police interact with persons with mental illnesses. In that regard, it is important to include CIT in a discussion of community policing, as the issue of how to resolve situations involving persons with mental illnesses and relationships between law enforcement and the mental health community involves systematic partnerships and collaboration in the same way that community policing does.

The Impact of Serious Mental Illnesses on Policing

To understand the role of CIT in the law enforcement community and in society at large, how

mental illnesses factor into daily policing efforts needs to be understood. Mental health concerns are not isolated from the law enforcement community. According to the National Institute of Mental Health, approximately one in five adults (43.8 million or 18.5%) experience a mental illness in any given year, with one in 25 adults (10 million or 4.2%) experiencing a serious mental illness that impairs daily functioning. Many individuals with mental health concerns also abuse substances, making the job more challenging for the responding officer. Issues arise as to the legality of the person's actions: Is the person committing a crime, or is he or she acting due to the symptoms of a psychological condition? Because law enforcement officers are trained to recognize crime rather than psychological distress, the effects of the mental health condition may go unrecognized or be downgraded in favor of immediate community safety. The outcomes of such a decision may end well, but they are just as likely to end poorly.

Many police officers cite interactions with persons with mental illnesses as a significant concern. Estimates of police interactions with persons with mental illnesses range from 7% to 49% of all encounters. Feelings of preparedness among officers and their colleagues tend to be mixed, with about a 50/50 split of each according to one published study. International research documents the problem, with one major study conducted by the Mental Health Commission of Canada finding that persons with mental illnesses had 3.1 times more interactions with police compared to the general public, were twice as likely to be reinvolved with the police compared to the general public (79.9% vs. 38.3%), and were more likely to be convicted of an offense compared to a member of the general public who committed the same offense but does not have a mental illness (72% vs. 60%). As such, many persons with mental illness tend to be housed in the justice system rather than receiving proper psychiatric care, with a 2006 special report by the Bureau of Justice Statistics estimating a total of 705,600 persons with mental illnesses housed in state prisons, 78,800 in federal prisons, and 479,000 in local jails.

Despite recent media reports and cellphone videos posted online to video-sharing sites such

as YouTube, interactions between police and persons with mental illnesses rarely lead to fatalities. Nonetheless, use of force tends to be more frequent against persons with mental illnesses compared to members of the general public. Despite mental health–related legislation and policies in every U.S. state and Canadian province, police frequently report feeling trapped regarding how to handle the situation due to their own stress, lack of resources such as hospital beds, and pressure from supervisors to move on to the next call. As a result, police tend to express frustrations with the mental health system, and the mental health system tends to feel frustrated with law enforcement. Thus, specialized training and forms of collaboration, such as CIT, have been developed.

CIT Model

Development

CIT, also known as the *Memphis Model*, was developed in Memphis, TN, in 1988, after law enforcement officers fatally shot an individual with a mental illness. Since its inception, CIT has been implemented in multiple jurisdictions in nearly all states in the United States, with Canada, Australia, and New Zealand using similar models (e.g., Toronto’s Mental CIT that pairs a trained law enforcement officer with a registered nurse; New South Wales’ Mental Health Intervention Team).

Core Elements

CIT International divides the core elements of CIT into three types: ongoing, operational, and sustaining. *Ongoing elements* constitute partnerships between law enforcement, advocacy groups (e.g., National Alliance on Mental Illness, Mental Health America), and mental health services and organizations. *Operational elements* are the roles of officers, dispatchers, and coordinators; curriculum development; and mental health facilities, such as emergency services. Finally, *sustaining elements* include evaluation and research, in-service training, recognition and honors, and outreach (developing CIT in other communities; local, regional, and statewide implementation; and legislative change).

Curriculum

CIT International states that a successful implementation of the training for most jurisdictions will have trained approximately 20–25% of the agency’s patrol division, with consideration of various factors such as agency location, size, and resource access. CIT officers typically volunteer for the 40-hr comprehensive training. CIT programs often divide their training into five activities: (1) didactics and lectures to convey specialized knowledge (e.g., clinical issues, medications, co-occurring disorders, suicide prevention), (2) on-site visits and exposure to persons with mental illnesses who are in successful treatment and recovery, (3) practical skill development through scenario-based training, (4) questions and answers, and (5) commencement and recognition. Dispatchers are also encouraged to receive some version of CIT training. Their curriculum is comprised of four elements: (1) recognition and assessment of a crisis event, (2) appropriate questions to ask a caller, (3) how to identify the nearest CIT officer, and (4) policies and procedures. While an approved CIT curriculum needs to adhere to these components, each community develops its curriculum based on local needs, political climate, and access to resources, among other factors.

Use of Force

Of great importance to police and persons with mental illnesses is *use of force*, that is, how much force is being used against a person with a mental illness by law enforcement to resolve the situation. While they still use force when appropriate, CIT-trained officers appear to use less force compared to their non-CIT-trained counterparts to resolve the same or similar calls, relying on other techniques such as verbal de-escalation.

Handcuffs are one use-of-force tool that is controversial within the mental health community. Many mental health advocates state that they should be avoided because they add to the embarrassment and perceived injustice of the individual. Moreover, handcuffs can make the individual feel like a criminal, even though mental health concerns are not a criminal act. Seeing a person with mental illness in handcuffs runs counter to efforts to dissociate mental health problems from criminal activity. However, law enforcement officers

are often instructed to exercise discretion, thereby allowing them to decide when handcuffs should be used. The ideal goal is to use them only when the individual is combative and jeopardizes his or her own safety or the officer's or others' safety.

CIT training educates officers as to when a situation may call for the use of an assistive device (e.g., handcuffs), while allowing officers to escort the individual to a hospital or other mental health services, either via patrol car or ambulance. The implementation of state or provincial mental health law-related policies also allows officers to take the person into custody for their own safety. CIT training teaches officers how to build relationships with their local hospitals and mental health facilities, while also educating them on what social services are available.

Empirical Evidence

CIT has been relatively extensively researched compared to other policing programs. To date, nearly all research in books and academic journals has focused on officer-level outcomes, that is, effectiveness of CIT training on improving their attitudes, knowledge, skills, and daily interactions with persons with mental illnesses. The majority of CIT research has demonstrated its effectiveness in allowing officers to recognize mental illnesses in others. CIT training may also be effective in allowing officers to recognize symptoms of mental illness in themselves (e.g., depression, anxiety, post-traumatic stress disorder, substance abuse) and to better understand what they are experiencing and thus seek the proper resources for treatment when needed. Moreover, CIT training helps officers to feel more confident in their department as well as in themselves to handle calls involving persons with mental illnesses. Finally, while CIT training can be expensive, it is cost-efficient in the long term. For example, a 2014 study found that the implementation of training in a medium-sized city cost USD \$2,430,128, with annual savings post-training of USD \$3,455,025.

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See also Jail Diversion; Mental Health Assessment; Mental Health Treatment; Offenders With Mental Illness; Police Response to People With Mental Illness; Prevalence Estimates of Mental Illness Among Offenders; Sequential Intercept Model

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COMPETENCY FOR EXECUTION

Competency for execution refers to a person's ability to understand the reason, imminence, and finality of his or her execution. The evaluation of

competency for execution is one of the most infrequently encountered, but arguably highest stakes, of forensic mental health evaluations. Because an evaluation of competency for execution is inextricably and proximally associated with the carrying out of a death sentence, the participation of mental health experts in such determinations has been the subject of ethical controversy in the professional community. This entry reviews the conceptual framework of contemporary parameters of competency for execution in the United States and discusses challenges associated with competency for execution evaluations.

Conceptual Framework

Prohibiting the execution of mentally incompetent persons is a centuries-old social and religious value, embedded in English common law and subsequently early American jurisprudence. According to this value, executing a person who is so deranged as to not understand the reason, imminence, and finality of the execution robs the sanction of social dignity, meaningful retribution, and general deterrence, and deprives the person the opportunity to make peace with his Maker (e.g., repentance). In modern U.S. jurisprudence, two U.S. Supreme Court decisions have fundamentally framed and structured the conceptual parameters of competency for execution.

Ford v. Wainwright (1986)

Alvin Bernard Ford was convicted of capital murder and sentenced to death in 1974 for killing a police officer. Ford began to exhibit symptoms of schizophrenia several years after his trial. By 1982, he was experiencing paranoid and grandiose delusions, referring to himself as Pope John Paul III and asserting that he had appointed nine new justices to the Florida Supreme Court. The *Ford* Court ruled that execution of an “insane” person was prohibited as “cruel and unusual punishment” under the Eighth Amendment to the U.S. Constitution. The Court cited rationales from English common law precedents, but the ruling provided no operational definition or procedural prescription for determining competency for execution, beyond adequate due process, which Ford had not been afforded.

Justice Powell, in a concurring opinion, offered greater specificity. Also reasoning from common law

precedents, Justice Powell cited a number of rationales against the execution of the insane: (1) preserving the defendant’s “ability to make arguments on his own behalf” that might stay the execution, (2) the execution of a “mad man” would be a “miserable spectacle,” (3) an execution in such a context “can be no example to others,” (4) the defendant would be sent into another world when he did not have “the capacity to fit himself for it,” that is, “most men and women value the opportunity to prepare mentally and spiritually, for their death,” and (5) the retributive goal of execution depends on the defendant’s awareness of the penalty’s existence and purpose. The concurring opinion concluded:

If the defendant perceives the connection between his crime and his punishment, the retributive goal of the criminal law is satisfied. And only if the defendant is aware that his death is approaching can he prepare himself for his passing. Accordingly, I would hold that the Eighth Amendment forbids the execution only of those who are unaware of the punishment they are about to suffer and why they are to suffer it.

Distilled, three elements of competency for execution are prescribed by Justice Powell. The defendant must be aware (1) that he is to be executed, (2) that his execution is imminent, and (3) the reason for his execution. Regarding the defendant’s ability to aid and assist in his own defense, Justice Powell found no constitutional requirement but offered that states were free to take a more “expansive view of sanity” than what he specified as the “constitutional minimum” under the Eighth Amendment. The competency for execution test as prescribed by Justice Powell in *Ford v. Wainwright* was generally interpreted to require only a factual, as opposed to rational, understanding of the three aforementioned essential elements.

Panetti v. Quarterman (2007)

In 1992, Scott Louis Panetti murdered the parents of his estranged wife. Panetti had a 10-year history of mental illness and psychiatric hospitalizations prior to this offense. At trial, Panetti, who represented himself, dressed in a Tom Mix cowboy outfit and attempted to subpoena John F. Kennedy, Jesus Christ, and Pope John Paul II. He was convicted of two counts of capital murder and sentenced to death.

As his execution date approached in 2004, Panetti's appellate counsel raised his competence for execution. Panetti understood that the state of Texas *said* it wanted to execute him for murder. However, he had a delusion that the stated reason was a sham that the actual purpose of the execution was to prevent him from preaching the gospel.

In *Panetti*, the Court expanded the legal standard for competency for execution. The majority reasoned that both the individual and social retributive value of execution required that the condemned not only have a factual awareness of the state's rationale for the execution but also a rational understanding of this.

Evaluation of Competency for Execution

As mentioned earlier, the evaluation of competency for execution is a high-stakes forensic mental health evaluation. Some of the controversy and challenges surrounding competency for evaluations is due to jurisdictional and U.S. Supreme Court ambiguity regarding the specific abilities that constitute competency for execution, sparse research on competency for execution evaluations, inconsistency in prevailing evaluation procedures, and limited forensic instruments for assessing competency for execution.

Acknowledging these challenges, the gravity of the determination creates a professional obligation for competency for execution evaluations to be objective, conceptually informed, well memorialized, multisourced, and broad in focus. The following 10 recommendations, distilled from the scholarly literature on competency for execution, promote these goals:

1. *Objectivity.* Evaluations of competency for execution require a strong commitment to objectivity and an absence of bias regarding the death penalty or its imposition.

2. *Knowledge.* Competency for execution evaluators should be familiar with the *Ford* and *Panetti* decisions, the case law and legal criteria for competency for execution in the relevant jurisdiction, and scholarly literature regarding competency for execution.

3. *Scope.* Competency for execution evaluators should consider competency in the broadest terms (e.g., factual awareness, rational understanding, and capacity to aid and assist), leaving to the

courts to determine what is applicable. Notably, the competency for execution evaluators in *Panetti* addressed deficits in his rational understandings, though only factual awareness appeared to be required under *Ford* and the statute.

4. *Complexity.* Operationalizing the inquiry to illuminate the continuum of competency purposes discussed in *Ford* (e.g., mentally and spiritually prepare for death) is not a simplistic endeavor. Competency for execution evaluators should explore and describe nuances in the defendant's understandings and capacity. Competency for execution evaluators may find that utilizing competency for execution checklists and rating scales from the scholarly literature facilitate this effort.

5. *Response style.* The assessment should include consideration of whether the defendant is feigning or exaggerating symptoms of psychological disorder or cognitive deficiency. Instruments such as the Structured Interview of Reported Symptoms, first and second editions and the Miller Forensic Assessment of Symptoms Test address the former, while instruments such as the Test of Memory Malingering and the Validity Indicator Profile illuminate the latter.

6. *Notice.* As with all forensic mental health evaluations, the competency for execution evaluator should advise the defendant of the nature and purpose of the evaluation, who retained the evaluator, the distribution of the evaluation data and findings, and the possible outcomes from the evaluation.

7. *Multiple interviews.* Psychological disorders may vary in symptom severity and associated rationality. For this reason, the competency for execution evaluator should interview the defendant on more than one occasion. It may also be helpful for the evaluator to inspect the defendant's cell and observe the defendant's behaviors in his or her death row cell.

8. *Multiple sources:* The evaluation should include multiple data sources. Contemporaneous collateral observers should be interviewed, including line and medical correctional staff, other death row inmates, chaplains, appellate counsel, and persons having had recent visitation or phone interactions with the defendant. Observation of the interaction between the defendant and his appellate counsel should also be considered.

Recent and historical death row logs and mental health records should be reviewed. If available, copies of recent correspondence as well as recordings of recent phone and/or visitation conversations should also be reviewed. Some scholars recommend personality and intellectual testing in evaluating competency for execution, while others conclude that such testing is too detached from functional capabilities to inform the issue.

9. *Memorialized*. The evaluation should be well memorialized so that other evaluators, attorneys, and the courts can scrutinize the parameters of the inquiry and the defendant's responses.

10. *Descriptive report*. The report of the competency for execution evaluation should include detailed descriptions of sources and information as well as transparency in how this information was synthesized and analyzed. The descriptive illumination, as opposed to conclusion, is likely to be most helpful in educating and facilitating the determination of the court.

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See also Competency to Stand Trial; Forensic Applications in the Criminal Justice System

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incompetent to stand trial. The incompetency doctrine attempts to ensure that all defendants have an opportunity to be mentally present and to participate in their own defense, thereby upholding the dignity and reliability of court proceedings and assuaging the public's confidence in the fairness of the criminal justice system. Although *competency to stand trial* is a legal term, it comprises several psycholegal abilities, which are evaluated by psychologists and other mental health professionals. The evaluations conducted by these professionals form the basis for an opinion regarding the defendant-in-question's psycholegal capacities. Defendants found to be incompetent to stand trial have their proceedings postponed until they have been restored to competency at which point the legal proceedings typically resume.

Background

With an estimated 60,000 evaluations conducted each year in the United States, competency to stand trial is a commonly conducted psychological evaluation for the criminal justice system. In general, competency to stand trial pertains to a defendant's ability to understand the charges against him or her and the general legal process, requiring the defendant to have the ability to understand and function in that context in order to assist with his or her case. It is important to understand that competency to stand trial involves the evaluation of a defendant's current mental functioning and not mental functioning at the time of the offense (this is referred to as *criminal responsibility or insanity* and is a different issue from that of competence). The issue of competency can be raised at any point during trial before a verdict is rendered. Typically, a mental health professional conducts the competency evaluation, and depending upon jurisdictional protocols, more than one evaluator may be involved. Competency to stand trial falls under the larger umbrella term of *adjudicative competency*, which encompasses several distinct criminal competencies (e.g., competency to waive *Miranda* rights, competency to plead guilty, and competency to be sentenced). The constitutional minimum standard for each of these distinct criminal competencies was set out in *Dusky v. United States* (1960) and elaborated in *Godinez v. Moran* (1993).

COMPETENCY TO STAND TRIAL

The issue of competency to stand trial refers to a defendant's current mental functioning at the time of his or her trial: Those who are unable to understand the court proceedings or unable to assist counsel in their defense as a result of mental disorder or cognitive deficit are considered

Legal Standard

The legal standard for competency to stand trial was established in *Dusky v. United States* (1960), where it was held that in order to be deemed competent, a defendant must have “sufficient present ability to consult with his lawyer with a reasonable degree of rational understanding” and a “rational as well as factual understanding of the proceedings against him” (p. 402). In other words, a rational understanding means that the defendant must be able to understand the charges and the trial process in relation to himself or herself as the defendant. A factual understanding means that the defendant must have knowledge about the people and proceedings relevant to a trial. Since *Dusky* was established in 1960, each state has adopted some variation of this standard.

All civil and criminal defendants are presumed to be competent; therefore, if competency is a concern, it must be formally raised. The question of competency can be raised either by legal party or by the court, though most often it is raised by the defense. To warrant a competency to stand trial evaluation, a bona fide doubt must exist, representing a fairly low legal threshold and making it relatively easy to request an evaluation, likely contributing to the high frequency of these assessments. Evaluations of competence to stand trial are conducted on either an inpatient basis or an outpatient basis, with many states moving toward a least restrictive setting protocol for competency evaluation. In addition, jail-based competency evaluations are increasing in frequency as more states implement strategies to reduce the wait-list for these evaluations. Each state has its own statutes and procedures for how these evaluations are to be conducted, by whom, and within what time frames.

Evaluation of Competency to Stand Trial

A qualified mental health professional may perform a competency to stand trial evaluation. Generally, the evaluating professional must establish the presence or absence of a mental disease or defect that impairs the defendant’s current mental functioning as it affects his or her ability to meet criteria for competency to stand trial in the respective jurisdiction. Several forensic assessment instruments exist to assist evaluators in formulating

their opinions regarding competency. Among the more recent are the Fitness Interview Test–Revised, the MacArthur Competence Assessment Tool–Criminal Adjudication, and the Evaluation of Competency to Stand Trial–Revised. Using data from interview and forensic assessment instruments, the evaluator must then come to an opinion about the degree to which the defendant is impaired with respect to the abilities required to proceed. The characteristics of the defendant and the context of his or her case must be taken into consideration in arriving at an opinion regarding a defendant’s competence. Evaluations are typically conducted with a focus on functional abilities, that is, extrapolating the defendant’s ability to function at trial on the basis of his or her functioning during the evaluation.

Only about one in five of those referred for a competency to stand trial evaluation are deemed incompetent, although this rate varies by jurisdiction. When a competency to stand trial evaluation is ordered by the court, the evaluating mental health professional must submit a report to the court detailing his or her findings. In a small number of cases, a competency hearing may be held to determine the issue of competency. Most of the time the judge’s decision is in accordance with the opinion of the evaluator. In fact, research indicates an agreement with the evaluator in more than 95% of cases—an extremely high concordance rate. There tends to be a good agreement between mental health professionals regarding ultimate opinions of competency to stand trial (80% or more); however, disagreement occurs more often regarding the defendant’s functioning on the specific psycholegal abilities that constitute competency to stand trial.

Incompetent Defendants

There has been a plenty of research on the topic of competency to stand trial, with convergence on the characteristics and psychological symptoms and conditions typically found among incompetent persons. A 2011 meta-analysis by Gianni Pirelli, William H. Gottdiener, and Patricia A. Zapf synthesized this research in order to capture the major differences between those found to be competent versus incompetent. Typically, incompetent defendants tend to be older, on average,

than those found to be competent. The slight majority of incompetent defendants are non-White, and more often, they are male, unemployed, and unmarried. Regarding psychological functioning, most incompetent defendants have a diagnosed psychotic disorder (e.g., schizophrenia, psychosis), and relatively few are diagnosed with personality disorders. Mental retardation, organic brain disorders, and mood disorders have also been associated with incompetence. In addition, those deemed incompetent are more likely to have had prior contact with the criminal justice system and a history of psychiatric hospitalization compared with their competent counterparts.

In 2007, Douglas Mossman identified psychosis and cognitive impairment as the two conditions under which a defendant is most likely to be found incompetent to stand trial. *Psychosis* refers to a broad category of disorders that are characterized by an inability to remain in touch with reality. Symptoms typically involve bizarre behavior, hallucinations, and delusions. If psychotic symptoms are severe enough to diminish one's ability to meet the standard for competency to stand trial, a defendant may be found incompetent. Similarly, *cognitive impairment* is a broad term for various cognitive deficits that may coincide with mental, developmental, or medical disorders. Intellectual dysfunction may also serve as a threshold condition for a finding of incompetence, but evaluators and legal decision-makers must be careful to establish that the cognitive deficits contribute to an inability to meet the specific standard for competency to stand trial.

It is important to note that a psychiatric diagnosis does not necessarily mean a defendant will be found incompetent to stand trial. In 2011, Pirelli and colleagues observed that, of those referred for a competency to stand trial evaluation and found to be competent to stand trial, 22.2% were diagnosed with a psychotic disorder and 27.9% were diagnosed with a personality disorder. The distinction between those adjudicated competent versus incompetent, therefore, is that the presence of a mental disease or defect significantly impairs an incompetent defendant's rational and factual understanding of the proceedings or his or her ability to participate in the defense. Conversely, those adjudicated competent may certainly have a mental disease or defect, but this does not impair

their ability to factually or rationally understand or participate in the proceedings.

Restoration to Competence

When a defendant is found to be incompetent to stand trial, he or she will likely undergo court-ordered treatment for restoration. Although this typically occurs in an inpatient setting, many jurisdictions have moved toward a *least restrictive alternative* policy, wherein outpatient treatment is to be used whenever possible. In addition, there has been a recent move toward providing competence restoration services in jail facilities.

Most incompetent defendants can be restored within 12 months (or fewer) and, once restored, will proceed with trial. Most jurisdictions require a periodic review of defendants undergoing treatment for restoration and have procedures in place to find a defendant *unrestorably incompetent* if restoration attempts have been unsuccessful after some period of time (defined by each jurisdiction). Defendants who are deemed *unrestorable* will typically have their charges dismissed.

The length of time for which an incompetent defendant can be detained varies by jurisdiction, with each state required to have statutes regarding restoration procedures and time lines as a result of the Supreme Court's decision in *Jackson v. Indiana* (1972). Prior to this, defendants who were detained for restoration were often confined indefinitely. In *Jackson v. Indiana*, the Supreme Court decided that incompetent defendants could not be detained for "more than a reasonable period of time necessary to determine whether there is a substantial probability" that they will regain competency in the foreseeable future (p. 738). Although seemingly unspecific, many states have adopted the exact language of *Jackson*, and others have included a more specific time frame in their statutes.

As far as treatment, restoration typically involves the administration of psychotropic medication to control symptoms of mental illness and education about court proceedings. But what about when a defendant refuses to take psychotropic medication? A series of Supreme Court cases have indicated that incompetent defendants may be forcibly medicated if it is justifiable and medically appropriate (*Riggins v. Nevada*, 1992) and necessary for the safety of the

defendant or others (*Washington v. Harper*, 1990), or it is likely to restore competency with minimal side effects and less intrusive methods are not possible (*Sell v. United States*, 2003).

Although the vast majority of defendants who undergo treatment for restoration are restored to competence within 6–12 months, there are two groups of defendants that are particularly difficult to restore. Defendants with chronic severe mental disorders with a history of multiple inpatient admissions, such as those with schizophrenia, are difficult to restore to competence, as are those with severe intellectual disabilities (formerly called *mental retardation*).

Specific treatment programs have been developed for defendants with intellectual disabilities (e.g., the Slater Method), and the available research indicates that although these programs show success in comparison with treatment as usual for this population, they are resource-intensive, and restoration often takes upward of 2 years.

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See also Forensic Applications in the Criminal Justice System; Forensic Assessment of Offenders

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COMPREHENSIVE CORRECTIONAL PLANS

Comprehensive correctional plans are evidence-based strategies that include a diversity of perspectives in order to collaboratively integrate mental health programming into the overall correctional programming. It accentuates the maxim that *working together works*. The United States has one of the highest incarceration rates in the world, with 5% of the world's population, but nearly 25% of the world's prisoners. Concomitant with the increase in the incarceration population, there has been exponential growth in the number of mentally ill individuals in U.S. jails and prisons. Today, at least 15–20% of U.S. prison inmates have a serious mental illness, and when including broad-based mental illnesses, the percentages increase significantly. This entry focuses on the role that correctional psychologists play in developing and implementing comprehensive correctional plans in order to collaboratively address emerging issues in managing prisoners with mental illness.

Developing Comprehensive Correctional Plans

The importance of mental health delivery systems has emerged as one of the top concerns of correctional officials in the United States. As a result, correctional psychologists, who comprise the majority of mental health director positions in state prison systems and have historically occupied the position of director of mental health for the Federal Bureau of Prisons, have become the leaders in developing and implementing effective comprehensive correctional plans.

In developing a dynamic comprehensive correctional plan, correctional psychologists must ensure the integrity and clinical-legal defensibility of the mental health services delivery system. In *Estelle v. Gamble* (1976), the U.S. Supreme Court determined that the Eighth Amendment to the U.S. Constitution requires that prison officials provide a system of ready access to adequate medical care, including mental health care. Thus, the federal government as well as state governments have a mandate to provide access to adequate mental health treatment in correctional institution settings. Accordingly, policies and procedures must be written to reflect compliance with community standards of care, national accreditation organizations, state and federal statutes, and relevant legal precedents.

Psychologists and psychiatrists serving as correctional mental health experts have identified five general rubrics necessary to establish a constitutionally adequate correctional mental health system. First is the identification of the essential elements of a comprehensive correctional plan, which are adequate physical resources regarding treatment program space and supplies; sufficient human resources; and adequate access for inmates to the physical and human resources within a reasonable period of time.

Second is the implementation of the necessary components of a defensible correctional mental health services delivery system, including but not limited to initial reception intake screening and assessment; a crisis intervention program; appropriate levels of care; a suicide and self-injury prevention program; a responsive staff referral and inmate request system; discharge/transfer planning, and prerelease planning for continuity of care in the community.

Third, a critical issue for a clinically defensible mental health system is the development of a mental health classification system. Such a classification system defines what mental health treatment and services are needed for whom, and when, where, and how they will be delivered.

Fourth is uniformity in defining serious mental illness. At present, there is a perplexing lack of agreement on the definitions of serious mental illness. As varying definitions of serious mental illness have emerged in consent decrees and settlement agreements, it is imperative to establish a uniform definition that has clinical-legal defensibility. For example, Dean Aufderheide recently proposed a standardized definition for serious mental illness germane to restrictive housing that was ratified by a national accreditation organization. The proposed definition for serious mental illness is as follows:

psychotic disorders, bipolar disorders, and major depressive disorder; any other diagnosed mental disorder (excluding substance use disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified mental health professional(s).

Such a standardized definition of serious mental illness, along with a defined mental health classification system, provides a starting point to ensure that inmates have timely access to necessary care in accordance with their identified and assessed mental health needs.

Fifth is access to structured mental health services and treatment, which means an individualized mental health treatment and services plan developed with the inmate by a multidisciplinary treatment team, when feasible. Treatment plans need to be behaviorally written, reviewed, and revised as needed and have clear and measurable outcomes.

In order for a correctional mental health services delivery system to be clinically and operationally effective, it must be contextualized within the framework of a comprehensive correctional plan. The plan should integrate the mission requirements of interdisciplinary staff and incorporate their

knowledge, skills, and abilities to create a synergy that ensures public safety and access to necessary mental health treatment and services.

Expanding the Role of Psychologists in Comprehensive Correctional Plans

As corrections officials are called upon to respond to ensure the delivery of constitutionally adequate health care, they are recognizing the importance of including the expertise of psychologists. Moreover, psychologists are understanding that they must cultivate their own roles with a collaborative leadership structure in order to have a measurable impact on improving the correctional system as a whole. The following examples of shared leadership—called *shared collaboratives*—illustrate the expanded opportunities psychologists can have within the structure of comprehensive correctional plans.

The Consultant Collaborative

Skills such as understanding how human factors affect organizational functioning, data analysis, and system design are among the assets that correctional psychologists bring to a comprehensive correctional plan. At the institutional level, consultation with wardens and security staff regarding problematic mentally ill inmates provides opportunities to constructively reconcile the inherent tension between custody and mental health-care program needs. Consultation and input into the disciplinary process and evaluations for paroling authorities offer opportunities to demonstrate the value of psychological testing in improving decision-making processes. At the administrative level, this collaborative creates opportunities for psychologists to work with correctional officials and policy makers to develop best practices and implement evidence-based strategies to achieve custody, care, and cost efficiencies.

The Training Collaborative

There is a growing demand in the corrections field for collaborative training opportunities. In addition to training on suicide and self-injury prevention, for example, specialized modules with

other interdisciplinary staff, including crisis intervention team training, managing mentally ill inmates in restrictive housing, multidisciplinary management teams in inpatient units, critical incident root cause analysis, trauma-informed care, gender dysphoria, and reentry planning are all training opportunities that correctional psychologists can provide. This training collaborative is an ideal mechanism for psychologists to use their expertise to equip other staff with crucial knowledge about mental illness in order to improve inmate management and supervision of mentally ill offenders, while ensuring continuity of care and preparing inmates for reentry into their communities. Whether in a jail, prison, or with other constituents of the criminal justice system, shared training reinforces the values and goals to be shared by all staff at all levels in a comprehensive correctional plan.

The Assessment Collaborative

Perhaps the most auspicious opportunity to achieve cost, care, and offender management efficiencies is the assessment collaborative. Correctional officials seek reliable and valid data to improve accuracy in offender management decisions and post-release outcomes, while multidisciplinary treatment team members need objective data to clinically justify diagnostic and treatment dispositions. Significantly underutilized in correctional settings, the assessment collaborative brings objective data into offender management and treatment decision-making in comprehensive correctional plans.

The Behavioral Health Collaborative

This collaborative brings mental health and substance abuse services under a behavioral health paradigm. Co-occurring mental health and substance abuse disorders, often referred to as *dual diagnosis disorders*, are not uncommon in correctional settings. In prisons, approximately 30% of individuals with substance use disorders also have a major mental health disorder. Conversely, in jails, an estimated 72% of individuals with serious mental illnesses have a substance use disorder. In prisons, co-occurring disorder estimates range up to 11% of the total incarcerated population. Whereas many systems have separated mental

health and substance abuse programs, research indicates that for those individuals with co-occurring disorders, integrated treatment by a single provider is associated with better treatment outcomes. Although psychologists can be credentialed to provide the substance abuse component of the dual diagnosis, substance abuse staff cannot provide the mental health component. Therefore, the behavioral health collaborative provides correctional psychologists with an opportunity to collaborate with correctional officials in order to achieve significant program cost and care efficiencies in comprehensive correctional plans.

The Reentry Collaborative

Policy makers have begun to focus on reducing recidivism through effective reentry programming, and correctional officials have added reentry planning to their mission statements. Because inmates with mental illness, especially those with dual diagnosis disorders, recidivate at higher rates than inmates without mental illness, they have been the focus of attention in the corrections field. This collaborative allows correctional psychologists to expand their expertise and partnerships into the community, where continuity of care and necessary support and assistance services can be coordinated within comprehensive correctional plans.

In summary, correctional psychologists are expanding their role in comprehensive correctional plans using their unique expertise and skill set to develop metrics that identify maladaptive inmate behaviors, which can result in threats to institutional security, inmate and staff safety, and are costly in terms of human and financial resources. Although problems and obstacles may emerge when developing durable collaborations within a comprehensive correctional plan, by working together to strengthen partnerships and appreciating the needs and capabilities of all correctional staff, correctional psychologists can become leaders in developing dynamic and productive comprehensive correctional plans.

Conclusion

Whether in the role of an institutional clinician or agency mental health director, correctional

psychologists understand the importance of integrating mental health programming into the overall correctional programming to create new synergies. By implementing comprehensive correctional plans, correctional psychologists can have greater success in fulfilling their responsibilities as correctional professionals and to society.

Dean Aufderheide

See also Mental Health Treatment; Mental Health Treatment Planning; Mentally Disordered Offenders; Treatment Outcome Research; Reentry; Reentry, Best Practices for

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CONFESSIONS

In law, a confession is a statement in an admission of guilt accompanied by a narrative account of the crime. Typically induced during police interrogations, confession evidence is common within the criminal justice system, is persuasive, and is highly incriminating in court—even if it was wrongfully obtained or coerced and later recanted. However, confessions are not infallible. Over the years, many innocent people have been wrongfully convicted and imprisoned after confessing to crimes that they did not commit. In 2017, the Innocence Project estimated that approximately 25% of all DNA exonerations involved a false confession.

Social, clinical, cognitive, and developmental psychologists, as well as other social scientists, have used a range of research methodologies in the empirical study of confessions. This research includes the study of individual cases, archival records, observations of police interrogations, surveys and other self-report methods, and laboratory and field experiments. Collectively, these studies have shed light on three sets of issues: the processes of police interrogation; personal and situational risk factors that can lead suspects to confess, even if they are innocent; and the consequences that follow from confessions, in terms of how the crimes are investigated and then adjudicated in court.

Inspired by the numerous wrongful convictions that have surfaced, psychologists are particularly

interested in false confessions. Indeed, it is useful to distinguish between three types of false confessions: (1) *voluntary*, which arises when an innocent person volunteers a confession to police in the absence of any pressure (e.g., to protect someone else or to gain attention in a high-profile crime); (2) *coerced-compliant*, whereby an innocent person agrees to confess as an act of compliance in order to escape a stressful interrogation, avoid a threatened harm or punishment, or gain leniency or other perceived rewards; and (3) *coerced-internalized*, when an innocent person, during an interrogation in which police present false evidence of guilt, not only agrees to confess but also comes to believe that he or she committed the crime, a belief sometimes accompanied by false memories. This entry focuses on false confessions, discussing the processes of police interrogation, the risk and consequences of false confessions, and policy and practices.

Processes of Police Interrogation

As embodied by the Reid technique—a U.S.-based psychological approach to interrogation that relies on confrontation, trickery, and deception—suspects are questioned in a two-step process. The first step consists of a *preinterrogation interview* designed to ascertain whether the suspect is telling the truth, and hence innocent, or whether the suspect is lying, and hence guilty. In this process, the detective asks a list of *behavior-provoking* questions that ostensibly evoke verbal and nonverbal behaviors in the suspect that are believed to betray deception (e.g., broken or avoided eye contact, overly rigid posture, slouching, fidgeting, and touching the face).

Although these verbal and nonverbal behaviors may seem to signal deception as a matter of common sense, research has consistently shown that these cues do not produce accurate deception detection. Overall, controlled studies show that people are not adept at distinguishing between truths and lies and are only about 54% accurate. Moreover, while training in the use of these verbal and nonverbal cues increases confidence, it does not increase accuracy. In the context of a preinterrogation interview, the result is that honest and innocent individuals are often misidentified for the second step of the process: *interrogation*.

Interrogation is an accusatory, guilt-presumptive process of questioning aimed at eliciting confessions from suspects whose denials were judged deceptive. During the first half of the 20th century, the U.S. Supreme Court outlawed physically coercive *third-degree* tactics that are likely to produce involuntary and possibly false confessions. As a result, police learned to use subtler, more psychologically oriented tactics. Although different approaches have evolved, all have three features in common. First, the suspect is physically isolated, questioned in a small, bare, windowless room. Second, police confront the suspect with accusations of guilt and presentations of incriminating evidence in an effort to communicate that denial is futile. As part of this confrontation, detectives in the United States are permitted by law to present false evidence (e.g., DNA, a fingerprint, hair sample, eyewitness identification, failed polygraph)—even if no such evidence exists. Third, police express sympathy and understanding and minimize the crime by offering the suspect moral justification and face-saving excuses. They may suggest, for example, that the crime was accidental, provoked, pressured by others, or otherwise attributable to external factors. By implying leniency in punishment, minimization makes it easier for a suspect to confess.

The Risk of False Confessions

When it comes to false confessions, it is clear that some individuals are more vulnerable to influence than others. Developmental psychology research shows that children and adolescents are particularly prone to make decisions that gratify immediate goals, often to the neglect of the harmful longer term consequences (e.g., agreeing to confess to a crime that they did not commit in order to escape a stressful interrogation) especially while under stress. Hence, it is not surprising that juveniles are disproportionately represented in the population of known false confessors. Also overrepresented are adults with intellectual impairments and/or certain types of mental illness who may not comprehend their rights, or grasp the consequences of confession, or who may be prone to social influences on compliance and internalization.

Although some individuals are at greater risk than others, no one is immune to the pressures of police interrogation—especially when tactics are

excessively used. For example, one situational factor that can put innocent suspects at risk is a lengthy period of custody and interrogation. Observational studies show that most interrogations last between 30 min and 2 hr. Yet analyses of proven false confessions show that the interrogations in which they were elicited typically lasted for many hours.

A second interrogation factor that can lead innocent people to confess is the presentation of false evidence. As noted earlier, police in the United States are permitted to mislead suspects about the presence of incriminating evidence, even if there is no such evidence. The aim is to increase the anxiety associated with denial and create a state of despair. This tactic is found in numerous police-induced false confession cases. With strong roots in basic psychology, laboratory experiments using a variety of methods confirm what has been observed in actual cases: The presentation of false evidence significantly increases both the number of innocent people who agree to sign a confession and the number who come to internalize a belief in their own guilt. It is now clear that while this lawful technique can get guilty perpetrators to confess, it can also have devastating effects on those who are innocent.

A third interrogation factor seen in numerous proven false confession cases is minimization, the technique by which police minimize the seriousness of the crime. Minimization is designed to reduce the anxiety associated with confession by suggesting to the suspect that his actions were morally justifiable, the result of an accident, or someone else's fault. Controlled experiments show that minimizing remarks lead people to infer a promise of leniency in sentencing, even when no such promise is explicitly made. These findings help to explain why many innocent people, once exonerated, claim they had confessed expecting to go home—or back to school, as in the case of 16-year-old Brendan Dassey, whose police-induced confession was seen in the 2015 documentary film *Making a Murderer*. Dassey was interrogated about a murder that the police suspected his uncle of committing. After hours of interrogation involving minimization, Dassey confessed to participating in the crime. Despite a lack of evidence against him, Dassey is living out a life sentence on the basis of his confession.

Consequences of Confession

Legal scholars have long known that confession is a powerful form of evidence in the criminal justice system. If a recanted confession is deemed voluntary by a judge at a pretrial suppression hearing, it is admitted as evidence against the defendant. Mock jury studies show that confessions almost invariably produce convictions at trial even when jurors determine that the confession was coerced, even when there is no other substantial evidence, even when the confession was reported by a secondhand informant who was motivated to lie, and even, at times, when the confession is contradicted by exculpatory DNA tests.

The power of confessions is rooted in the commonsense notion that people would not admit to crimes they did not commit. This belief leads judges, juries, the media, and the public to inherently trust confession evidence. Often, this commonsense belief is well placed. It does not, however, provide an antidote in court to the problem of false confessions. Analyses of actual cases provide further explanation for why people uncritically accept false confessions. Specifically, research shows that a vast majority of proven false confessions contain not only an admission of guilt but accurate nonpublic details about the crime (e.g., the position of the victim's body, what he or she was wearing, what the crime scene looked like). In cases in which the confessor was later proved innocent, these details—which helped to prove that the confessor had guilty knowledge—reveal a process of *contamination* by which police had wittingly or unwittingly introduced these details to the suspect through the processes of interviewing and interrogation.

It is important to note that confessions can not only influence judges and juries at trial, but they can also alter the course of an ongoing investigation before it ever reaches the courtroom. Drawing on basic psychological research on confirmation biases, studies have shown that once detectives, forensic or medical examiners, polygraph examiners, eyewitnesses, alibis, and others involved in an investigation form a strong hypothesis about the identity of the perpetrator, that hypothesis corrupts their perception of the evidence. In several studies, information that a suspect had confessed led witnesses to misidentify that confessor in a

lineup or perceive his handwriting as a match to a note found at the crime scene. In one study, professional polygraph examiners who were told that the suspect had confessed were more likely as a result to report that the suspect's polygraph chart indicated deception. Even latent fingerprint experts are influenced by strong contextual cues such as confession.

Matters of Policy and Practice

It is safe to assume that most confessions taken by police and those subsequently form the basis of guilty pleas and convictions at trial involve the actual perpetrators of crime. It is also clear, however, that some innocent people are misidentified for interrogation and also induced to confess. In these cases, society stands to lose twice: first, when innocents are wrongfully convicted for crimes that they did not commit; second, when the real perpetrators of those crimes remain free to victimize others.

The U.S. criminal justice system provides a singular mechanism by which individuals accused of a crime can protect themselves from self-incrimination. In the landmark case of *Miranda v. Arizona* (1966), the U.S. Supreme Court ruled that statements made by a defendant during an interrogation are admissible in court only if the defendant had been apprised of his or her constitutional rights to silence and to counsel—and then voluntarily, knowingly, and intelligently waived those rights. Although *Miranda* was aimed at changing the dynamic of police interrogations, which the Court described as *inherently coercive*, its effectiveness is a matter of dispute. As previously noted, empirical studies have shown that certain segments of the population—most notably, young adolescents and adults who are intellectually impaired—do not fully comprehend their rights and how to implement them. Moreover, statistics show that most people tend to waive their rights—in part because police have become highly skilled at convincing suspects to do so and in part because people believe that invoking their rights will lead authorities to infer their guilt. To further complicate matters, research shows that innocence itself is a state of mind that leads innocent people to waive their rights because they have nothing to fear or hide. In short, there is reason

to believe that Miranda warnings do not adequately protect the citizens who need it most—those accused of crimes they did not commit. Other safeguards, therefore, are needed.

Over the years, some researchers have advocated for measures to protect vulnerable suspect populations and limit the use of psychologically coercive interrogation practices. The most important proposal for reform, however, is to require the video recording of all suspect interviews and interrogations—the entire process, not just the final confession. This was the primary recommendation in a White Paper of the American Psychology-Law Society. Video recording both serves as a deterrent to excessive police tactics and preserves an objective and accurate record of what transpired during interrogation sessions that are often later in dispute. Aided by these video recordings, judges and experts can better determine the voluntariness and reliability of the resulting confession. Many states and jurisdictions have adopted this practice—with positive results.

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See also Coerced Confessions; Police Interrogations; Police Lineups, Psychology of

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CONTINGENCY MANAGEMENT

Contingency management (CM) is a systematic reinforcement system founded on basic principles of behavior analysis and operant psychology used to increase drug abstinence and treatment compliance of patients. CM provides vouchers, money, or other reinforcers contingent on drug abstinence, program attendance, social or job skills training, and completing treatment goals of the specific CM program. By increasing the reinforcement for abstinence and nondrug use behaviors, CM seeks to manage the contingencies that influence drug use. The idea behind this is the notion that the effect of reinforcement on a behavior is relative to the reinforcement available for other behaviors. So, drug use occurs because it is reinforcing, but when the relative rate or amount of reinforcement for abstinence and completing treatment goals is increased, abstinence and completing treatment goals increase. With CM, as the value of abstinence and nondrug behaviors increases with vouchers, money, or other reinforcers, the relative reinforcing value of drug use decreases, thus drug use decreases. CM, then, effectively increases abstinence of abused substances across a wide range of patient populations.

General Procedures and Principles

While particulars of any CM program vary, simple behavior analysis principles form the basis of all CM programs.

Behavioral Contracting

A behavioral contract between the patient and clinic (or professional in charge of the CM program) is a central element to virtually every CM program. A behavioral contract explicitly and clearly states the behaviors monitored, frequency and times of monitoring (e.g., drug testing), and contingencies of reinforcement—what, when, where, and how frequently reinforcement will occur and exactly what behaviors must occur for reinforcement to occur during these times.

Behavior and Measurement

The behaviors to be reinforced must be precisely defined and objectively measured. Drug

abstinence is usually defined as providing a negative drug test. Self-report is unreliable. Many patients are polydrug abusers. A CM program must specify if abstinence from all abused drugs, such as opiates and cocaine, is necessary for reinforcement or if, at least initially, abstinence from a single substance is sufficient to meet the criteria for reinforcement. The frequency of the behavior and that of the measurement must also be considered. If a substance was abused only a few times a year, such as an occasional cocaine binge, most tests would be negative, and the patient would receive reinforcement for abstinence even though the patient's rate of drug abuse did not decrease. The initial rate of drug use must be frequent enough to reliably detect periods of abstinence. Measurement must also be frequent enough to reliably detect both drug use and abstinence. With infrequent measurement, a test could show positive even though most of the time the patient was abstinent. Conversely, a test could be negative even though the vast majority of time, except for a few days preceding testing, the patient was using. Therefore, CM programs test frequently (daily to once a week). Compliance with treatment plans and meeting treatment goals are also precisely defined, objectively measured, and reinforced. These behaviors may include attendance at and participation in individual or group therapy, medication compliance (especially for antagonists such as naltrexone and disulfiram), building vocational skills, filling out job applications, completing assignments toward earning a GED, General Educational Development or even engaging in socially appropriate behaviors in the clinic.

Reinforcement Considerations

Variables regarding reinforcement must be established. The more frequent, immediate, and valuable the reinforcers are, the more effective the program will be. A benefit of vouchers, or any conditioned reinforcers (e.g., tokens), is that they can be delivered frequently and can be immediately contingent upon target behaviors when goals are met. Especially, initially, when the program is building trust and patients must *buy into* the program, vouchers are exchanged for previously determined backup reinforcers frequently. This way patients learn contingencies and learn that

their behavior matters. "If I don't use, if I test clean, I get a voucher. If I attend sessions I get a voucher. If I do my work I get a voucher. When I get vouchers I can trade them for bus tokens, McDonald's coupons, movie passes, or a take-home weekend dose of methadone." Effective CM reinforcement procedures can have the added benefit of ameliorating learned helplessness and help facilitate behavioral activation.

Reinforcer Value

Because the value of a reinforcement must be greater than the value of drug use to see increased abstinence, at times, it is beneficial to adjust the level of the reinforcement to see an increase in abstinence for a particular use. To increase the value of vouchers in some CM programs, vouchers are used to buy chances or draws for a large prize (e.g., US\$250 or a television). All draws result in reinforcers but most are small (US\$1 or a food coupon). Such contingencies make reinforcement variable. Variable reinforcement increases persistence in the reinforced behaviors (e.g., abstinence, attendance). Drawings are also exciting and socially reinforcing events for patients, further increasing their effectiveness. Making the receipt of large reinforcers infrequent also has the advantage of keeping the cost of CM down.

In many CM programs, as patients are abstinent for longer periods of time, the amount of reinforcement for each negative test results in a greater amount of reinforcement (e.g., escalating bonuses, more chances per drawing, more money). But a positive drug test resets the reinforcer amount to its initial, lower level. Increasing reinforcement for remaining abstinent increases the probability patients will remain abstinent.

Escalating bonuses may also be conceptualized as reinforcing successive approximations toward the terminal goal of sustained abstinence. Reinforcement of successive approximations is a basic, highly effective, behavior procedure that is facilitated with priming or reinforcer sampling. With priming, a patient is given a voucher and its backup reinforcer, or other reinforcer, immediately upon first entering the clinic for the initial visit. This reinforcer sampling teaches patients that the vouchers do in fact have value and that patients are not being lied to or misled. Entering the clinic is a necessary

first approximation toward participating in the CM program and becoming abstinent.

Effectiveness of CM

Overall Outcomes

Compared to other treatments (e.g., methadone maintenance therapy for heroin addiction), CM consistently results in statistically significant and clinically significant outcomes for increased abstinence and decreased relapse across the spectrum of drug abuse problems with substances such as heroin and other opioids, cocaine, crack cocaine, methamphetamine, alcohol, marijuana, and tobacco addiction or dependency. Multiple meta-analyses and literature reviews consistently find CM to have efficacious outcomes that include increased lengths of time remaining in treatment, increased drug-free urine samples, and improved treatment and medication compliance. Although not perfect, the desired outcome measures, whatever they may be for a particular study, are generally 2 or 3 times greater for CM compared to the alternative, usual, treatments of any particular study.

Adjunct Benefits

Beyond abstinence, patients and clients in CM programs consistently report a wide range of beneficial effects of CM, including experiencing enthusiasm about the program, social integration into the clinic, and increased feelings of self-esteem. Patients report a shift in subjective feelings of being forced to participate to avoid aversive consequences, such as being reported for drug use parole violations, to willing participation, freely chosen in pursuit of the positive reinforcers available in the CM program.

Staff, counselors, and clinicians report that patients in CM programs are more likely to confide in counselors than in other types of abstinence programs. Both staff and patients feel less coercion to participate in treatment. Once patients are actively working toward treatment goals, staff feels increasingly empowered. Rather than perceiving themselves as mere methadone dispensers and drug testers, counselors can actually counsel. Staff can explore with the patient in responsible, social, and interpersonally healthy ways to gain and maintain abstinence and meet

other treatment goals. Interpersonal relations often improve as a result of being in a CM program. When vouchers are exchanged for fast food or food coupons, bus tokens, or other shareable reinforcers, patients often share these with family members or significant others, thus strengthening social relations outside the clinic. The receipt of vouchers, or the exchange of vouchers for backup reinforcers, is often a great source of social reinforcement and acknowledgment. This social reinforcement improves interpersonal relations among patients, between patients and staff, and further strengthens the CM program, likely improving outcomes. Ideally, once treatment goals are met, patients have better social and vocational skills and the natural reinforcers for these behaviors, a paying job, a richer and more satisfying family and social life, will maintain these behaviors with abstinence continuing once CM is completed.

Populations and Program Locations

The treatment populations of CM programs have ranged across the spectrum of drug abuse populations with most being methadone or opioid detoxification patients, cocaine abusers, or polydrug abusers. Cigarette and marijuana smokers and alcohol abusers (Veterans Affairs patients and chronic public offenders) have also participated in CM programs. Most programs have been in university research clinics, but CM programs and techniques are increasingly appearing in community-based treatment centers such as the New York City Health and Hospital Corporation Addiction Treatment Service.

There is strong support for CM to be applied in more settings and environments such as correctional settings and elsewhere in the criminal justice system. Preadjudication drug court, for example, would be an ideal setting for CM. Studies in the 1960s through the 1990s showed that CM programs in correctional institutions were successful at reducing aggression and violence and increasing rule-following, work, prosocial, and educational outcomes. Despite these benefits, the political climate that fostered the *war on crime* approach prevented the pursuit of effective applications of CM in correctional settings.

Barriers, Limitations, Objections, and Extensions

The initial cost of implementing CM is its biggest barrier. Frequent drug tests and different types of reinforcers can quickly become expensive. These costs are offset somewhat through the success of the program. However, even the most costly CM program is much less expensive than the usual cycle of use–arrest–relapse–repeat. Staff often have misconceptions about and resistance to CM, viewing it as cold, controlling, uncaring, or mechanistic. These misconceptions typically come from popular but dated, restricted, and often false media portrayals of behavioral psychology, ranging from the 1971 movie *A Clockwork Orange* to the popular television show *The Big Bang Theory*, which began airing in 2007. Oversimplified caricatures of behavioral psychology are also often taught in academia, called *rat psychology* or *animal training*, but like modern medicine and biology, basic principles and processes are first established in simpler systems, with animal research, then applied to increasing complex systems and eventually to humans, as the principles involved are better understood. While CM does demand explicit behaviors for contingent reinforcement, it is an effective treatment method, not cold or uncaring, and with direct experience staff normally become receptive to it.

While CM is generally associated specifically with a drug treatment approach, any system that manages contingencies of reinforcement for behavior such as token economies is CM. Its core philosophical driver is consistent with social exchange theory, which views all human interaction as the exchange of rewards and punishments. Many of the contingencies and criteria for these exchanges are subtle and difficult to discriminate, especially for psychotic and drug-abusing populations. CM makes the contingencies and social expectations explicit, clarifying them and thus empowering those struggling.

Paying or otherwise reinforcing abstinence for drug abusers is patently objectionable for some. Yet many jobs and subsequent pay, including jobs in treatment, corrections, and medicine, require drug testing and abstinence as a condition of employment. Remaining drug free is a requirement for access to many reinforcers in society. Many social and interpersonal relations are dependent on abstinence, and in some cases, the contingency is made explicit: “Honey, you have to choose between me

or the bottle/pipe/needle.” CM simply makes explicit many of the contingencies that are already pervasive across the human experience. Because participants in CM often have an extensive life history of substance abuse, little academic, vocational, or social skill training comes from impoverished environments with high rates of violence and low employment opportunities; even the best programs, CM or otherwise, will not always result in success.

Nevertheless, to the extent that CM actually manages effective contingencies for abstinence with objective behavior measurement, behavioral contracting, and contingent reinforcement for abstinence, CM is one of the most effective treatment approaches available.

Stephen Ray Flora

See also Behavior Modification; Behavioral Theory of Crime; Drug Courts; Motivation to Change; “Nothing Works” Debate; Substance-Abusing Offenders; Treatment of Criminal Behavior: Substance Abuse Counseling

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CO-OCCURRING DISORDERS IN INCARCERATED OFFENDERS, TREATMENT OF

The term *co-occurring disorders* (COD) in the field of corrections usually refers to a substance use disorder (SUD) concurrent with a mental health disorder (MHD). These disorders happen in close

proximity of time and usually get worse when left untreated. MHDs usually include disorders of mood, anxiety, and lack of touch with reality, such as schizophrenia. An SUD indicates that an individual is using a substance that significantly affects his or her cognitive, behavioral, and physiological functioning accompanied with recurrent substance-related problems. Having an SUD sets up an incarcerated offender for a greater likelihood of developing a mental health problem.

Treating both disorders together is extremely difficult due to the number of clinical issues that interact and can complicate treatment; Integrated Dual Diagnosis Treatment is an evidenced-based practice to address this complication. This population often finds itself homeless when not incarcerated and has higher rates of arrest than offenders without COD. Prisons and jails are not typically equipped to deal with this population, and there are not enough programs to meet their needs. Greater success has been recognized by treating this population in community settings, where there are more resources and stronger links to treatment.

In this entry, treatment is discussed in terms of those incarcerated in prisons, jails, or community settings. The scope and type of treatment may vary within and across levels of incarceration.

Need for Comprehensive Assessment

Before developing a treatment plan, it is key to have a comprehensive assessment performed by a mental health professional trained in treating both types of disorders. This assessment will reveal specific treatment components needed for an individualized treatment plan.

First, a clear and accurate picture of an individual's mental health problems such as depression, hallucinations, delusions, or other types of mental illness is needed. A history of suicidal thoughts and behavior, as well as any family history of mental illness, should also be determined.

Second, current substance use and substance abuse history are assessed. This history typically includes the types of illegal and prescription drugs used, the inception of the drug use, the dosages and times of frequent use, and whether the individual has ever abstained from use and/or received treatment for substance use.

Third, interaction between substance abuse and mental health problems for an individual as well

as the patterns of symptoms exhibited and the time sequences between substance use and mental health symptoms are determined by questioning the individual. Observing mental health symptoms after the individual abstains from substance use for a period of time can help to ascertain a true mental health diagnosis.

Fourth, criminal history dating back to childhood, including mental health symptoms and/or use of substances in relation to criminal activity, and amount of violence or aggression used in each offense are assessed. In addition, the assessment notes whether mental health symptoms and/or use of substances were ever associated with criminal history.

Finally, health-care needs, such as past diseases or current problems related to substance use and/or mental health, are assessed. Personal health-care needs are often neglected by those with COD.

Motivation for Change

There are three pre-action stages—precontemplation, contemplation, and preparation—that most individuals experience prior to being ready to make a change. Ambivalence for change related to substance use behaviors is noted at each stage despite negative consequences and pain in the individual's life. If the treatment professional pushes change too hard, the individual may rebel and shut down. Thus, the treatment professional should be nonjudgmental, nonconfrontational, and collaborative when addressing an individual's COD needs. The goal is to ask questions that prompt the individual to think about his or her substance use, to listen rather than to tell, and to provide educational exercises to guide the individual toward making meaningful changes for self. This approach respects the individual's cultural background and is concerned with how the individual with COD views his or her treatment needs. Corrections professionals can use a motivation-for-change instrument to assess readiness for treatment for SUD. Two such instruments are the University of Rhode Island Change Assessment and the Stages of Change Readiness and Treatment Eagerness Scale.

When an inmate is assisted in moving toward the stage where he or she is ready to work on goals and objectives toward recovery (action stage), a relapse prevention plan may be

developed. This plan is intended to identify daily triggers and life changes needed for a better quality of life by developing effective strategies that compete with the desire to use illegal drugs as coping tools. The inmate also learns healthy coping strategies to prevent mental health relapse. Empowerment of the inmate and responsibility are stressed, so the inmate sees how his or her choices affect outcomes and those around him or her. This plan is shared with positive social supports which can hold the inmate accountable and encourage him or her to follow the plan.

Integrated Dual Diagnosis Treatment and Risk-Needs Models for COD

Research has supported that the model that works best in treating COD is one of integrating treatment for both SUD and MHD by the same clinicians in the same setting. Historically, these disorders have been treated separately by separate systems. Unfortunately, these systems often are riddled with problems related to payment, treatment coordination, and measuring success in their treatment approaches across systems.

Corrections research follows a Risk-Needs model, which suggests that offenders with the greatest risk to recidivate, as measured by a risk-needs instrument, should receive the highest dosage of services to address their criminogenic needs. High-risk offenders who have COD make the greatest gains when their criminogenic factors are addressed. Those factors subject to change are called *criminogenic needs* and may include substance use, employment, criminal peers, and antisocial beliefs and attitudes. Research supports that these factors are the most highly associated with high rates of offending. By individualizing treatment to address criminogenic needs, rates of reoffending can be minimized. The Risk-Needs model, used in combination with the Integrated Dual Diagnosis Treatment model, gives the clinician the most effective approach in treating this challenging population.

Other Modalities of Treatment

In the corrections system, therapeutic communities are long-term (6–24 months), highly intensive treatment programs. Most who participate in these programs are recovering individuals exposed

to a variety of treatment modalities, including groups, community meetings, individual counseling, and structured activities, to learn to empower themselves. Although therapeutic communities have been around for quite some time for individuals who have an SUD, they have only recently been adapted to be individualized and flexible for those with COD. Moving through the program is more individualized and educational than the traditional therapeutic community. Treatment stays can be longer, and more privileges and rewards are offered at a higher frequency. Groups and daily activities can be of shorter duration to help keep the individuals engaged. Treatment should be on a highly structured schedule. All staff working with these individuals are cross-trained with realistic expectations for behavior change, less confrontation, and more education related to managing medication and mental health symptoms.

Another component of treatment is the social skills-building approach. For those with COD, research shows that developing self-control strategies, including problem-solving, anger management, and general coping strategies, is helpful. Skills-building is taught through modeling and role-playing; individuals are taught to break down a specific social skill into steps and role-play each sequential step until the skill is learned. Repetition is necessary. Just like learning a golf swing, specific parts of the stroke are broken down and rehearsed separately and together until a smooth swing is automatic. There are many social skills inmates can choose. Each skill can be individualized to a specific inmate's situation such as how to monitor unpleasant symptoms, how to manage medications, how to prevent relapse, and how to deal with leisure time.

Another component of treatment is the cognitive behavioral approach. The inmate learns to identify errors in thinking and is taught healthy thinking replacements. An inmate, for example, may learn to identify self-centered thinking: "I deserve money from him because he has more than me" and learns a positive self-statement: "I have no right to take what does not belong to me." The inmate can then practice positive self-talk in role-play. The inmate learns a system for identifying and changing unhealthy thoughts, and with practice, the inmate can change unhealthy thought patterns. Peer support groups and 12-step groups

can be effective if they are adapted and modified to accommodate the effects of the MHD. Two such groups are Dual Recovery Anonymous and Double Trouble in Recovery.

A final area of treatment is providing effective case management services that help link inmates with COD treatment services while incarcerated as well as when they leave the institution. Effective case management helps individuals maintain stable mental health and rely on prosocial activities rather than on substance use. There is typically an active case manager in the correctional institution who helps individuals with COD manage their treatment within the facility. There are also case managers in the community upon reentry. Effective case management can lower the chances of an individual with COD from experiencing a decline in overall functioning, which results in fewer hospital visits and a better continuity of services.

Final Thoughts

Several key factors help create successful experiences for inmates with COD. Treatment needs to be individualized and flexible, as this is a fragile population who may not be able to comply with task demands and inflexible procedures. Line staff within correctional facilities who work the majority of the time with inmates with COD need extensive education on an ongoing basis in both mental health and substance abuse issues. They need to be encouraged to share information with treatment staff who are facilitating groups and providing individual counseling sessions. It is imperative to provide close supervision for inmates with COD, as they constantly need help and redirection. They also need opportunities to express their feelings, especially early in the program. Initial fears must be addressed, and the inmates must be reassured that their basic needs will be met throughout their stay. It is also important for inmates with COD to have a positive peer culture that encourages learning from one another and becoming empowered rather than always relying on staff for an answer. Staff need to provide the structure, accountability, and safety to allow inmates to learn crucial skills and to ensure that peer support is encouraged.

In addition, family involvement needs to be encouraged. Families and significant others will be

an extremely important part of recovery when the inmate leaves the institution. Families also need to be educated on how best to interact with their loved ones to minimize the risk of relapse. It is key to use a motivational assessment to always try and match the COD treatment plan with the corresponding stage of change for the individual related to substance use. Staff need to meet in weekly staff meetings with individuals to discuss their COD needs, identify successes in the treatment plan, identify obstacles to the plan, and make any necessary changes. Plans often need to be updated multiple times during an individual's course of treatment. Meeting regularly with individuals not only helps the individuals feel more empowered but also they start to recognize small steps of improvement. These small steps of improvement add up to great steps of accomplishment and are a springboard for successful community reentry.

Due to the need for highly trained staff and the creation of highly specialized programs, there is a dearth of treatment in prison and jail settings for those experiencing COD. The system will need to be creative in coming up with sources of funding to adequately train staff to identify and systematically treat this most needy population.

Randy Shively

See also Cognitive Behavioral Therapy and Social Learning Theory; Correctional Rehabilitation Services, Best Practices for; Corrections; Mentally Disordered Offenders: Treatment Outcome Research; Mentally Ill Offenders in Prisons, Treatment for; Motivation to Change; Rehabilitation; Substance-Abusing Offenders; Treatment of Criminal Behavior: Substance Abuse Counseling

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CORPORATE CRIME

Corporate crime refers to crimes committed by a corporation or individual acting on behalf of a corporation. Usually, such crimes are financial in nature and benefit the company or individuals within the company. Such crimes might consist of insider trading (e.g., providing nonpublic and privileged information to a third party for

investment purposes) or antitrust violations (e.g., predatory pricing to drive competitors out of business). Corporate crimes may also consist of avoiding losses or negligence. Some examples include misrepresentation of accounts in order to artificially drive up stock prices or hide losses or hiding environmental offenses in production in an attempt to maintain high levels of productivity or avoid financial penalties. Scholars such as James William Coleman and Edwin H. Sutherland considered corporate crime to be a specific subset of the larger umbrella of white-collar crime. In other words, all corporate crimes are white-collar crimes, but not all white-collar crimes are corporate crimes.

Corporate crimes are committed in corporate settings and sometimes (but not always) require some business acumen or financial knowledge. For example, a plumber intentionally overcharging for replacing a sink pipe would not be considered a corporate crime, although it would still be considered financial dishonesty or fraud. Moreover, individuals who commit corporate crimes often do not fit the demographic and criminological profile of other types of offenders. Whereas younger individuals from disadvantaged backgrounds (e.g., financially impoverished or low education) are more likely to engage in noncorporate offenses, corporate crime offenders are generally older and from more socioeconomically privileged and educated backgrounds. Finally, corporate crime offenses are difficult to prosecute. For example, such difficulty stems from the thin boundaries that obfuscate the difference between aggressive (but legal) business practices and illegal ones. Such difficulty in prosecution also stems from the nature of the offenders. Corporate leaders and corporate entities are seen as vital to the everyday fiscal health of a country, and there may be hesitation to aggressively prosecute such individuals for fear of the subsequent impact on a nation's economy. Thus, such individuals are less likely to be prosecuted with the same severity as other types of financially based crimes that do not fit a corporate crime profile (e.g., burglary, financial scams).

Related to corporate crime, but within the scope of legal activity, are financial behaviors that are legal but remain unethical. One example of this type of behavior might be a financial broker encouraging a client to move money around or take on unnecessary risks to increase broker fees. Such behaviors, although legal, still have a

negative impact on society. Further, it may be the case that these unethical activities do cross over into illegal territory. Whether illegal or merely unethical, the dispositional and situational forces that drive one's willingness to engage in such behaviors are likely to be similar.

Situational Perspectives on Corporate Crime

From a situational perspective, there are three primary components that help predict the likelihood that someone will commit a financial offense: rationalization, nonshared financial pressures or financial need, and opportunity. These three components have often been referred to as the *fraud triangle*, a term originally coined by Donald Cressey in 1950. These components were identified by Cressey after interviewing numerous corporate offenders and listening to their explanations for the crimes and the factors that prompted their engaging in the crimes.

Rationalization is not only a major factor behind committing corporate crimes, it has a long history in psychology of being linked with antisocial behaviors. Rationalization is particularly prevalent in corporate crime because the aforementioned boundaries between legal and illegal are generally thin. For example, holding a gun to a cashier for the contents of a register is fairly easy to diagnose as a crime. However, whether one has fully disclosed the risk involved in a particular transaction to a client or has shared information about a stock price that has not been readily made public is sometimes a difficult distinction to make. Thus, one's ability to rationalize a given behavior plays a key role in corporate offending; the more equivocal it is as to whether a crime is being committed, the easier it is to rationalize the offense. Some additional factors that make rationalization easier include, but are not limited to, psychological or physical distance from a victim, a sense that the crime is commonplace, a sense of entitlement, and a sense of injustice. For example, an individual committing an antitrust violation may feel that his or her behavior is simply what one has to do in the modern business world to survive and get ahead, and those who are being harmed are simply faceless consumers. Another example might be individuals who misrepresent stock prices in a large corporation with the rationalization that

they are put in an unfair position and only the wealthy stockholders in another place would pay the price.

Nonshared financial pressure refers to financial need that is generally not within socially acceptable boundaries (e.g., a car loan). For example, an individual with a drug addiction, gambling problem, or a socially unacceptable private expense would meet this criterion. Thus, there are few (if any) legitimate avenues to pursue to alleviate the expense, at least not sustainably. Although debatable, perceived financial need may be just as powerful as actual need. Further, extreme financial need, even if socially acceptable, may drive temptations toward corporate crime. For example, financial pressure would also be felt when a company is in danger of bankruptcy. Individuals may feel they had *no other choice* when committing the crime because they did not want to see their businesses fail. Further, there may even be altruistic reasons for corporate crime, such as when individuals engage in misreporting assets to avoid losing some of their workforce. Such perceived need may push individuals toward corporate crimes.

Finally, there is opportunity. The sense of ease surrounding the ability to commit corporate crime combined with a more hidden opportunity provides greater likelihood that an individual will commit fraud. Some opportunities may be as simple as creating a fake account to hide expenses or as socially complex as a competitor hinting at a price fixing discussion. While all three fraud triangle components must be present for fraud to take place, the *more* salient one factor is, the *less* powerful the other two need to be. The fraud triangle is a versatile model that can be applied to virtually any corporate crime or fraudulent financial behavior.

Dispositional Perspectives on Corporate Crime

Research on dispositional traits linked to financial crime has spanned several key areas. The Hogan Development Survey used diagnosable personality disorders as a guide to create an inventory that provided indices of problematic traits in corporate settings. The Hogan Development Survey includes traits such as excitable (borderline), skeptical (paranoid), cautious (avoidant), reserved (schizoid), leisurely (passive-aggressive), bold (narcissism),

mischievous (antisocial), colorful (histrionic), imaginative (schizotypal), diligent (obsessive-compulsive), and dutiful (dependent). The Hogan assessments are able to identify some personality constructs that are problematic in work settings, although not all of them would be linked with corporate crime. For example, reserved and diligent would typically be unassociated with corporate crime, whereas bold and mischievous would be good predictors.

Another personality taxonomy that has gained serious interest in the realm of financial misbehavior is the dark triad of personality. The *dark triad*, a term coined by Delroy Paulhus and Kevin Williams in 2002, refers to the three most studied personality traits that are linked with interpersonal harm. These traits consist of impulsive and reckless psychopathy, strategic and cynical Machiavellianism, and grandiose and entitled narcissism. At their core, all of the dark triad traits lack honesty and empathy.

Only recently have scholars looked more closely at the relationship between psychopathy and illegal behavior within a corporate setting. Robert Hare noted that psychopathic individuals may not only be found in abundance in prison, but on Wall Street as well. Fast-paced, high-risk, and high-payoff environments are likely to appeal to individuals with psychopathic tendencies because they fit their fast-paced, reckless, and aggressive character. Psychopathic individuals are versatile in their criminal activities and lack remorse. Further, they are drawn to immediate gratification, such as money or power, which makes them unlikely to weigh the consequences of their actions. Thus, psychopathy is most likely linked with all forms of corporate crime. There has been recent interest in what has been called *corporate psychopathy*. Further, psychopathy has been linked with abusive supervision and poor outcomes in corporate settings. Although some have argued that psychopathy can be beneficial in the corporate world, it is important to note that only psychopathic manipulation and callousness have been linked to positive evaluations in employees. However, the impulsive and antisocial aspects of the psychopathy trait are linked with poor performance.

Unlike psychopathy, Machiavellianism is a trait linked with a strategic and flexible behavioral profile. Such individuals only engage in antisocial behaviors when the rewards outweigh the risks.

Such individuals, due to their calculating nature, are likely to engage only in crimes that are difficult to detect and hard to punish. This might lead to a predisposition for committing the more complicated forms of corporate crime. Of the three dark triad traits, Machiavellianism is perhaps the most studied when it comes to accounting fraud and secretive types of corporate crime. Machiavellian individuals feel little guilt about their actions because of their cynical worldview. Machiavellian individuals usually have a toxic effect on the ethical tone of a company and are able to convincingly rationalize their illegal or unethical behaviors. However, Machiavellianism is useful in business settings but only when found in moderate degrees. Thus, too much or too little Machiavellianism becomes problematic.

Finally, narcissism is also likely to be linked with corporate crimes in certain cases where overconfidence or ego threat is involved. For example, narcissistic individuals are likely to unrealistically believe that they have superior abilities to others and exaggerate their skill set. These overconfidence errors leave them prone to poor work behavior. Similarly, narcissistic individuals are entirely ego-driven. As a consequence, insults or threats to their superior sense of identity are likely to be met with aggressive responses. Narcissism has been linked with poor supervision, cocksure risk taking, and excessive consumption of valuable resources. It is not that narcissistic individuals are predisposed to commit crimes such as those high in psychopathy, it is simply that they feel entitled to more than their fair share. As a consequence, individuals high in narcissism tend to talk down to others, take advantage of others, and abuse any power given to them. Interestingly, however, narcissistic individuals do tend to get ahead quickly using social charm, are generally well-liked in first encounters, and interview well. However, it is important to note that these benefits fade over time, and the narcissistic individual is eventually seen as tedious and difficult.

Final Thoughts

Corporate crime damages a wide range of individuals ranging from employees, consumers, shareholders, stakeholders, and other members of society, and its impact is far-reaching. Corporate crime is not only financially damaging to a wide

range of individuals, but also erodes basic trust in business, forces expensive and tedious safeguards on legitimate business endeavors, and creates a sense of insecurity and anxiety about business that is detrimental to societal well-being. From a situational perspective, the presence of financial need/pressure, rationalization, and opportunity drives a temptation toward corporate crime. From a dispositional perspective, specific personality traits, such as the dark triad traits, may help identify individuals at high risk for committing such crimes.

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See also Corporate Crime; Corporate Psychopaths; Occupational and Corporate Crime; Psychopathy; Social Learning and Environmental Determinants of Psychopathy

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CORPORATE PSYCHOPATHS

Corporate psychopaths refer to individuals who are exploitative, manipulative, callous, unethical, opportunistic and who manage to stay out of prison settings. The media and general population have depicted psychopaths as serial murderers, violent gang leaders, and individuals capable of the most treacherous crimes. While psychopaths are more likely to commit such crimes, some of them manage to avoid getting caught or brought into contact with the criminal justice system. Consequently, increasing attention has been paid to psychopaths operating within the workplace. It seems that the attributes that allow these individuals to commit crimes so effortlessly also help them enter organizations and obtain higher management positions. The corporate psychopath may be just as dangerous in the workplace as he or she is elsewhere in society. This entry first defines psychopathy generally and then focuses on corporate psychopathy specifically and discusses its relation to misbehavior and crime in the workplace, including prevention.

Defining Psychopathy

Robert Hare's conception of psychopathy—defined in his instrument, the Psychopathy Checklist-Revised—is widely used to measure psychopathy. According to this measure, psychopathy can be identified based on four underlying factors: (1) *interpersonal factor* (glibness or superficial charm, grandiose sense of self-worth, pathological lying, or conning or manipulative behaviors); (2) *affective factor* (lack of remorse or guilt, shallowness, callousness or a lack of empathy, or a failure to accept responsibility for actions); (3) *lifestyle factor* (need for stimulation and is prone to boredom, parasitic lifestyle, lacks realistic long-term goals, is impulsive, or irresponsible); and (4) *antisocial factor* (poor behavioral controls, early behavior problems, juvenile delinquency, revocation of conditional release, or criminal versatility).

This measure can be used to identify corporate psychopaths who possess the same traits; in fact, while researchers have reported a prevalence rate for psychopathy of about 1% in the general

population, some have found a 4% rate of psychopathy in higher management using the same instrument (the Psychopathy Checklist-Revised). Although psychopaths in the workplace may score as high as psychopaths who are incarcerated on the Psychopathy Checklist-Revised, some have argued that they score higher on interpersonal traits and lower on antisocial traits. However, while much is known about the way psychopaths operate in society, the same is not true for psychopaths in the workplace where more research is needed.

Corporate Psychopathy and Misbehavior in the Workplace

Counterproductive work behaviors have been associated with important costs to organizations and other employees. These behaviors include psychological harassment, fraud, and antisocial behaviors. Not surprisingly, research has identified psychopathy as one of the predictors of counterproductive work behaviors. Psychopathy is associated with interpersonal aggression and is a strong predictor of bullying. In the workplace, psychopathy is associated with workplace harassment and incivility toward coworkers. To psychopathic individuals, others are merely accessories to their personal success; they will not hesitate to claim others' work as their own and discredit others to gain higher management's trust and support. These negative behaviors can lead to lower job satisfaction, lower productivity, and higher rates of employee turnover in teams that include psychopathic individuals. Moreover, as is the case for other types of crimes they perpetrate, psychopathic individuals carry out these harmful behaviors in the workplace without a trace of remorse or guilt.

Corporate Psychopathy and White-Collar Crime

White-collar crime is an understudied concept, perhaps because the impact of these types of crimes is not as immediate and visible as the impact of violent crimes. Indeed, compared with violent crimes such as murder and physical aggression, the marks left by white-collar criminality are far less visible but nonetheless

ravaging. What is clear, however, is that white-collar criminals exploit and defraud organizations and individuals. Companies have been driven to bankruptcy leaving people without jobs and money on which to live or retire. While corporate psychopaths may differ from psychopaths in prison settings by presenting better interpersonal skills to deceive and manipulate others and by having performed fewer criminal acts associated with street violence or general criminality, both are callous individuals who are out to satisfy their own personal needs and who will not hesitate to exploit others to get what they want. Furthermore, some types of white-collar offenders are willing to resort to physical aggression and murder in order to prevent their schemes from being detected.

It is clear that psychopaths' great manipulation skills and their ability to manipulate and deceive others without feelings of guilt and remorse make them the ideal candidates for white-collar crime. In fact, the interpersonal manipulation tactics used by psychopathic individuals to execute fraud schemes (e.g., gaining trust and making promises appealing to the other person such as promises of wealth or success) are the same tactics used in selection interviews to manipulate their way into organizations in the first place.

Corporate Psychopathy: Entering Organizations and Attaining Promotions

Part of what defines psychopathy is superficial charm, a grandiose sense of self-worth, pathological lying, and conning or manipulation. These traits help psychopathic individuals create and use impression management tactics that can influence decision makers in employee selection and promotion processes. Because employee selection is often based solely on an interview, decisions are influenced by well-known biases introduced by candidates such as physical attractiveness (well-dressed, nice haircut), showing low anxiety, praising the interviewer, and self-promotion. Psychopathic individuals are prone to using all of these interview biases; in fact, the constellation of traits forming psychopathy actually makes them masters of manipulation.

Once hired, psychopathic individuals employ tactics to obtain good performance reports and

promotions in order to climb up the corporate ladder. Individuals with psychopathic traits manipulate coworkers and superiors to get what they want. They control their image by flattering people in positions of power, claiming others' work as their own, and blaming others for their own failures. Because promotions are frequently given based on immediate supervisors' and higher managements' impressions of the employee, individuals presenting psychopathic traits are more likely to be promoted. Promotions oftentimes include management responsibilities, placing psychopathic individuals in leadership positions within their organizations. Although they might share traits with good leaders, managers presenting psychopathic traits will eventually cause pain and suffering to their subordinates and promoting these individuals will come at high costs to the organization.

Corporate Psychopathy and Leadership

There are differences between traits related to leadership emergence (being perceived as a leader at first impression) and leadership effectiveness. While extroversion, charisma, low anxiety in stressful situations, being able to make hard decisions and making grandiose promises can be associated with leader emergence, it takes more than this for a leader to be perceived as effective in the long run. In essence, the traits associated with leadership emergence, such as charisma and extroversion, are perceived as a promise of future effectiveness. However, sometimes the traits associated with leader emergence are simply characteristics of individuals presenting dark personalities. Indeed, traits associated with leadership emergence are mostly related to presentation skills (charisma, verbal agility, grandiose vision, and promises) and are also associated with corporate psychopathy. On the other hand, leader effectiveness is measured through the leaders' ability to care for and coach their employees, motivate and mobilize their teams to attain organizational goals, and deal effectively with conflicts when they arise.

Psychopathic individuals would not be able to meet any of these leadership expectations. While psychopathic individuals are perceived as charismatic, creative, and good communicators, they are rated low on management skills and being a team

player. Moreover, supervisors who are scored high on psychopathy by their subordinates are more likely to use abusive leadership behaviors toward them. In fact, psychopathic traits in leaders are associated with lower levels of employee job satisfaction and work motivation and higher levels of employee turnover intentions, job neglect, and work-family conflict. These results suggest that psychopathy might be an underlying factor of abusive leadership, which is associated with great costs to both subordinates and the organization. Although corporate psychopaths may seem like leaders at first sight, in the long run, they will not prove to be good leaders.

While managers are often hired based on their task-oriented skills and presentations skills during interviewing processes, it is their lack of interpersonal skills that get them fired (after having inflicted damage around them). Leader selection processes that take into consideration skills, such as empathy, humility, and conflict resolution, might make it harder for psychopathic individuals to enter organizations and obtain promotions to leadership positions. However, these skills seem to be very low in the hierarchy of traits that selection experts generally seek in a leader; in fact, in many corporate contexts, selection experts are instructed to look for self-assured candidates who display the most charisma and presence and show no sign of emotion, including empathy.

Prevention

Psychopathic individuals have been found responsible for a disproportionate number of violent crimes committed, and there is reason to believe that these numbers could translate to white-collar crimes. While the latter has not received as much attention as violent offenses, white-collar crimes hurt individuals and have serious repercussions for the economy and society in general.

White-collar crimes are not the only avenue taken by corporate psychopaths to hurt others; they also resort to workplace harassment, abusive supervision, and other forms of aggressive behaviors in the workplace. As is the case for white-collar crime, the impact of aggressive behaviors in the workplace is not visible, but it is nonetheless devastating for coworkers and employees.

One way to prevent these individuals from committing white-collar crime or abusing employees is to prevent them from obtaining positions within organizations where they have access to money or power over employees. To do so, organizations can invest in employee selection processes that include structured interviews based on competencies judged essential for the position, psychometric testing, and background checks. However, many organizations may not recognize the full implications and costs of white-collar crime and abusive supervision and thus are not likely to spend money on extensive selection and promotion processes. Furthermore, the common perception that white-collar criminality is a victimless crime can hinder prevention efforts, allowing the presence of psychopathic individuals in the corporate world to proliferate.

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See also Corporate Crime; Psychopathy; Psychopathy, Etiology of

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CORRECTIONAL AGENCIES

The earliest correctional agencies in the Western world developed almost 900 years ago when King Henry II of England built county jails for the temporary detention of debtors and those who had committed minor offenses. In the 15th century, houses of corrections or workhouses (another English innovation) were aimed at forcing the *idle poor* (i.e., vagrants, beggars, and delinquents) to work off debts while in confinement. The English also used prison hulks, or decommissioned Navy ships, to house convicts while floating at anchor in the Thames River.

In the United States, the first correctional agencies, county jails, developed in the 17th century. In 1818, the Pennsylvania legislature authorized construction of two new prisons, the Western Penitentiary near Pittsburgh and the Eastern State Penitentiary in Philadelphia. The penitentiary concept was designed to isolate miscreants and provide them with a place to do penitence, pastoral counseling, and reasonable discipline that would help them correct antisocial behavior. The Western Penitentiary was completed in 1826 and was in use until demolished in 1880. A new facility was constructed in 1882 and is still in use (the State Correctional Institution at Pittsburgh). The Eastern State Penitentiary was finished by 1829 and became a model for prisons in a number of states and in several European countries. The Commonwealth of Pennsylvania closed the facility in 1971, 142 years after it admitted its first inmate.

From these early efforts, a vast complex of correctional agencies has emerged across the United States. These range across security levels from probation in the community to super maximum security prisons. Between these two extremes, there are many different kinds of institutions with varying levels of security and differing types of confinement. This entry discusses these various correctional agencies in some detail from the least secure to the most.

Community Correctional Agencies

The largest correctional agencies are the more than 2,000 state- or county-run probation offices

entrusted with supervising people convicted of both misdemeanors and felonies, while they remain in the community. These agencies employ more than 100,000 probation officers and other administrative staff. The first use of probation began with the volunteer services of John Augustus in Massachusetts, a local businessman who in 1841 accepted his first probation client. Over an 18-year period, Augustus bailed out and supervised approximately 2,000 probationers, helping them get jobs and establishing themselves in the community. Recognizing Augustus's achievements, Massachusetts formalized probation in 1859, a year after his death, creating the nation's first paid probation officers. Based on the model that Augustus pioneered, the practice of probation spreads rapidly around the country.

Probation allows an offender to remain in the community for the duration of his or her sentence under supervision by an officer of the court. While on probation, the offender is required to comply with whatever conditions and rules the court imposes. Probation can be a standalone sentence but typically involves suspension of a term of incarceration in return for the promise of good behavior in the community under the supervision of a probation officer. If the rules are violated or the probationer commits another offense, probation may be revoked, which means that the contract is terminated and the original sentence of imprisonment is enforced. While on probation, clients are typically enrolled in social service programs to help them deal with the problems that resulted in their criminal convictions. This might include anger management, drug counseling, education programs, and the like.

The United States has approximately 2,000 adult probation agencies. More than half are associated with a state-level agency. State-run probation allows uniform standards of policy making, recruitment, training, and personnel management to be applied to probation practices throughout the state. Coordination with the state department of corrections and with the parole service is also facilitated by state-run, or centralized, probation models. In the remaining states, probation is primarily a local responsibility. In these jurisdictions, state offices are accountable only for providing financial support, setting standards, and arranging training courses.

About 30 states combine probation and parole supervision into a single agency. Since both probation and parole have the same set of goals and the same skills are required for the supervision of offenders, a combined system conserves scarce resources, requiring only one office, one set of directives, and one supervisory hierarchy.

In addition to local and state-run agencies, federal courts administer probation services. The U.S. Probation and Pretrial Services division provides probation and pretrial services to the U.S. District Courts. U.S. District Court judges control federal probation services, but the probation division's administrative offices handle the recruitment and training of personnel.

In some jurisdictions, the private sector also administers probation agencies. The private supervision of misdemeanor probationers was first implemented in Florida in the 1970s under the supervision of the Salvation Army Misdemeanor Program. At its peak, Salvation Army Misdemeanor Program employed 200 counselors in 37 counties and supervised 14,000 clients a month. As of 2018, probation agencies in about 10 states (e.g., Georgia, Mississippi, Tennessee, Florida, Alabama, Connecticut) still use privatized probation services for low-risk offenders.

Intermediate Sanctions

In addition to traditional services, modern probation agencies dispense a range of *intermediate sanctions*. These can include intensive probation, financial restitution, community service, house arrest, and electronic monitoring. Intermediate sanctions allow judges to match the severity of punishment with the severity of the crime. They are more intrusive than traditional probation but less invasive and stigmatizing than an incarceration sentence.

Intermediate sanctions fall along a continuum ranging from the least intrusive (e.g., fines, community service) to the most intrusive (e.g., house arrest, electronic monitoring, placement in a residential community-based facility). It is also possible to combine a variety of intermediate sanctions into a single sentence. Clients in an intensive probation program may be, for example, assigned to house arrest and placed on electronic monitoring. Other offenders may be sentenced to

a short period of confinement before they begin their probation sentence. This is referred to as *split sentencing* or *shock probation* and is intended to *shock* offenders into conformity after briefly experiencing prison life. *Residential confinement* is a form of confinement that takes place prior to imprisonment (halfway-in) or following imprisonment (halfway-back). Boot camp programs are also perceived as intermediate sanctions.

Some probation agencies operate group homes, halfway houses, and work release programs that provide residential services for probationers who are allowed to live in the community while receiving treatment services ranging from drug counseling to cognitive behavior therapy. These facilities include both governmental and privately administered programs. One popular approach is referred to as the therapeutic community, a therapy program that aims to refocus or resocialize the resident and uses the program's entire community (including other residents and staff) as active components of treatment. Residents learn the techniques needed to develop personal responsibility, which can eventually lead them to socially productive lives.

County Correctional Agencies: Jails

Jails had their origin in medieval England, where they were initially conceived of as a place for detaining suspected offenders until they could be tried and punished. Over time, jails gradually evolved to serve the dual purposes of detention and punishment. Early jails were catchall institutions that held not only criminal offenders awaiting trial but also vagabonds, debtors, the mentally ill, and assorted others. Inmates were not segregated by age, gender, or seriousness of offense. The most common reason for locking people up in jails was unpaid debts, a practice that guaranteed the poor could never earn the money they owed.

The first colonial jails were established in Massachusetts and Virginia, but it was Pennsylvania jails, established by reformer William Penn in the 17th century, that later became the model for other states. In 1773, the Walnut Street Jail was constructed in Philadelphia. In the Walnut Street Jail, prisoners were employed at hard labor in the institution and taken out in public during the day to repair and clean streets and highways. The

assumption was that hard work would build discipline and aid reform.

The modern local county jail is a correctional agency with a dual purpose. First, it is used to detain people before trial who cannot make or afford bail or those who fall under mandatory arrest statutes who cannot be released in order to protect their safety or the safety of others. Someone arrested for driving while intoxicated, for example, might remain overnight or longer in a jail for his or her protection, as well as the protection of the general public. Jails also hold convicted inmates sentenced to short terms (generally a year or less) for petty offenses, such as simple assault or petit larceny. Jails are usually administered by the county sheriff but are sometimes managed on a regional basis or, in a few cases, by the state or federal government.

There are a number of models used to administer jail agencies. *Some* cities and counties separate detention and incarceration functions. In New Hampshire and Massachusetts, for example, a house of corrections holds convicted misdemeanants and a county jail holds pretrial detainees. Four states have full operational responsibility for jails; these include Connecticut, Delaware, Rhode Island, Vermont, and except for five locally operated jails, Alaska.

A widely used alternative to local or state control is regional or multicounty arrangements. Kentucky, Virginia, West Virginia, North Dakota, South Dakota, Nebraska, and Kansas were the first states to adopt regional jails. This arrangement typically exists when a jurisdiction with an adequate jail is willing to contract with neighboring cities and counties to house prisoners on a per diem basis, or when a group of local governments decides that no existing facility is adequate and chooses to build a new regional jail or *detention center*. Local governments may decide to specialize and house different populations, such as juveniles, females, pretrial detainees, or convicted felons awaiting transportation to state prisons.

Some states provide subsidies to county facilities. Almost 60% of states provide technical assistance to local governments to address jail issues, and about 50% provide training for jail personnel. In addition, some subsidy programs assist jails in complying with state standards and in making capital improvements ordered by courts.

There is a wide range of jail facilities. Large urban centers routinely maintain jails holding more than 1,000 inmates. In contrast, small, rural jails might hold fewer than 50 inmates. Each has its own set of challenges. Rural jails, for example, typically provide few programs, rarely have adequate staffing, and are less likely to have satisfactory suicide prevention policies in place. In contrast, urban jails must deal with overcrowding, violence, inmate sexual victimization, contraband being brought into the jail, and even staff corruption.

As of June 2016, about 740,000 inmates were being held in jails, most of whom are pretrial detainees held in the nation's largest counties. After decades of steep increases in U.S. jail populations, inmate levels have begun to stabilize and even decline. Jail incarceration rate declined from a peak of 259 inmates per 100,000 U.S. residents at midyear 2007 to 229 per 100,000 at midyear 2016.

Secure Correctional Agencies: Prisons

Secure correctional agencies oversee the intake, incarceration, and release of the more than 1.5 million men and women sentenced to a felony prison term. There are 50 separate state departments of corrections as well as one for the District of Columbia. The systems are difficult to compare and evaluate because of differences in ideology, structure, and programs. The quality of previous correctional leaders, the resources available, and the volume of inmates has largely shaped what takes place within each independent correctional agency.

In addition to state prisons, The Federal Bureau of Prisons oversees more than 120 correctional institutions (in addition to 13 privately operated facilities), six regional offices, a central office in Washington, DC, two staff training centers, and 26 community corrections offices. The Federal Bureau of Prisons is responsible for the custody and care of more than 210,000 federal offenders, of whom 81% are confined in bureau-operated correctional institutions or detention centers. The remaining offenders are confined through agreements with state and local governments or through contracts with privately operated community correctional centers, detention centers, and juvenile facilities.

Types of Prison Facilities

Both federal and state agencies maintain a variety of correctional facilities. Minimum-security prisons, medium-security prisons, maximum-security prisons, and supermax prisons are described below.

Minimum-Security Prisons

Minimum-security prisons house nondangerous and nonviolent offenders. They have relaxed perimeter security, sometimes without fences or any other form of external security. Inmates work, go to school, and take vocational classes. They are often permitted to work at outside jobs, such as on road crews or doing exterior maintenance. These facilities have generous visitation policies with contact visitation, sometimes including even short home furloughs. They offer a safer environment for both staff and inmates than do other types of prisons.

Medium-Security Prisons

Medium-security prisons house more dangerous or repeat offenders. They are typically built with single or double fencing and have guarded towers or closed-circuit television monitoring, sally-port entrances, and zonal security systems to control inmate movement within the institution. In medium-security prisons, the emphasis is on controlled access to programs and internal facilities. Prisoners assigned to medium custody can be locked down in emergencies, but it is expected that they will participate in industrial and educational activities within the prison. The rationale behind medium-security facilities is that a good deal of freedom of movement and the availability of programs within a technologically secured perimeter can help inmates work toward a successful release.

Maximum-Security Prisons

Maximum-security prisons house dangerous and repeat offenders. They are generally large and imposing physical structures. Some of the older maximum-security facilities in the United States are surrounded by stone walls with guard towers at strategic places. These walls may be 25 or more

feet high. Newer maximum-security facilities, however, tend to be surrounded by several fences (including some that may be electrified) because of the expense of stone walls.

Supermax Prisons

State and federal correctional agencies have created the so-called supermax prisons to house their most dangerous inmates. More than 40 states have either built supermax prisons or added high-security units to existing facilities to contain problem prisoners. More than 25,000 male and female inmates are now housed in 57 supermax facilities across the nation. These inmates include antiabortion activist and “Olympic Park Bomber” Eric Rudolph and terrorists such as Richard Reid, Terry Nichols, Zacarias Moussaoui, and Boston Marathon bomber Dzhokhar Tsarnaev.

The most famous supermax prison is the 484-bed United States Penitentiary, Administrative Maximum Facility in Florence, CO. Administrative Maximum Facility has the most sophisticated security measures in the United States, including 168 video cameras and 1,400 electronically controlled gates. Inside the cells, all furniture is immovable and virtually indestructible. Beds, desks, and television stands are made of cement. All potential weapons, including toilet seats, toilet handles, and soap dishes, have been removed. The cement walls are capable of withstanding 5,000 pounds of pressure, and steel bars are placed so that they crisscross every 8 in. inside the walls of the institution. Cells are angled so that prisoners can neither see each other nor the outside scenery. This cuts down on communication and denies inmates a sense of location, to prevent escapes.

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See also Jails; Prison Security Levels; Prisons; Privatization of Prisons; Probation

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CORRECTIONAL BOOT CAMPS

The term *correctional boot camps* refers to correctional programs that involve a relatively short period of placement (90–180 days) in a setting similar in environment, attitude, and activities to military basic training or boot camp. The offenders, often referred to as *cadets*, involved in a correctional boot camp program are required to participate in military-style drills and physical activities and are required to comport themselves in a manner similar to the military (e.g., responding to questions with a vigorous “Yes, Sir!” or “No, Sir!”). Correctional boot camp cadets typically are youthful, nonviolent offenders with few prior convictions.

Advocates of correctional boot camps claimed these programs are effective in reducing subsequent offending and helped reduce the prison population by being an alternative to imprisonment. In a roughly 25-year period starting in the early 1980s, correctional boot camps emerged, became common, and then fell into obscurity. The rise of correctional boot camps is largely explained by their fit with *tough on crime* movement of the 1980s and 1990s, and their decline was fueled by mounting evidence of their ineffectiveness in achieving their stated goals as well as numerous instances of egregious cadet abuse.

Common Elements of Correctional Boot Camps

Correctional boot camps share many common elements. Most notably, all boot camps have an atmosphere simulating military basic training. The housing units typically resemble military barracks (not prison or jail cells). Cadets and correctional officers wear military-style uniforms. Correctional officers are given military ranks (e.g., sergeant,

major). Cadets are organized into groups typically called *platoons*. Members in the same platoon live and eat together, complete military exercises and drills together, and graduate together.

Correctional boot camps are commonly organized into three or more phases. Program activities vary by phase. Typically, early phases involve higher levels of exercise and military drills and later phases involve higher levels of community service (e.g., picking up trash) and treatment programming. In all phases, cadets are required to wake up early (5 a.m.) and engage in various activities throughout the day; there is little to no time for unstructured activities. The structured activities involve exercise, military drills, completing obstacle courses, community service, educational programs, vocational programs, and treatment programs. The typical correctional boot camp program is intended to last 90–180 days, but the actual length of confinement is often longer due to in-program misbehavior. Minor misbehavior is disciplined using physical exercises such as push-ups and verbal reprimands. Repeated and serious misbehavior typically is met with the removal of valued privileges and/or program expulsion. Expelled cadets most often are moved to traditional correctional institutions (i.e., jails, prisons) to serve a longer period of confinement. Successful cadets, on the other hand, are celebrated with a graduation ceremony for each platoon.

Most correctional boot camps have eligibility criteria that limit those involved to youthful offenders with relatively minor criminal history. The physical vigor of boot camps leads to older offenders and offenders with serious medical programs being ineligible for boot camps. Thus, the typical correctional boot camp cadet is younger than 35 years of age and many, if not the majority, are under age 25. Furthermore, correctional boot camp programs are used in most jurisdictions as an intermediate sanction in between probation and prison, suited for nonviolent offenders with a limited number of prior convictions. This population is viewed as being amenable to boot camps, as boot camp advocates contend that these offenders will be deterred by the harsh environment of correctional boot camps and the military discipline at the heart of each correctional boot camp will instill self-discipline in these wayward youth.

In addition to the pseudo-military atmosphere, the vast majority of correctional boot camps

incorporated rehabilitative programming. In fact, correctional boot camps appear to have evolved toward greater use of rehabilitative programming over time. The earliest correctional boot camps, which were introduced in 1983, had little to no rehabilitative program other than educational programs. By contrast, later correctional boot camps included considerable rehabilitative programs, especially drug treatment.

The Proliferation of Boot Camps

The first modern correctional boot camp appeared in the United States in 1983, when two correctional boot camps opened (one in Oklahoma and one in Georgia). From there, correctional boot camps spread rapidly. Ten years later, the number of correctional boot camps rose to at least 59; and in 1995, there were at least 120 correctional boot camps operating in the United States.

The growth of correctional boot camps was driven by many factors; however, three factors appear most prominent. First, the policies and philosophy guiding sentencing and corrections in this era changed to a *tough on crime* approach. The U.S. prison population grew at unprecedented rates in the 1980s and 1990s, as a direct result of these policy changes. This glut of prisoners strained the capacity of existing prisons and created a need for alternatives to prison. Second, correctional boot camps with their strict, militaristic atmosphere were emblematic of the tough on crime approach. Congress blessed the boot camp model by providing federal funds to jurisdictions to implement correctional boot camp programs in the Violent Crime Control and Law Enforcement Act of 1994. Third, proponents of correctional boot camps successfully argued that correctional boot camps not only provided an intermediate sanction for offenders too serious to be placed on probation and too marginal to be imprisoned but also reduced prison populations and prison costs by diverting marginal offenders from strained prisons.

Research Concerning Correctional Boot Camps

The growth in the number of correctional boot camps largely preceded rigorous research examining the effectiveness of correctional boot camps to

control prison populations and reduce recidivism. In time, however, a voluminous body of research focused on these issues, particularly correctional boot camp's effect on recidivism. This body of research also examined the effect of correctional boot camps on prisoner adjustment to confinement, as boot camp critics contended that the confrontational, punitive environments of correctional boot camps would have harmful psychological effects on youthful offenders, especially those with histories of abuse.

Succinctly stated, the research does not support the contention that correctional boot camps reduce recidivism. A host of studies evaluated correctional boot camp's effects on recidivism. In 2005, David B. Wilson, Doris L. MacKenzie, and Fawn Ngo Mitchall synthesized these studies using meta-analytic techniques. The overwhelming majority of these evaluations found no meaningful or statistically significant differences in the recidivism rates of correctional boot camp participants and similar offenders who were sentenced to traditional sanctions. Thus, Wilson and colleagues concluded that correctional boot camps are ineffective in reducing recidivism—correctional boot camp participation had no measurable effect on recidivism in either direction. However, correctional boot camps that incorporated greater levels of rehabilitative treatment programming did exhibit lower levels of recidivism among their cadets than among offenders sentenced to traditional sanctions.

The question becomes: Why are correctional boot camps ineffective in reducing recidivism? The evidence suggests that perhaps this ineffectiveness is due to the fact that boot camp participants do not find the correctional boot camp atmosphere particularly onerous. Contrary to boot camp advocates' claim that correctional boot camps' harsh, Spartan environments would be perceived as grueling and objectionable and as a result deter subsequent offending, the empirical evidence indicates that boot camp participants have more favorable perceptions of their correctional experience in comparison to offenders confined in traditional facilities. In all likelihood, the favorable perceptions of correctional boot camps are attributable to the fact that correctional boot camps solve one of the central problems of confinement—boredom. The heavily structured

schedule of correctional boot camps permits little idle time, and thus boredom is minimized. On the other hand, critics of the boot camp model contend that correctional boot camps are ineffective because they do not offer sufficient treatment programming aimed at the risk factors known to predict recidivism. The empirical research also contradicts this explanation, in that, on average, correctional boot camps had as much rehabilitative programming as traditional facilities. Taken together, these findings suggest that correctional boot camps are no more effective than traditional kinds of confinement because boot camp participants do not perceive the correctional boot camp environment as especially onerous and boot camp participants receive comparable levels of rehabilitative treatment as offenders confined in traditional facilities.

The research assessing correctional boot camps' purported ability to reduce prison population is more limited. Yet, this research indicates that correctional boot camps, like other intermediate sanctions, do not reduce prison populations. The reason for this failure to reduce prison population is simple—most offenders eventually sentenced to correctional boot camps would have been sentenced to some form of probation had correctional boot camps not existed. Thus, correctional boot camps are more likely to *widen the net* by exposing those who would have been sentenced to probation, rather than divert those who would have been sentenced to prison (or longer jail sentences). Moreover, a considerable portion of those committed to a correctional boot camp program is eventually expelled for noncompliance, which typically results in these offenders being placed in secure confinement for longer periods than they would have served in the correctional boot camp program. As a result of these two factors, the research indicates that correctional boot camps have minimal effects on prison populations or prison costs.

A sizable body of research also examines offender adjustment to correctional boot camps in comparison with offender adjustment in other kinds of correctional facilities. Opponents of correctional boot camps contend that the environments of boot camps lack the supportive care necessary to rehabilitate troubled youth, and the confrontational atmosphere of boot camps may

actually harm youth with histories of neglect and/or abuse. The boot camp adjustment knowledge base indicates that the majority of boot camp participants quickly adjust to the boot camp environment; however, some participants have considerable difficulty with this adjustment. Consistent with the contentions of boot camp critics, those at most risk of adjustment problems are those offenders with histories of abuse. Yet, even among offenders without such histories, a minority of offenders has more problems adjusting to correctional boot camps than do offenders sentenced to traditional institutions. These offenders are unwilling or unable to comply with correctional boot camps' rules and as a result run afoul of correctional boot camps' strict code of conduct.

The empirical research examining correctional boot camps finds that these correctional programs are neither as effective as their proponents claim nor as harmful as their critics claim. Correctional boot camps do not reduce the recidivism as their proponents claim, but they do not increase recidivism as their critics sometimes assert. Correctional boot camps do not reduce prison populations or costs, yet they most likely do not increase populations or costs. Likewise, correctional boot camps do not affect adjustment for the majority of offenders.

The Demise of Boot Camps

Since the late 1990s, the number of correctional boot camps in the United States has dropped dramatically. For example, between 1995 and 2000, one quarter of all correctional boot camps were closed. This contraction in the number of boot camps accelerated in the new millennium. In 2018, only a small number of boot camps remained in operation.

Correctional boot camps' demise is largely explained by a dramatic erosion in their political support. Correctional boot camps once received considerable bipartisan political support. This support diminished as evidence mounted of correctional boot camps' ineffectiveness in reducing prison populations and recidivism. Furthermore, the erosion in political support for correctional boot camps was accelerated by reports of offender abuse at the hands of correctional staff.

Several prominent cases of offender abuse garnered media attention and apparently sparked a

backlash against correctional boot camps. Youthful offenders in several states died due to being pushed passed their physical limits and/or being deprived of access to medical attention. Perhaps the most dramatic and prominent case of offender abuse at a boot camp was the videotaped death of Martin Lee Anderson. Anderson was a 14-year-old boy, who was confined at one of Florida's numerous boot camps. On his first day in the boot camp, he was forced to engage in physical activities including a run. When he complained of fatigue and shortness of breath, correctional officers coerced Anderson to continue his exercise by using force—all of which was captured on videotape. Anderson collapsed, and 1 day after being admitted to the boot camp, he died. Anderson's death combined with numerous preexisting complaints of abuse were a direct cause of the demise of correctional boot camps in Florida, all of which were ordered closed. Thus, Florida, once a state with numerous correctional boot camps for juvenile offenders, has none in 2018. Florida is a microcosm of a national retreat away from correctional boot camps, which eventually resulted in only a handful of correctional boot camps remaining in operation.

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See also Punishing Smarter Programs; Punishment, Effective Principles of

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CORRECTIONAL MANAGEMENT

Correctional management can be defined as the leadership and governance of a prison or jail facility. Those who are responsible for the confinement of offenders are charged with operating safe and humane facilities that protect the public, staff, and inmates of the institution. The chief executive officer (CEO), often referred to as the warden or superintendent, and his or her staff are responsible for many varied activities. They are responsible for providing all services one would expect: food, medical care, maintenance services, jobs, recreational facilities, laundry, as well as the provision of a safe and clean environment. Add to this list the provision of programs that provide inmates an opportunity to improve themselves for their future return to their home community: education options that range from adult basic remedial schooling to GED (General Educational Development) programs as well as vocational training offerings that assist offenders as they improve their employability for the future. In addition, management often offers specific programs such as anger management, drug treatment, and parenting classes.

The general environment of prisons and jails is inherently negative, and staff are tasked with controlling the environment, keeping order, and providing the appropriate level of services for the correctional population. Order stems from controlling violence, ensuring a calm environment, and instilling a sense of fairness in how the institution is managed. Given that offenders may challenge authority, correctional leaders ensure that rules are followed and courtesies extended to and from inmates. Correctional leadership and management are responsible for accomplishing all of these tasks—control, supervision, and accountability—while creating an environment in which staff members manage the inmate population in a professional and positive manner.

Diverse Inmate Populations

One challenge for those charged with managing correctional populations today is the variety of inmate needs that must be met in a safe and constitutional manner. These offender issues range from behavioral problems to geriatric care, and

each inmate has specific custodial and care requirements.

Institutional security begins with an inmate classification program. Nearly all correctional systems offer separate institutions for specific security needs (minimum, medium, and high security), specific medical and mental health support, and for offenders with special needs. A professional, empirically based classification system separates inmates according to needs and allows the correctional administrators to designate each to the proper facility designed for the offender's specific requirements.

Prisoners who are not able to behave at lower security-level institutions may be moved to higher security facilities within the correctional system. In addition, convicted offenders who have demonstrated a history of violence, in past offenses or in their current offense behavior, or those who act out and present disciplinary challenges are typically placed in more secure institutions. Correctional staff at these higher security institutions implement not only additional security but also increased supervision of inmates.

Medical and mental health issues are a major consideration in today's prison and jail systems. Inmates with physical infirmities must receive adequate care while they are confined. In addition, an increasing number of convicted offenders are classified as special needs inmates; these men and women have various mobility, vision, and hearing impairments, and correctional managers must make reasonable accommodations for them, by both law and policy.

Prison and jail populations also contain large numbers of inmates with mental health concerns. Serious mental illness and individuals with pervasive personality disorders often present with emergent issues that require significant staff time and concomitant cost. Correctional mental health professionals and line staff members must be able to discern those who are merely behaving badly from those with serious mental health concerns, and all staff must be trained to interact professionally with those with mental illness. Such inmates, regardless of the security level of the facility, must be provided with a reasonable level of psychiatric and psychological care.

The varied correctional strategies necessitated by the diversity of inmate needs requires an

ongoing effort on the part of institution leaders and professionals at all levels of the facilities.

Correctional Leadership

As in every organization, public or private, the CEO and senior leadership staff shape the difference between mediocrity and a great place to work. The leader's ability to set the vision, establish the tone, and communicate with employees is a key factor in an agency's success. Multiple researchers and criminal justice practitioners have documented the simple concept that the quality of any prison and jail operation is directly attributable to the quality of correctional leadership. Succinctly put, excellence in leadership in the institutional setting results in a safe, secure, more effective, and humane facility for the inmates to live and staff to work.

Effective leaders cultivate a sense of pride in their correctional staff. Their employees are well trained, are supported by supervisory personnel, and believe they have chosen a career in public service where their work makes a difference in the lives of inmates and the protection of the public. Those involved in correctional leadership must consistently keep the vision and mission of these goals in front of staff at all levels of management and the line staff.

Correctional institutions each have a unique environment and the quality of institutional operations varies across the United States and the world. Yet facilities that are seen by their constituents and peers as first-rate operations consistently rank high in terms of morale, professionalism, and proficiency. In other words, leaders in this field ensure that their prisons and jails provide good order and rank high in terms of safety, sanitation, and level of service.

Correctional Philosophy

The United States has a legacy of punishment that dates to its colonial past and beyond to its European heritage. The concept of vengeance or *just desserts* makes up a large part of Americans' collective expectations of federal, state, and local justice systems. Most Americans agree that the country's prisons and jails are intended to punish those who have harmed other citizens or the

government. How society punishes has evolved over the years and has been shaped by judicial interpretations of the Constitution of the United States.

The idea of rehabilitation has been introduced over the last 200+ years and reflects the idea that correctional institutions must offer inmates the opportunity to change their behavior and return to society as law-abiding citizens. While criminal careers vary and do not follow predictable patterns, many believe that correctional managers have an obligation to offer a new future to convicted offenders who wish to take advantage of institutional programs that offer help.

The effective correctional leader today must have the ability to merge these two competing concepts of controlling inmates as well as helping them. These philosophies of correctional leadership are not mutually exclusive and must be offered to all offenders as institutional staff guide them throughout their confinement. Correctional staff must consistently point incarcerated individuals toward their eventual release to their home community. Successful prison and jail leaders manage safe and secure facilities yet merge such control with the concepts of hope and change. Effective correctional leaders value both philosophies and ensure their mid-managers and line staff members understand the importance of each.

Interpersonal Relations

The CEO of a correctional institution must be able to communicate effectively and reasonably with many entities: staff, inmates, union officials, members of the community, the media, the state and federal courts, and elected representatives at all levels of government. Performance excellence in any public, nonprofit, or for-profit organization requires the ability to listen, respond appropriately, and lead in the face of adversity. Whether dealing with inmate or staff grievances, employee meetings, or interviews from an interested reporter, the institutional leader must be knowledgeable of all local operations and able to explain the importance of the subject under discussion. Moral leadership is always required, but the CEO must also understand the history and dynamic behind the issue under discussion.

Correctional leaders must grasp any issue from the vantage point of all parties and have the ability to empathize with another point of view. Nevertheless, leadership demands that decisions be made that are appropriate for the safety and security of the public, the inmates, and the staff of the facility.

Strategic Planning

Effective strategic planning is a necessity, and correctional staff members look to the senior executives for direction and support. Senior managers and their line staff must establish and reinforce the mission and vision for the overall agency and each individual facility. Once the operational philosophy is established, personnel at all levels are then invited to participate in the goal-setting process to determine the best means of accomplishing the priorities of the organization. Once this planning effort has been completed, it is much easier for senior executives to ask for and receive buy in from all personnel working within the agency.

For training and orientation purposes necessary to proactive correctional management, all new staff must understand how their responsibilities are critical to the success of the mission of the institutional program. It is extremely important for a new correctional officer to understand why his or her tasks are important aspects of public safety. In other words, even mundane tasks associated with good inmate accountability is more than *completing the count* for evening lockdown, it is pivotal to the precepts of pride and efficiency in one's work. Daily tasks that are done well become key to professional behavior and good morale—and effective custody procedures can create public confidence in the agency. All of these positive outcomes begin with professional managers involving staff at all levels in developing a definition of the mission and planning the activities that will help plan the path to successful outcomes.

Additional Influences

Correctional agencies do not exist in a vacuum but operate in a complicated legal and political milieu. Historically, judiciary and elected officials generally deferred correctional issues to the penal experts managing the institutions. Since the mid-1970s, however, judges and elected leaders have become

more involved in correctional issues such as the conditions of confinement, inmate medical care, quality of food and sanitation, and overcrowding. Judges may even impose judicial oversight orders, whereby they essentially *take-over* some or all of the operational responsibilities for institution management.

Elected officials have also become engaged in correctional oversight. Some have demanded changes within institutions, both to save money and to garner the reputation of being tough on crime and criminals. A consequence of such external attention has been harsher outcomes such as no parole, mandatory minimum sentences, and the national expansion of the numbers of Americans confined. Some politicians have even ventured into the arena of determining what programs and activities correctional staff may offer to the thousands of inmates incarcerated in various facilities across the nation.

The media—national and local print and electronic media—have a profound impact on how prison and jail administrators do their job. There is a critical interplay between the press and the criminal justice systems in the United States. Effective penal administrators understand this relationship and provide the opportunity for an open and honest exchange of information with the members of the fourth estate.

Final Thoughts

In the United States, confinement has become the primary and expected punishment for criminal behavior, and the numbers of people confined in federal, state, and local correctional institutions have become immense. Correctional management is a complex task that requires knowledge ranging from security requirements and procedures, to safety requirements, to developing positive relations with neighbors that live near a penal institution. In other words, many varied tasks are involved in this field, and successful and professional management of the nation's confinement of those convicted of violating the law relies on effective leadership.

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See also Corrections; Inmate Classification, Methods of; Institutional Violence and Misconduct, Assessment and Management of; Prison Security Levels; Prisons

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CORRECTIONAL OFFICER STRESS

The position of correctional officer is unique in many ways. Staff are accountable for supervising an often unwilling, hostile, and even violent population, 24 hr/7 days a week. Correctional officers are responsible for the care, custody, and control of inmates, which ultimately determines the success or failure of a correctional institution. Daily contact with offenders who have antisocial and antiauthoritative attitudes, who can be uncooperative and manipulative, who display mental and physical health problems, who participate in sexual deviancy, and who can be physically violent at any time creates an environment that is conducive to not only danger but also high anxiety and stress for correctional staff. This entry examines the unique conditions that lead to increased stress for correctional officers and its effects on the quality of life of the officer, experience of the inmates, and function of the institution as a whole. The entry

also provides suggestions for alleviating stress on both the institutional and individual levels.

What Is Stress?

Stress typically refers to nonspecific responses of the body to any demand for change. Sometimes stress is seen in a positive light, as a force that leads to higher performance and productivity; however, most of the research has focused on the negative connotation, where stress triggers undesirable outcomes. The two major dimensions of stress are stimuli and responses. Stimuli (also called *stressors*) are conditions that place excessive or unusual demands on a person and are capable of producing discomfort. Responses occur after short- or long-term exposure to stressors and can be physiological, psychological, cognitive, behavioral, affective, and/or emotional.

Correctional Officer Stressors

Researchers have found that workplace factors (e.g., role stress, job dangerousness, work–family conflict) influence stress levels. Role stress is defined as strain and conflict resulting from job roles with conflicting or unclear expectations. For correctional officers, in particular, role stress can occur around the organizational structure of correctional institutions which tends to be paramilitary, authoritarian, and sometimes hostile. Typically, staff are expected to follow orders without question, and policy and procedure decisions are made from the top down. Too often in this hierarchical administrative structure, correctional officers, who work daily with the inmate population, are the least likely to be consulted about policy changes directly affecting their duties. This can create feelings of powerlessness as a worker. These feelings can be compounded by a perceived lack of support by supervisors who can exacerbate job demands by devaluing an employee's sense of worth and value to the organization. Lack of supervisor support also increases role conflict (compliance with one command makes compliance with another difficult), role ambiguity (lack of information of duties and responsibilities of a job or task), and role overload (requiring too many tasks).

Due to the nature of corrections, job dangerousness (i.e., perceptions related to feeling unsafe

or fearing physical injury) is also a stress factor. Correctional officers work daily under constant threat of violence, which, over time, weighs heavily on an officer. Even though actual injury may not happen frequently, the perceived risk is still present. For example, the loss of institutional control during riots makes this the most dangerous situation because correctional officers can mentally picture the potential for injury and even death. Although it varies among individuals, the fear of victimization becomes a powerful stressor. Like role stress, the lack of input in decision-making can increase the sense of powerlessness and loss of control, which magnifies the perception of job dangerousness.

Correctional institutions are driven by massive amounts of rules and regulations that govern the behavior of workers. Referred to in the literature as *formalization*, the intent of policies, at least in theory, is to reduce uncertainty within the workplace, but if they are unclear or excessively cumbersome, the policies often result in frustration and become a hindrance to worker performance. The limited research points out that greater organizational formalization is related to higher perceived job dangerousness, indicating that too many directives have a negative effect on correctional officers. Intuitively, the more time officers spend daily in contact with inmates, the greater they perceive their job as dangerous. Finally, role strain (i.e., the stress from incompatible or inconsistent expectations and obligations) increases correctional officers' perceived job dangerousness.

Another stressor identified in the literature is work–family conflict, which means work issues can cause conflict at home or home issues can cause conflict at work. There are three dimensions of work on family conflict: time based, whereby time demands from work and work scheduling interfere with home life; strain based, which occurs when the demands and tensions from work negatively impact the quality of life, causing strain and conflict at home; and behavior based, with incompatible work and home roles causing conflict. Correctional work demands availability 24 hr/7 days a week (time based); exposes staff to violence, fear, and hostility on a day-to-day basis (strain based); and expects authority and control (behavior based), all of which are not conducive

to a peaceful, warm, and nurturing home life. Studies show that work–family conflict can lead to higher levels of work stress for correctional officers.

The perception of risk has also been identified as a form of trauma, which elevates the level of stress. Primary traumatic stress occurs when an officer is actually involved in a dangerous incident (e.g., intervening in a fight, discovering a suicide), whereas secondary or indirect trauma is the constant exposure to human suffering, such as observing fights, reading graphic police reports or presentence reports, and hearing about sexual deviance that may include child victims. Research has indicated that this constant exposure contributes to a slow change in how correctional staff view the world. For example, officers may become more cynical and lose empathy and trust for others.

Negative Responses to Stress

One result of stress is job burnout (i.e., a state of fatigue or frustration due to excessive work demands). This chronic strain results in the gradual loss of caring about the people they work with and is most noted among individuals who do *people work*. There are three dimensions of burnout: emotional exhaustion, depersonalization, and a reduced sense of accomplishment. Emotional exhaustion refers to feeling emotionally drained and fatigued at work. Depersonalization is treating others in an impersonal and callous way. A reduced sense of accomplishment is the feeling of not being productive or not having any meaningful impact on others. The research generally supports the link between working in a correctional institution and job burnout. Workplace factors associated with burnout include role stress, role ambiguity, role overload, work–family conflict, lack of supervisor trust, and lack of supervisor support. The findings link burnout to a variety of negative psychological and physical conditions, such as depression, increased levels of post-traumatic stress, decreased physical health, lower job morale, increased use of sick leave, more frequent thoughts of leaving the job, more distanced relationships with coworkers and supervisors, and more punitive attitudes toward inmates.

Job satisfaction, an emotional response related to whether employees like their job, is also

affected by stress. For the most part, positive experiences at work increase job satisfaction, resulting in more positive outcomes. For correctional officers, higher job satisfaction leads to greater support for rehabilitation, greater compliance with organizational rules, and an increased satisfaction with life overall. Stress is considered a negative workplace factor and leads to lower job satisfaction. Overall, lower job satisfaction has been linked to burnout, absenteeism, turnover intent, and lower job performance.

Stress also affects organizational commitment (i.e., the bond between an employee and the organization for which he or she works). The literature has identified three dimensions of this concept: affective commitment, normative (moral) commitment, and continuance commitment. Affective commitment is a positive emotional bond whereby the employee has shared interests and values with the organization. In other words, they identify with the organization and take pride in being part of the organization. It is seen as a psychological bond because the bond of the employee to the organization is voluntary. Normative commitment or moral commitment argues that the bond between an employee and the organization is based on expectation, loyalty, or a moral obligation. Individuals act in a way that may not be to their own personal benefit but believe to be the right thing to do for the organization. Finally, continuance commitment is a bond based on investments made with the organization over time. A person is committed to the organization due to pay, benefits, and pensions and not because they identify with the agency. Research has found that job stress was a significant predictor of lower organizational commitment, in that it was associated with lower affective commitment and higher continuance commitment (i.e., a bond based on a perceived inability to leave). Thus, correctional officers exposed to stress not only have a reduced connection with the values and interests of the organization, but they continue to stay because they do not want to lose the time invested working at the institution, particularly in regard with pay, benefits, and a pension. In other words, stress leads to unhappy workers who feel trapped into staying in a job they dislike.

Constant exposure to a working environment involving violence, negativity, and risk leads to

long-term physical and psychological symptoms. On a physical level, workers can experience headaches, irritability, muscle tension, increased heart rate, and fatigue. Long-term effects can lead to serious medical issues of high blood pressure, heart attacks, and strokes, to name a few. The psychological effects, though, many times go unnoticed or are ignored as the outcomes of stress. These include loss of trust, lower ability to concentrate, hypervigilance, cynicism, loss of empathy, detachment from others, and changes to worldview. Further psychological effects show a prevalence of substance abuse, mental health issues such as post-traumatic stress disorder, depression, and a higher risk for suicide.

The aforementioned consequences of stress affect correctional officers, but the organization suffers as well. The financial costs are great in institutions where excessive sick time or disability leave become the norm. Replacements may be difficult to find resulting in overtime and short staffing, which compounds the level of stress officers experience. Officer inattention and decreased work performance threaten the security of the institution as well as the safety of other staff and inmates. Employee turnover requires the expense of hiring and training new officers who lack the knowledge and experience working with the inmate population. These conditions make the institution ripe for inmate conflict, disturbances, and riots.

Combatting Stress on Organizational and Individual Levels

Administrators have significant influence over the work environment. Research suggests that promoting fairness through policies and procedures and giving correctional officers input into decision-making, particularly as it relates to their position, can help promote a less stressful work environment for correctional officers. Open communication, training, and professional development all enhance positive supervisory support for correctional officers. Often in correctional settings, the supervisory style reflects a paramilitary authoritative leadership, even if it negatively affects staff morale. Thus, administrators must first push toward a more transformational style of leadership that emphasizes supervisory support as a standard expectation. Management's role

should include empowering, coaching, and mentoring correctional officers by providing the guidance to overcome work pressures and problems. Budgetary decisions must focus on proper staffing, providing working equipment and maintenance of the facility, as well as funding necessary treatment programs for the reduction of inmate conflict. Administrators can also sponsor informational sessions on healthy outlets to stress through professional development and encourage employees to use break periods for mindfulness, exercise, or relaxation techniques. Finally, administrators can encourage wellness programs for the staff, employee assistance programs, and ongoing training on stress for both leadership and officers.

On an individual level, correctional officers should strive for a healthy lifestyle. Healthy eating of more protein-based foods, less processed food, and avoiding high intake of caffeine and alcohol can counter the physical effects of stress (e.g., blood pressure). Regular exercise also relieves the effects of stress by producing chemicals in the brain that not only increase energy levels but also improve alertness and concentration. Exercise can decrease tension, lower anxiety and depression, and improve sleep patterns. In addition, correctional officers can learn and engage in relaxation techniques, such as deep breathing, mindfulness exercises, yoga, or massage. Finally, correctional officers can learn to not take their work stress home so that they can enjoy their personal life.

All workers have stress, but research indicates that criminal justice, particularly corrections, personnel have higher levels of occupational stress based on exposure to danger, injury, violence, and death. The research continues to uncover the connections of the work environment to stress as well as its outcomes but, at the same time, creates the possibilities for intervention and prevention. Combatting occupational stress should be a central task for administrators. Creating a positive work environment with satisfied workers ensures better health outcomes, higher job performance, and less worker turnover. Using an evidence-based approach ultimately maximizes financial resources, creates efficiency within the institution, and increases the safety and security of both correctional staff and the inmates.

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See also Correctional Officer Attitudes Toward Offenders; Correctional Officers, Occupational Duties of; Imprisonment and Stress

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CORRECTIONAL OFFICER'S ATTITUDES TOWARD OFFENDERS

Correctional officers (COs), sometimes known as *prison guards*, are the security staff tasked with the care and custody of the prisoners who reside in prisons, jails, and correctional institutions. These prisoners include those who have been charged with a crime and are remanded to custody to await their trial and those who have been convicted of a crime and sentenced to a period of custody. COs might supervise all adult male, all adult female, or all juvenile offenders. A substantial proportion of the research on COs has been carried out on those who supervise sentenced adult male offenders, as they make up the majority of the prison population.

COs are responsible for maintaining the safety of prisoners, other COs, and facility staff; the physical correctional facility; and themselves. Frequently, COs must balance conflicting priorities,

although the principle of *security first* is widely accepted. Yet since the 1980s, expectations for COs have expanded to include supporting offenders in their successful reentry into the community by playing a role in their rehabilitation. The CO's attitude toward offenders is one factor that is likely to affect the successfulness of this goal. This entry focuses on the nature of, and influences on, CO's attitudes toward offenders.

Measuring CO's Attitudes Toward Offenders

Although there are multiple definitional theories of attitudes, a commonly accepted approach defines an attitude as an evaluative judgment based upon a summary of the information derived from cognitive, affective, and behavioral sources. Attitudes are usually measured using a survey whereby participants are presented with a small number of statements that are considered to represent the attitude of interest. Participants are asked to rate their level of agreement on a scale that ranges from *strongly agree* to *strongly disagree*. These scales are known as *Likert-type scales*. However, researchers may label identical statements as representing different attitudinal orientations. For example, the statement, "Trying to rehabilitate prisoners is a waste of time and money" could be used to measure "attitudes toward prisoners," "support for rehabilitation," or "support for punishment," depending on the researchers' theories about the attitude they are trying to measure. Consequently, CO's attitudes toward offenders come in many different shapes and sizes. Examples include (but are not limited to) attitudes/perceptions toward prisoners, attitudes toward correctional work, beliefs about the prison, interest in contact with inmates, human service/treatment service orientation, interest in counseling roles, rehabilitation orientation/support for rehabilitation, and punitiveness/punishment/control/custody orientation. The combination of CO support for rehabilitation and support for punishment is termed *correctional orientation*.

General Attitudes of COs Toward Offenders

In 1973, in a seminal article, David McLaren described the relationships between inmates (*cons*), COs (*backs*), and rehabilitation or

treatment staff (*educated screws*). In particular, McLaren described how the varying role expectations of COs and treatment staff led to conflict in attitudes toward prisoners and therefore how to treat them. Since this time, a majority of the research on COs' attitudes has also included non-custodial staff, such as program officers, social workers, institutional parole officers, psychologists, psychiatrists, and administration staff. When the attitudes of COs toward offenders have been compared to the attitudes of noncustodial correctional staff members, COs have consistently been found to hold more punitive attitudes toward offenders. As COs are increasingly expected to serve rehabilitative functions, their attitudes can lead to role conflict and confusion, which in turn leads to occupational stress. Therefore, one of the reasons for studying COs' attitudes is to determine the factors that contribute to punitive or rehabilitative attitudes toward prisoners, so that correctional agencies can hire and train COs who will best fit with the goals of their institution.

Contributions to CO's Attitudes

Two models have been proposed to explain CO's attitudes. They are the individual experiences/importation model and the work role/prisonization model. According to the individual experiences/importation model, an employee's perception of his or her correctional work is determined by the individual characteristics and experiences that he or she brings to the correctional workplace. These characteristics include gender, age, race/ethnicity, education, marital status, and political ideology. According to the work role/prisonization model, the prison environment, including the role demands of the occupation, lead to the development of certain attitudes, despite personal characteristics. Characteristics subsumed within this model include years as a CO (tenure), security level of the institution, post assignment (those with more or less inmate contact), perception of dangerousness, role stress, job variety, whether the person's work environment impacts negatively on his or her family, whether negative family environment issues are impacting on a person's work, integration, input into decision-making, organizational fairness, job satisfaction, job stress,

supervisory support, peer support, organizational commitment, and burnout.

Punitiveness/Support for Punishment of Offenders

Many of the reasons COs may hold punitive attitudes toward offenders are the same as the theoretical reasons for punishing offenders that underlie the criminal justice systems. COs may therefore hold punitive attitudes toward offenders because they believe in the legal principles of deterrence, just deserts, retribution or revenge, and incapacitation.

Just deserts is the premise upon which many sentencing decisions are based. It is the sentiment that the severity of the punishment should be proportionate to the harm caused by the crime and that the law is not served if a crime goes unpunished or is punished too lightly or too heavily.

The principle of *deterrence* is based on the premise that future crime will be prevented if potential offenders believe that if they break the law they will be punished. There are two kinds of deterrence: *specific* and *general* deterrence. Specific deterrence is conceptualized as the deterrent effect of the sanction on the specific person who perpetrated the crime, such that he or she is less likely to commit the crime in the future. General deterrence is conceptualized as the impact that the sanction of one offender for a specific crime will have on other potential offenders of that crime. The principle of deterrence is based on the theory that people carefully weigh the potential gains for committing a crime, against the potential costs. Thus, if the costs of committing a specific crime are high, such as a long period of incarceration or capital punishment, the potential criminal will be deterred from committing this offence. The principle of specific deterrence is most relevant to COs who may hold punitive attitudes toward individual offenders because they believe that if the offender's punishment is severe enough, the offender may not reoffend in the future.

The principles of *retribution* and *revenge* are closely related to just deserts. Yet, while just deserts posits that the punishment should be proportionate to the crime, revenge usually entails the punishment exceeding the harm caused by the crime. While people sometimes cite the deterrence

principle as motivating support for revenge, support for revenge is characterized by a strong emotional valence, with powerful emotions such as anger, fear, and shame being primary motivating factors. Thus, positive attitudes toward revenge are based heavily on emotional reactions.

Incapacitation involves placing a physical sanction on an offender that prevents the offender either temporarily or permanently from committing a crime in the community, although prison-based crimes are still possible. Incarceration is a form of incapacitation as the offender is physically removed from society. A lesser form of incapacitation is house arrest. The most severe form of incapacitation is the death penalty. Within correctional facilities, offenders can be further incapacitated through the use of segregation or solitary confinement. COs may support more severe forms of incapacitation if they believe the existing form of incapacitation is insufficient to serve the other principles of sentencing.

Contradictory Attitudes: Individual Offenders

COs can hold what appear to be contradictory attitudes toward offenders. While it may seem like a CO would support either rehabilitation or punishment of offenders, research has demonstrated the COs can be supportive of both. For example, COs may believe that offenders should be punished first (i.e., incapacitated) and then offered rehabilitation. CO's attitudes toward offenders also vary widely depending on the individual offender. Thus, they may harbor rehabilitative attitudes toward some offenders and punitive attitudes toward others.

The unique role of COs provides the opportunity to evaluate whether the punishment each offender is receiving meets the COs' personal standard, based on their beliefs in the just deserts, deterrence, and revenge principles. In some cases, COs consider the just deserts principle to determine whether they believe that an offender's sentence was adequate and consistent with other offenders' sentences. In other cases, they consider whether rehabilitation programs are likely to change the individual offender's future behavior. These judgments are usually based on the offender's crime and the offender's institutional behavior.

For example, offenders who are considered manipulative, or tend to be disobedient, or aggressive, typically engender more punitive attitudes. Similarly, an offender whose crime is considered more objectionable (especially sexual crimes or crimes against women or children) may elicit more punitive attitudes, especially if their sentence is considered to be too lenient. COs are also more likely to believe that rehabilitative interventions will be unsuccessful with these offenders. On the other hand, if an offender commits a nonviolent crime and is cooperative in jail, a CO is more likely to conclude that rehabilitation will be effective and therefore be supportive of this intervention. COs may also be more lenient and helpful with these offenders.

Empathy Versus Dehumanization and Deindividuation

COs may feel less punitive toward offenders based on their capacity for empathy. Empathy is an emotion that involves being able to understand and share the feelings of another person. When COs relate to the experiences of offenders, they are more likely to hold positive and rehabilitative attitudes toward them. Although some people are naturally more empathic than others, empathy is affected by how much one person is like the other person. Thus, COs are more likely to have empathy toward prisoners who are the same race, gender, or age as them.

Dehumanization is the opposite of empathy. It involves stripping a person of the positive qualities associated with being human. In prison, this may be achieved by seeing prisoners as being fundamentally different and being *monsters* or *animals*. This gives COs psychological license to treat prisoners as being less than human and wanting to punish them. Deindividuation is a related phenomenon whereby groups of individuals in positions of power over other groups lose their empathy and sense of personal responsibility for their behavior toward others of whom they are in control. Deindividuation was dramatically illustrated in Philip Zimbardo's famous Stanford Prison Experiment in which university students assigned to guard-like positions over other students in a simulated prison began to abuse their peers in a matter of days.

Knowledge

COs' knowledge of the research on human change, in particular, the effectiveness of rehabilitation on generating prosocial and law-abiding behavior in offenders, also influences their attitudes toward offenders. Specifically, while the deterrence principle is a cornerstone of the criminal justice system, whether or not criminal sanctions deter criminal behavior is an empirical question. Importantly, the outcome of a large body of research indicates that the specific deterrence principle (in particular) is without evidentiary support. Simply, harsh punishment or sanctions do not create prosocial behavior. Furthermore, research has shown that certain courses of rehabilitation are effective in reducing later reoffending rates. In this context, it has also been established that COs can play an important role in influencing a prisoner's institutional behavior and facilitate the effectiveness of institutional rehabilitation initiatives. When COs are knowledgeable about and believe in these research findings, they are more likely to hold positive attitudes toward prisoner rehabilitation. When they are not knowledgeable about or do not believe in rehabilitation, they are more likely to hold punitive attitudes toward offenders.

Stress and Burnout

COs' attitudes toward offenders can also change over time. One reason a CO's attitude may become more punitive is due to workplace stress and its consequence, burnout. Burnout is characterized by a depletion of an individual's physical and mental resources.

Burnout contains three problematic elements: depersonalization, reduced personal accomplishment, and emotional exhaustion. Similar to dehumanization and deindividuation, depersonalization occurs when job frustrations lead to more negative work-related attitudes and reduced concerns for prisoners. A reduced sense of accomplishment occurs when feelings of inadequacy, futility, and failure set in. Finally, emotional exhaustion occurs when feelings of overextension lead to decreased job productivity.

Numerous characteristics of the correctional environment and the CO's duties facilitate burnout. Factors that have been identified include

workload, understaffing and excessive overtime, shift work, supervisor demands, role conflict, confusion about the job expectations, overcrowding, lack of environmental control, lack of participation in decision-making, prisoner contact, prisoner demands and attempts at manipulation, confrontations with prisoners and threats of violence, and conflicts with coworkers.

When COs experience burnout, they become unmotivated to do the extra work that it often takes to act in alignment with their underlying attitude. Furthermore, the principle of cognitive dissonance has shown that when people's behavior does not align with their attitudes, the sense of discomfort this generates leads people to change their attitudes instead of their behavior. In this way, burnout not only drains the CO's energy, it depletes his or her pro-rehabilitative attitude. Consequently, it is in the best interest of prison officials and the rehabilitation of its prisoners to mitigate the deleterious effects of the prison environment by offering effective support and training to its COs.

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See also Correctional Officer Stress; Correctional Officers; Correctional Officers, Occupational Duties of; Deterrence; General Violence in Prisons; Punishment, Effective Principles of; Stanford Prison Experiment

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CORRECTIONAL OFFICERS

There are almost 500,000 correctional officers in the United States, who are responsible for the safety and security of over 2 million prison and jail inmates. The United States has the highest rate of incarceration in the world and continues to grapple with an effective and cost-efficient means of punishing or correcting those who violate the law. Prisons and jails are overcrowded, underfunded, and understaffed. Those who work as correctional officers receive minimal training and low salaries to perform the vital role of keeping prisoners in correctional facilities and enhancing public safety. This entry explores the correctional officer professional, beginning with basic qualification standards and training requirements, and then moves to a discussion of the mental and physical challenges of working in prisons and jails.

Qualifications and Training

Correctional officers work at the local, state, and federal levels of government. Salaries are typically lower than most other entry-level criminal justice positions. Requirements for becoming a correctional officer vary by jurisdiction. Minimum qualifications usually include possession of a high-school diploma or general equivalency diploma, attainment of age 21 years, and no felony convictions. Most agencies require the applicant to be a U.S. citizen. Some jurisdictions, including the federal government, have maximum age requirements. Applicants for correctional officer jobs may be required to undergo physical and psychological testing. Applicants are also subject to random drug screenings prior to hiring and likely throughout one's career.

Once hired, correctional officers receive intense training that includes firearms use, self-defense, conflict resolution, policies and procedures, communication, physical fitness, and report writing. Upon completion of the formal training, officers typically undergo a period of on-the-job training where they work with a veteran correctional officer to learn the specific policies, processes, and programs of their post or institution. Some correctional officers are sworn peace officers with powers similar to, or the same

as, police officers employed in the same jurisdiction. Salaries for entry-level correctional officers vary, with some jurisdictions offering salaries in the range of US\$20,000–US\$25,000 and others in the US\$40,000–US\$50,000 range. The federal government and states with larger prison populations typically offer higher salaries. Correctional officers working in private prisons often earn the lowest wages.

The Federal Bureau of Prisons requires correctional officers to undergo a 3-week course within 60 days of hiring. The training is provided at the Federal Law Enforcement Training Center in Glynco, GA. Advanced training programs for correctional officers are offered from a variety of agencies, including the American Correctional Association, the National Institute of Corrections Academy, the American Jail Association, and the Management and Specialty Training Center. As of 2017, Bureau of Prisons' staffing reports indicate that over 72% of the staff are male and over 62% are White.

Women constitute over 35% of the officers in state and local adult correctional facilities and over 50% of those working in juvenile facilities. Although women and minorities have made substantial inroads into the correctional profession historically, the majority of correctional officers are still White males. It was not until major policy and legal challenges were made in the 1960s and 1970s that correctional employees became more diverse and representative of the larger population. When women did gain employment as correctional officers, they were often assigned to women's institutions or limited to noncontact roles in male institutions. This treatment of women correctional officers limited their career progression, longevity, and negatively impacted their work environment.

Stress, Safety, and Job Satisfaction

Correctional officers face significant work-related stress. Criminal justice researchers, educators, and trainers devote considerable resources to examining occupation stress among correctional officers. Correctional employees often have higher rates of divorce, substance abuse, mental health challenges, and physical injury or illness than other occupations. Additionally, higher rates of

absenteeism, turnover, and burnout are observed among those individuals who work in prisons and jails. These challenges are often the result of the organizational structure, architectural design, and long-standing correctional practices. It is well-documented that correctional officers work long hours, lack career progression opportunities, lack work and social support mechanisms, and spend their days working with convicted criminals. Further, unlike their law enforcement contemporaries, correctional officers lack the prestige, salaries, and opportunities for positive personal, community, and professional interactions.

Stress and job dissatisfaction among correctional officers can have major implications for correctional institutions. Low morale, role ambiguity, cynicism, alienation, and other stressors officers experience negatively impact recruitment and retention of personnel, as well as the safety and security of officers and inmates, and contribute to corruption and other forms of misconduct. Some research indicates a gendered nature of job stress and satisfaction, wherein female correctional officers experience stress differently than their male counterparts. Other research fails to find a relationship between officer demographics, such as gender and race.

Regardless of the officer's race or gender, stress among correctional personnel can be mitigated by institution, social, and community factors. Officer's perception of peer and supervisory support often serve to diminish work stress and elevate job satisfaction. Likewise, family and community support can impact officer's attitudes and performance by buffering the negative aspects of the prison work environment. Prisons' and jails' environmental conditions can also impact inmates and employees. Lighting, cleanliness, air quality, natural sunlight, functional equipment, noise levels, and overall workplace conditions can be managed to promote well-being for staff and inmates. Younger officers and those with higher educational levels are likely to experience higher levels of role conflict, stress, and job dissatisfaction and perceive their workplace as more dangerous.

Use of Force and Misconduct

Prison and jail settings provide an environment conducive to corruption, abuse of power, and other

forms of employee misconduct. The coercive nature of correctional facilities, the power differential between the inmates and staff, and the closed nature of traditional prison operations allowed staff and inmates to engage in coercive, inhumane, and repressive behavior throughout the history of American carceral state. For most of U.S. history, there was little concern about inmate's rights and their treatment while incarcerated. Hands-off policies were followed by state and federal courts ensuring that prison administrators maintained sole responsibility and control for inmate and guard behavior. However, over time, challenges to the iron rule of prison wardens came under more scrutiny as civil rights, including inmate rights, found their way into the narratives of reformers, activists, advocates, clinicians, scholars, and the general public. The U.S. Supreme Court finally had to recognize the injustice, abuse, and corruption in correctional facilities across the country. It was only then that real and lasting changes occurred throughout the corrections profession.

Practitioners and scholars have long studied the manner in which power and control are exercised in correctional institutions. The use of force by correctional officers is at times required to control an unruly inmate; however, some guards became too reliant on it in a prison setting where it was accepted as a necessary and consistent practice. Some officers were malicious or sadistic in the use of force, thereby threatening the safety of inmates and other officers. Further, excessive and arbitrary use of force contributed to mistrust, retaliatory violence, and institutional unrest. Abuse of authority; discrimination toward inmates; and physical, psychological, and sexual intimidation and manipulation all threaten the balance of power and control within correctional institutions. When power and control are unbalanced, the institution becomes rife for major incidents, such as escape, riots, assaults, and even death.

Correctional officers may engage in other forms of unethical, deviant, or criminal behavior. Scholars identify various types of correctional officer deviance, including deviance against the prison or jail, prisoners, and coworkers. Correctional officers have been known to abuse their authority by writing up an inmate for rule violations without cause, repeatedly conducting *random* cell or body searches, tampering with food or

personal property, denying privileges or access to institutional products or programs, and changing work or living assignments.

Deviance against coworkers is multifaceted. It can include discrimination, sexual harassment or sexual assault, boundary violations involving inmates, drug or alcohol use while on the job, bringing contraband into the facility, or engaging in inappropriate interpersonal relationships with other staff. These events can threaten the good order and discipline of the guard force, jeopardize the career of the correctional officer, and endanger the safety and security of the institution.

One of the most disconcerting inappropriate correctional officer behaviors involves sexual relations with inmates. An inmate in a U.S. correctional institution is unable to consent to sexual relations with his or her captor. As such, any type of sexual relations between officers and inmates, including relationship initiated by an inmate, are unacceptable and punishable by termination and/or criminal prosecution. The Prison Rape Elimination Act, passed in 2003, was enacted to collect and analyze data related to the sexual assault of inmates, including those acts committed by correctional staff. The Prison Rape Elimination Act also established reporting, monitoring, preventing, and eliminating standards of sexual assault and rape in prison and jails. Prison Rape Elimination Act research findings indicate that correctional staff allegedly commits more than half of all inmate sexual assaults. Further, over half of all substantiated inmate sexual victimizations are committed by female corrections officers.

Death or Injury

Correctional officers, like their police officer counterparts, face significant risk while on the job. They may experience fatal and nonfatal injuries while working with inmates. This is particularly true for male correctional officers over the age of 35. The majority of injuries to correctional officers involve sprains, strains, contusion, and abrasions. Assaults against correctional officers are most commonly committed by inmates and occur when restraining or engaging with inmates or during transport. In some cases, correctional officers are killed in the line of duty. Officer fatalities are most often the result of interactions with inmates, although some

involve self-inflicted gunshot wounds and assaults by noninmates. According to a 2011 Bureau of Labor Statistics report, correctional officers experienced work-related injuries at a rate 4 times higher than the general population and had one of the highest nonfatal injury rates of all workers. Male officers are more likely to experience a nonfatal (73%) and fatal (89%) injury than female officers.

Prison overcrowding can lead to increased stress, increased violence, and diminishing staff supervision efforts and inmate programming. As the United States continues to lead the world in the rate of incarceration of law violators, its correctional institutions are overcrowded. Further, correctional work is increasingly not a career option for high school graduates or college students. Many jurisdictions are reexamining the locations of their correctional facilities or considering privatization due to a dearth of suitable, sustainable employees. As the failure of *get tough on crime* efforts in the 1960s through early 2000s became increasingly evident, social justice visionaries, legislators, and policy makers have refined prison programs and policies to include releasing more inmates on parole, reentry programs, and improving the quality of life within the institution for staff and inmates. Although correctional officers remain at the bottom tier of the criminal justice hierarchy in terms of pay, benefits, prestige, and privilege, they face some of the most difficult working conditions.

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See also Career Paths in Criminal Justice; Correctional Officer Attitudes Toward Offenders; Correctional Officer Stress; Correctional Officers, Occupational Duties of; Field Training for Criminal Justice Careers; Prison Overcrowding; Prison Rape Elimination Act; Prisons; Sexual Violence in Adult Prisons and Jails; Victimization in Prisons

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CORRECTIONAL OFFICERS, OCCUPATIONAL DUTIES OF

Correctional officers perform a variety of duties and may work in the state or federal correctional system or work as a sheriff deputy or jail officer in the county jail system. This entry focuses on the occupational duties of the state correctional officers since custodial workers at the state level constitute the bulk of correctional employees. A brief overview of correctional officers, their rank structure, academy training, and some of the primary characteristics of correctional works are discussed. The duties of correctional officers and their underlying purposes are then described in some detail, followed by a discussion of occupational stress.

Overview

Correctional officers may be of either gender, but are predominantly male, and typically work at the

more common correctional facilities for men. Correctional *line* officers typically hold the rank of sergeant or below (Correctional Officer I and II); midlevel correctional officers (Correctional Officer III and IV) include lieutenants, captains, and possibly majors. In some state prison systems, lieutenant colonel and colonel are additions to the correctional rank structure.

In order to perform the duties of a correctional officer, a candidate must attend an academy for 5–16 weeks, depending on the state. The topics and activities in the academy curriculum reflect the custodial and human service skills that will be needed, including interpersonal communication, mediation, avoidance of inmate manipulation, basic report writing, crisis intervention, first aid, manipulation avoidance, defensive and control tactics, use of force, and firearms training. Another academy topic is coping with work-related, long-term chronic stress, attributed to the risk of violence, inmate demands and manipulations, and understaffing which officers contend with over the span of their careers.

Correctional officers are the workers who maintain stability and safety at a correctional facility and who constantly supervise and safeguard the welfare of inmates and all employees. They provide a safe living and working environment for all inmates and employees. Their concerted efforts allow the other duties of correctional officers to be performed more efficiently, such as regular scheduled head counts of inmates on their housing units. The successful completion of their duties is heavily influenced by a working environment that is at times routine and monotonous and at other times tense and unpredictable. The work setting reflects the cultures and subcultures of correctional staff. Cultures are amalgams of people interacting and upholding the goals and values of the work group. The correctional work culture espouses the values of safety and security, as well as the goals of implementing a human service approach and establishing a professional code of conduct.

Major Duties

The major work duty of correctional officers is working with inmates. It can be separated under two main categories: custodial duties and human

service duties. Custodial duties are performed for the purpose of providing order, safety, and security for those who live and work in a correctional facility or institution; custodial tasks involve supervising inmate behavior, enforcing rules, and maintaining order and safety for inmates. Human service duties are essential to protect the human rights of incarcerated individuals and to establish professional, dignified conduct for those who work and live in a correctional facility; human service tasks consist of helping, teaching coping skills, and providing services to inmates.

Dependency relationships are often formed between inmates and officers in the correctional culture. On the one hand, inmates depend on the officers for protection from violent or predatory inmates, for the allocation of goods and services, for solving their problems with institutional adjustment, and for providing information about the organization and its procedures and routines. On the other hand, correctional officers depend on inmates to expedite the smooth daily functioning in the correctional facility. Officers rely on inmates to cooperate and follow the rules, to provide information about a potential threat to their personal safety, and even to assist them in the performance of their tasks. Correctional officers are in a perpetual state of alertness and readiness for any type of inmate manipulation, disturbance, or suspicious activity.

The correctional culture is at its core *people work*, developing, nurturing, and maintaining relationships. It is interacting and engaging with a variety of people, including administrative staff, custodial and noncustodial coworkers, and inmates on an individual or a collective basis. The most essential abilities for the job of correctional officer are strong communication skill and sound judgment rather than a reliance on coercion or verbal threats to establish and express authority. A reliance on coercion may provoke a violent response on the part of an inmate; thus, coercion must be used judiciously and infrequently. Highly developed interpersonal skills and the understanding of human behavior can be used to quell conflict between a few inmates or a mass disturbance, to develop respectful relationships with inmates, and to conduct daily business in a professional manner. The actions of officers are also key to the possible rehabilitation of inmates since they

are in a position to effect the most behavioral and attitudinal changes in inmates. Correctional officers have the most contact and interaction with inmates. They relay appropriate behaviors and actions for inmates, while at the same time modeling the way to speak to officers and to one another.

Custodial Duties

In terms of specific work duties, all assignments have post orders, which are essentially detailed descriptions of the tasks that are required to be performed throughout the officers' shift. The most common assignment for an officer is the supervision of housing units. The majority of officers perform this job, which consists of observation of units for signs of disorder, unusual activity, or behavior in violation of the rules. In response to problem behavior on a housing unit, officers use their discretion as to whether to issue a disciplinary ticket or to take a different action. Regardless, all incidents must be reported to a higher authority. All inmates and their cells or units must be routinely and randomly searched for prohibited items (following the guidelines for pat downs and strip searches). Officers must also collect random urine samples for testing to detect evidence of drug usage.

Periodic patrols of housing units and work assignments are also conducted, along with counts of inmates at regular and irregular intervals. Officers are tasked with maintaining control and discipline of inmates, including the use of physical restraint and restraining devices, handcuffs, leg irons, and belly chains. The observation of inmates in all areas of the correctional facility is needed to identify suspect individual or collective actions or to detect rule violations. Incidents on housing units commonly involve personal or adjustment problems and minor disputes among inmates. It may be necessary to counsel the inmate or inmates concerning institutional rules, emotional problems, and coping strategies. Writing up an inmate or inmates for disciplinary purposes is another option. The incident must be investigated, and then, a disciplinary hearing is scheduled. Serving as a hearing officer on a disciplinary committee is another duty. Keeping a careful log of actions or incidents is required during one's shift for

historical and documentation purposes and for subsequent shift officers to read. Correctional officers may also need to supervise those inmates in segregation for administrative or punitive purposes. Some inmates may request protective incarceration for their personal safety, whereas other inmates may be sent to segregation for misbehavior or rule violation.

Another chief duty of correctional officers is to directly or indirectly supervise and monitor inmates designated to various work assignments, such as issuing clothing, towels, and sheets to other inmates. Inmates may also be assigned to institutional maintenance jobs, food service, housekeeping, janitorial and sanitation jobs, prison work industries, educational classes, and administrative duties. Officers may need to instruct their charges in the basic elements of their tasks.

Custodial duties also incorporate working for a post in the control center, such as monitoring and accessing facility gates, operating audio and visual surveillance, and responding to staff requests. Movement is also monitored throughout the facility. Additional surveillance activities include scrutinizing particular areas of the correctional facility, the yard in which the inmates are recreating, the library, classrooms, and visiting areas where visitors are admitted and their belongings searched. Custodial duties also include conducting periodic parameter patrol by foot or rover vehicle to ensure the integrity of the facility and the grounds. Officers may also serve on relief duty filling a variety of work vacancies caused by officers on sick time or taking time off.

Human Services Duties

Although most duties of correctional officers are custodial by nature, there are a number of human service tasks that are also performed. Officers must oversee and attend to the basic needs of inmates. They must obtain and deliver meal trays, bedding, towels, uniforms, and supplies as needed. In addition, correctional staff are often called upon to settle inmate disputes or to assist inmates with adjustment problems, mental health problems, or requests for cell or room changes. Moreover, officers may be placed in the position to console or advise inmates with personal problems. An example would be an officer witnessing an

agitated inmate on his unit and engaging the inmate in conversation during which the inmate confides that his son was killed during a drive-by shooting. Making sure that inmates receive the items and services they are supposed to receive is critical to institutional stability; delivering items (e.g., medication, hygiene products, mail) and ensuring services (e.g., sick call, library and recreation time) are received are primary duties. A human service approach integrated into duties is intended to reduce the stress of being incarcerated and improve the quality of life of inmates.

Specialized Duties

The variety of duties that must be completed by correctional staff is extensive. This further highlights the significant roles that these officers assume in their work as a correctional officer. There are specialized jobs that are available for correctional officers. Serving as a member of a special security team is one of these positions. A correctional emergency response team (CERT) is a highly trained, tactical team of usually eight correctional officers and two squad leaders who respond to incidents, riots, cell extractions, and major disturbances. CERT members are required to be on call and available to respond at all times.

Possible duties of CERT members may include the transportation of high-risk inmates, extraction of uncooperative inmates from their cells, daily full cell searches and high-profile security, resolution of riots or a hostage situation, and crowd control. The CERT wears extensive gear, including body armor, helmet, tactical gloves, and riot shields. A CERT officer may also be outfitted with a taser, pepper spray, or lethal weapons such as firearms.

Occupational Stress

Research shows that correctional duties are challenging and stressful. Officers report more sick leave and stress-related illnesses than other state workers. Officers also report role-conflict, trying to blend their custodial duties and a human service orientation. As mentioned, correctional officers have a variety of duties to perform throughout their shift. Although their duties are usually routine and mundane, unexpected incidents can

disrupt their work routines. In such instances, officers are required to use their discretion, to be flexible and versatile, and to utilize their interpersonal and communicative skills.

Final Thoughts

Although custodial duties are important for facility safety, human service duties are also essential. The performance of such duties allows officers to safeguard inmate rights and to help inmates cope on a daily basis. Instances of victimization and failed inmate assistance can be reduced or eliminated, and joint staff and inmate problem-solving can be facilitated with the ultimate result of a humane work and living environment.

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See also Correctional Management; Correctional Officer's Attitudes Toward Offenders; Correctional Officer Stress; Correctional Officers; Federal Prisons; State Prisons

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CORRECTIONAL PROGRAM ASSESSMENT INVENTORY (CPAI)

The Correctional Program Assessment Inventory (CPAI) is a copyrighted instrument designed to be administered by certified evaluators with in-depth knowledge and training in the area of correctional treatment and program evaluation. This entry provides a brief account of the research issues that led to the CPAI's creation and a description of the

instrument and discusses the validity of the instrument and the benefits the measure brings to policy makers and clinicians in corrections to assist them in providing quality services.

Research That Led to the Creation of the CPAI

Until the late 1970s, there was considerable skepticism that psychologically based treatment programs were effective in reducing offender antisocial behavior (e.g., recidivism). This state of affairs was challenged by some psychologists working in the corrections and forensic fields who generated narrative reviews of the research literature on the effectiveness of offender treatment programs. Subsequently, this perspective was confirmed when investigators employed meta-analytic methods to identify which types of programs were the most effective and provided precise statistical estimates of the reductions in recidivism. The end result was the generation of a set of principles of effective correctional treatment. The core constituents of these principles were essentially that treatment programs were behavioral in nature. Moreover, they had to target offenders' antisocial values and behaviors that reinforced their criminal lifestyle.

In the late 1980s, it became obvious that this promising advance in what works in offender treatment had to be extended to regular, real-life/routine programs, that is, those programs conducted by government and private agency clinicians working in prison- and community-based adult and juvenile settings. This initiative resulted in the creation of the CPAI by Paul Gendreau and Donald Andrews. The instrument consisted of items derived from the research literature, the authors' personal experience as clinicians and evaluators in corrections, and the clinical wisdom acquired from other colleagues who had run successful correctional treatment programs. The CPAI was first used in a large-scale survey in 1990 to assess 100 Canadian federal prison- and community-based substance abuse programs. Since then, the CPAI has been employed in surveys of offender programs in several Canadian and U.S. jurisdictions. As a result of training sessions conducted by CPAI staff, many of the core items of the 2010 revision (CPAI-2010) have found their way into the accreditation standards of the

correctional services in the United States and Canada, as well other countries, including Australia, New Zealand, Sweden, and Wales.

Description of the Instrument

The copyrighted instrument has undergone several revisions, the latest of which was published in 2010 (and continues to be updated to include latest research in the area). This version comprises 143 items classified into 9 domains. One of the domains, program demographics (10 items), is not scored. The scorable domains (with the number of items in brackets) are as follows:

- organizational culture ($n = 9$)
- program implementation/maintenance ($n = 10$)
- management/staff characteristics ($n = 18$)
- client risk-need practices ($n = 13$)
- program characteristics ($n = 25$)
- core correctional practices ($n = 45$)
- interagency communication ($n = 5$)
- evaluation ($n = 8$)

Core correctional practices, the latest addition, are considered to be critical for determining whether treatment staff are delivering the treatment with therapeutic integrity. Within this dimension, there are eight clinical components. These are:

1. anticriminal modeling,
2. effective reinforcement,
3. effective disapproval,
4. problem-solving techniques,
5. structured learning procedures,
6. effective use of authority,
7. cognitive self-change, and
8. relationship practices.

There are three scoring categories: Very satisfactory (70%), Satisfactory (50–69%), and Unsatisfactory (< 50%). The majority of programs assessed have received unsatisfactory ratings. This is expected, according to some experts in the field who have expressed concern about the quality of real-life/routine programs and given the fact that technology transfer of the scientific literature is a

slow process since so many practitioners are not trained in clinical/forensic psychology.

Validity

Most important, the construct validity of the CPAI has been established. Two studies have addressed this question. In the first, researchers gathered 173 studies from the published offender treatment literature. Program descriptions provided by each of the studies were assessed on their quality using the CPAI. Overall, the CPAI program scores correlated well with reductions in recidivism ($r = .46$) with the client risk-need practices and program characteristics domains among the most robust predictors ($r = .41$ and $r = .43$, respectively). Next, correlations between individual scale items and recidivism outcomes were tabulated. A number of items are correlated (i.e., $r \geq .25$). Lastly, treatment programs were grouped in terms of quality (i.e., high, medium, or low) based on their CPAI scores. The mean effects with recidivism were $r = .20$, $r = .11$, and $r = .01$, respectively.

As noted, the validity of the CPAI with regard to real-life/routine programs was crucial for establishing the applied utility of the measure. The CPAI was administered to 38 in situ reviews of Ohio-based offender treatment programs, which included treatment and matched comparison groups (i.e., gender, race, actuarial risk measure score) and used reincarceration as the criterion. Even though many of the programs were ineffective (occasionally lower recidivism rates were found for the comparison group), the predictive validity of the CPAI total scores was supported. The correlation with outcome was $r = .41$ among a sample of program completers and $r = .32$ among those that did not complete the program. It was found that the program implementation/maintenance domain was a powerful predictor of recidivism ($r = .54$ and $r = .46$ for the two samples), followed by client risk-need practices and program characteristic domains (r s from .30 to .52 for each sample). A number of items from the CPAI were isolated and correlated with treatment outcome, which found correlations of $r = .60$ for all offenders and $r = .47$ among program completers.

With respect to individual items, potent correlations (i.e., $r \geq .25$) with outcome were reported

across all offenders, particularly from the domains of program implementation and maintenance, program characteristics, and client risk-need practices. Programs were categorized as high, medium, low, or very low based on their CPAI scores. Reductions in recidivism of 22%, 10%, and 5%, respectively, were obtained, with those rated as *very low* actually increasing recidivism by 19%.

Benefits

As a result of employing the CPAI over the years, users have given feedback regarding the benefits it provided their organizations. It should be emphasized that the goals of all the activities noted below are framed in a positive way. The CPAI should be used to:

1. evaluate funding proposals from prospective service providers,
2. provide credible scientific and clinical rationales for treatment,
3. identify the most frequent deficits in programs,
4. reinforce program elements that have been effective,
5. evaluate the integrity of the therapeutic process with observations of staff clinical skills,
6. evaluate external service contracts,
7. assist in providing technology transfer to management and line staff as to what works, and
8. stimulate the organization to conduct further evaluations of treatment services.

In summary, the evidence is convincing. Well-founded principles now exist with which to guide the development and administration of offender treatment programs, whether situated in prison or the community. Such programs can generate meaningful reductions in offender recidivism, resulting in sizeable cost-saving benefits. The CPAI-2010 offers practitioners a useful methodology to promote the development and growth of effective service delivery that will benefit the lives of offenders and protect the public.

Paul Gendreau and Yvette Theriault

See also Comprehensive Correctional Plans; Correctional Management; Correctional Rehabilitation Programs, Evaluation of; Correctional Rehabilitation Services, Best Practices for

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CORRECTIONAL PSYCHOLOGY PRACTICE, ETHICAL ISSUES IN

Since the mid-1960s, the United States' social and political wars on crime and drugs have shifted attention away from rehabilitation to increased punishment of offenders. Consequently, among the more than 2 million individuals incarcerated today are many who are mentally ill and addicted to drugs and in need of psychological, psychiatric, and drug addiction treatment. As a result, many U.S. prisons have also become de facto mental health treatment facilities required to respond to increased demands for mental health and drug addiction treatment services.

This demand for treatment has resulted in the increased hiring of clinical and correctional psychologists, counselors, and other treatment providers. Regardless of the focus of their training background, psychologists who are employed to work in corrections agencies and facilities have become known as *correctional psychologists*, engaged in the practice of correctional psychology. However, the evolving punitive environments in

which they provide services have resulted in unique challenges to their professional codes of ethics and standards of practice, challenges that are often not easily resolved. To understand why, it is helpful to have a working definition of ethics, contributive schools of ethical thought, and their interface with the criminal justice/correction system and correctional psychology practice.

Ethics

The word *ethics* is derived from the Ancient Greek word *ethos*, meaning *custom* or *habit*, and discussions about ethics date back as far as Plato and Aristotle, if not beyond. Over time, discussions about which customs or habits are in the best interests of individuals, communities, and societies evolved into a branch of philosophy that involves systematizing, defending, and recommending individual and social concepts of right and wrong conduct. It is important to understand that philosophical ethical discourse does not directly determine what constitutes morally right or wrong conduct. Instead, such discourse attempts to provide a rationale for arriving at answers to social questions regarding what conduct or habit is morally good or evil, right or wrong, as well as what wrong behaviors constitute a crime and deserve what type of justice.

Schools of Ethical Thought

Although diverse philosophical schools of ethical thought evolved over many centuries, for the purpose of this discussion there are three enduring schools of principle-based ethics that are applicable to correctional psychology practice: *virtue ethics*, the moral character of a person (e.g., what virtues should a person have); *deontological (rule-based) ethics*, the evaluation of the moral rightness or wrongness of an act by its compliance with rules or duties associated with the act consistent with a moral norm leading to an obligation to take or not take certain actions regardless of the consequences; and *consequentialist ethics*, the evaluation of the moral rightness of an act by how much the consequences of the act contributes to the greater good (e.g., *the greatest good for the greatest number, the ends justify the means*). When applied to real-life situations, these three

schools of ethical thought fall into the philosophical category of *applied ethics*. However, it is important to understand that although each of these schools of ethical thought contributes to principled reasoning concerning what morally defines right and wrong conduct in real-life situations, the ethicality of an act is a separate consideration from the act itself. In other words, an act is ethical only because it does or does not meet related ethical principles.

These schools of ethical principles clearly interface with criminal justice and corrections because criminal justice is a legislated process that evolves from the prevailing cultural and sociopolitically defined concepts of right and wrong behavior, what constitutes right and wrong conduct, and how to best manage or *correct* wrong conduct (criminal behavior) in the interests of social order and public safety. This entry will return to these schools of ethical thought later.

Criminal Justice and Corrections

The current U.S. criminal justice system evolved over hundreds of years and is historically rooted in the notion that wrong behavior is best managed and deterred by punishing violators of the rules of social conduct and order in proportion to the seriousness of their crime. The operationalized tools to accommodate these corrective goals are provided and enforced by agencies and facilities designed to manage and contain offenders during their sentences. This process eventually coalesced into the field of corrections, generally defined as a collaboration of agencies responsible for the management of offenders sentenced through the criminal justice process. Together, the criminal justice process and corrections comprise the criminal justice system.

The Integration of Psychology and Corrections

Because the criminal justice system and correctional psychology ultimately have the same consequential goals—individuals becoming more prosocial and law-abiding citizens—one might reason that the practical integration of correctional psychology into the field of corrections would be an easy and collaborative one, but it has not been.

The core mission of criminal justice is to contribute to public safety by correcting and deterring antisocial behavior, primarily but not exclusively, by imposing varying sentences of punishment for not following social and legal rules of acceptable conduct. Therefore, the primary obligatory ethic of the criminal justice process is rule-based: Violating the law obligates punishment. The relationship is noncollaborative and adversarial: the state against the offender on behalf of the victim and public. The criminal justice system imposes punishment and is not concerned with additional harms done to the offender, the offender's family, the community from which the offender comes, society at large, or whether the results of its punitive practices (e.g., deterrence and reduced recidivism) are in fact beneficial to the greater good in the interests of public safety. And most important for the purposes of this discussion, the punitive ethic of the criminal justice system is primarily concerned neither about an offender's need for treatment nor about the ethical principles of those providing that treatment (which will be discussed momentarily).

By contrast, the profession of psychology is by definition a helping profession regardless of where it is practiced—a profession primarily concerned with helping those who need mental health services get them so that they can flourish and lead more fulfilling and productive lives. These services are provided in accordance with a specific code of ethics and standards of practice that, among other principles, avoid doing harm to others. It is to those ethical principles that this discussion now turns.

Ethical Principles of Psychology Practice in Corrections

If one collapses the essential principles of virtue, deontological, and consequential ethics described earlier, one could derive the following:

Virtue ethics—be honest, courageous, kind, compassionate, respectful, help others flourish;

Deontological ethics—follow the rules and ethics codes associated with one's profession; and

Consequentialist ethics—act in such a way that one's actions contribute to the good of the state, or to the greatest number of others.

These same enduring ethical principles are reflected in the American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct*. For example, Principles A (beneficence and nonmaleficence), C (integrity), D (justice), and E (respect for people's rights and dignity) reflect virtue ethics. Principles B (fidelity and responsibility) and D (*do not condone unjust practices*) reflect deontological ethics. The Preamble and Principle B (fidelity and professional responsibilities to society and communities and manage conflicts of interest that could lead to exploitation or harm) reflect consequentialist ethics.

A similar set of ethical principles is found in the standards of the International Association for Correctional and Forensic Psychology. These ethical principles include respecting individual rights to dignity, self-determination (e.g., right to refuse treatment), and humane treatment, avoiding or minimizing emotional and physical harm, maximizing good by providing and advocating for competent mental health services and research, and recognizing and practicing social responsibility by understanding responsibilities to multiple clients and shareholders, including correctional agencies and staff, communities, and society at large. The principles found in these standards are not intended to supplant those of the American Psychological Association but to augment them.

These same general ethical principles were adopted by the General Assembly of the International Union of Psychological Science as well as by the Board of Directors of the International Association of Applied Psychology and outlined in the Universal Declaration of Ethical Principles for Psychologists. Noting that ethics is at the core of every discipline, the Declaration included the principles of respect for the dignity of persons and peoples, competence and doing no harm, integrity, and professional and scientific responsibilities to society.

As noted earlier, these ethical principles are separate from professional standards of practice. Standards of practice are ethical only to the extent they comply with the profession's ethical principles.

Ethical Challenges in Correctional Psychology

While one might reason that everyone who works in the criminal justice and corrections fields

should subscribe, even if implicitly, to the broadly defined goals of increasing public safety by correcting and/or treating criminal behavior within the ethical principles referenced earlier, correctional psychologists may encounter situations that challenge the ethical tenets of the profession. Historically, many of these challenges are not new. For example, many were identified and discussed over 30 years ago in the book *Who Is the Client: the Ethics of Psychological Intervention in the Criminal Justice System*, specifically in the chapter "Ethical Issues for Psychologists in Corrections."

Conflicting Treatment Ideologies

To be clear, there is no such status as *no treatment*. In a criminal justice era that has increasingly emphasized punishment over rehabilitation, punishment has been the overriding treatment method for correcting and deterring wrong behavior, regardless of an offender's mental status. Consequently, correctional psychologists may discover that some of the security, control, and punitive policies and practices within a correctional facility or of a corrections agency (e.g., probation and parole) may contribute to or exacerbate the mental illness or suicidal inclination of an offender the correctional psychologist is expected to treat and interfere with well-established psychological methods of treatment that are more likely to result in significant behavior change. These include extended periods of offender isolation (e.g., segregation) as punishment for misconduct, being a gang member, or mentally ill offenders being disciplined for misconduct caused by their mental illness (e.g., delusional ideation or a psychotic episode). Because it is seldom the case that the treatment needs of a mentally ill offender will prevail against the security and safety needs of a jail or prison, even if the implementation of those policies contributes to the mental illness of the offender, the correctional psychologist may find it difficult to resolve the treatment conflicts indigenous to such an environment.

Multiple Roles: Who Is the Client?

In contrast to colleagues who provide psychological services in a private practice or hospital setting, most psychologists who work in the

corrections field are involved in multiple roles with differing responsibilities to different clients (e.g., the public, the employing agency, the offender). First, they are employed by federal, state, or county governments or agencies who represent the public with a vested interest in public safety. Consequently, there is the covert, if not overt, expectation that correctional psychologists will first identify with the adversarial ideology of criminal justice system in the interests of public safety and only secondarily to their ethics and standards of practice.

Second, corrections psychologists are considered to be employees expected to work in compliance with their correctional employer's work rules and policies, even if doing so interferes with their ability to do the job for which they are hired, generates a potential challenge to their professional code of ethics, and/or interferes with treatment in the best interests of their clients. Challenges may include requests to reveal confidential information to security or administrative staff, not being provided a confidential space within which to provide essential assessment and therapeutic services, being involved in offender cell extractions, reporting potential offender misconduct to security or administration, dealing with staff abuse of an offender, treating an offender to competency in preparation for execution, and/or carrying a firearm, among others.

Third, psychologists also work as a treater of offender's mental illnesses or addictions, with a primary ethical obligation to advocate for and attend to their client's well-being and treatment needs consistent with professionally recognized community standards. However, doing so may be interpreted by corrections administrators and security staff as being overly sympathetic to the treatment needs of the offender rather than to the security and control needs of the agency that employs them.

Failure to meet the demands of these multiple roles and responsibilities to the public, employer, and client carries inherent risks not assumed by the criminal justice system. To fail to adequately protect the public from an offender via a duty to warn or comply with employer security and control demands may result in discipline or the loss of one's job. Failure to adequately treat an offender's serious mental health needs, particularly a suicidal one, may result in a client licensure complaint or civil litigation alleging deliberate indifference.

These risks assume greater prominence in the face of inadequate treatment resources.

Compromises in the Face of Inadequate Treatment Resources

For many correctional agencies and facilities, budgets may constrain the hiring of an adequate number of professional mental health staff to meet all the mental health treatment needs of offenders. Consequently, the correctional psychologist may need to make decisions about who to treat and who not to treat, or what treatment modality is the most practical, even if not the most effective. For example, there may be an emphasis on group therapy despite there being mentally ill offenders for whom group therapy is contraindicated. The psychologist may have clients whom they do not like or are not competent to treat, yet have no other resources to which they can refer such clients. These circumstances may pose ethical challenges that require special attention and difficult compromises.

While the overarching goal of promoting right conduct in the interests of public safety is ostensibly the same for criminal justice, corrections, and correctional psychology, the philosophical and ideological differences of emphasis on the means to accomplish this goal are stark and have made the integration of psychology within corrections a difficult process. As a result, the primarily punitive and adversarial ethic of criminal justice and correctional policies and practices creates an environment in which corrections administrators and staff may be philosophically indifferent, if not resistant, to the mental health treatment and rehabilitative efforts by psychologists and related treatment staff. At times, such efforts may be viewed as sympathizing with the offender against security, safety, and control policies, and ultimately the punitive *just deserts* ideology that the behavior warranted. It is from the clash of these two ideologies—the obligation to punish (harm) and the obligation to treat (help, but not harm)—that the ethical challenges for the correctional psychologist emerge.

Resolution of Ethical Challenges and Dilemmas: Due Process

Despite the various ethical principles that characterize good conduct for the correctional

psychologist, the resolution of ethical challenges and dilemmas in correctional psychology practice can be difficult. Standard 1.03 of the American Psychological Association's ethical principles states that if the demands of an organization with which psychologists are affiliated or employed are in conflict with the ethics code, the psychologists should "make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the . . . Ethics Code" (p. 15). There is no definition of what constitutes reasonable steps or what to do if those efforts fail. It is important to understand that the ethics code and practice standards—by themselves—are aspirational and carry no specific legal weight. It is also important to understand that the criminal justice system is not obligated to attend to the ethical requirements of the correctional psychologist except as required by law.

In keeping with Standard 1.03, there is a process that embraces all of the ethical principles referenced above and that is the ethical practice of providing *due process* to one's correctional clients, whether it be the court, the administration of a correctional facility, an agency, or the offender. This practice involves being truthful about the scope of one's responsibilities to both the client and the organization prior to providing psychological, forensic, or research services to the offender client; reasonable information about the scope of available services; the confidentiality of those services; the goal of the services; and the likely outcomes. This information should be both verbal and documented in the client's records. The practice of providing due process to one's clients—whether offender or employer—can preemptively resolve potential ethical dilemmas before they occur. However, as a cautionary note, the need to adhere to ethical principles and standards of practice does not suffice to preempt employee discipline or legal action as a result of a refusal to comply with an employer's job expectation or court order. When such instances occur, consultation with the appropriate staff or agencies is of paramount importance.

Final Thoughts

The ethical practice of psychology in corrections is a challenging enterprise, fraught with ethical

challenges and risks. Nonetheless, the expectation is that correctional psychologists will subscribe to and adhere to the published ethical principles and standards of practice published by the American Psychological Association and the International Association for Correctional and Forensic Psychology and, when ethical challenges and conflicts occur, will explore avenues of resolution for guidance. To do less is to fall short of the expectation that psychologists will provide services in keeping with the highest ethical ideals and standards of practice of the profession in order to contribute to a safe and stable society.

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See also American Correctional Association; Correctional Rehabilitation Services, Best Practices for

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CORRECTIONAL REHABILITATION PROGRAMS, EVALUATION OF

A body of knowledge has been accumulating on correctional rehabilitation programs and offender populations. This has been generated by evaluation studies that have examined the effectiveness of various types of treatment approaches in

reducing offender recidivism. Many reviews of the offender rehabilitation literature have found that while some programs have been effective in reducing recidivism, there are some programs for offenders that are not effective. This disparity in program success has led researchers to try to determine the characteristics that differentiate effective programs from ineffective ones. Programs that are poorly conceptualized, poorly implemented by unqualified staff, or target inappropriate or unalterable factors for change have little chance of reducing recidivism. Relatively little attention has been devoted to questions of what works best, for whom, under what circumstances, and why. This entry focuses on what has been learned from the offender rehabilitation literature on program evaluations.

Program Evaluations

Program evaluations are the systematic gathering and analysis of information to determine the quality and effectiveness of programs and to identify areas requiring improvement. They provide stakeholders and funders with key information and allow informed decisions to be made about the future of the program.

Stronger conclusions can be drawn about the quality and effectiveness of a correctional treatment program when a rigorous evaluation is conducted. These evaluations can involve both quantitative and qualitative methods of research. Ideally, the evaluation should be planned prior to treatment program delivery. This type of planning allows for the development of the selection criteria for participants, the assignment of offenders to groups, and the identification of appropriate measures to assess participants. Retrospective or after-the-fact evaluations are typically considered methodologically weaker and are not as highly regarded. A definitive statement about the effects of specific offender treatment programs cannot be formulated without the inclusion of a control or comparison group that was not provided with the program. Ideally offenders should be randomly assigned to *treatment* and *control* groups in order to protect against any potential source of bias in group allocation. If random assignment is not possible, a quasi-experimental design should be employed to provide a standard against which to

assess treatment effects. In a quasi-experiment, the treatment and control groups are matched on characteristics that are potentially related to outcome (e.g., age of offender, criminal history). Detailed descriptions of the characteristics of the comparison groups should also be provided.

Criminal justice officials and other stakeholders such as politicians and the general public are principally interested in recidivism as an outcome measure in program evaluation. When possible, multiple indicators of recidivism should be employed. For instance, arrests, convictions, incarceration rates, type and severity of offences, and technical violations could be examined. Furthermore, recidivism outcomes should be tracked for a suitable length of time to determine the effects of the program (e.g., 3 years).

Intermediate or before-and-after measures should also be incorporated into the evaluation design. For example, measures of antisocial attitudes, personality, or cognitive skills (e.g., social problem-solving) could be included. Others may include changes in substance use severity, educational achievements such as finishing high school, and employment achievements. Therefore, it is important that program officials include reliable and valid measures to assess these intermediate targets.

However, intermediate measures and outcome measures do not provide a complete picture of what transpired during the program. They do not reveal why a program works or does not work. Evaluations need to get inside the *black box* of an intervention program. This would provide information on what these programs do and how they do it. Evaluations can provide an assessment of the theoretical model underlying the treatment program approach and its conceptualization. Moreover, they also measure implementation and integrity. Program implementation must be carefully monitored to ensure that the program is delivered in a manner consistent with the original protocol: How many sessions were actually delivered? How long are the sessions and over which period of time? How many sessions did program participants attend?

Reviews of Offender Rehabilitation Evaluations

A large number of offender rehabilitation evaluation studies now exist that can help

inform correctional decision-making. Quantitative research synthesis techniques, also known as *meta-analysis*, have been used to analyze this large evaluation literature. Meta-analysis involves the statistical analysis of the results of a group of prior research studies. It generates a statistic called an *effect size* for each evaluation study. The effect size for an evaluation study represents the magnitude of difference in recidivism between the group that received the rehabilitation program and the group that did not receive the rehabilitation program. Meta-analytic reviews of hundreds of outcome evaluation studies have led researchers to identify a set of principles of effective correctional rehabilitation. These principles have helped to distinguish programs that reduce recidivism from programs that do not. Programs that adhere to these principles are more likely to be successful at reducing recidivism than programs that do not follow these practices.

Principles of Effective Correctional Rehabilitation

Who to Treat?

Meta-analyses have demonstrated that medium- to high-risk offenders will benefit the most from offender rehabilitation programs in reducing their reoffending. This is also known as the *risk principle*. Risk refers to the offender's probability of continuing his or her criminal behavior. These offenders will benefit more from intensive services compared to low-risk offenders. High-risk offenders are capable of change and have more to change about them compared to low-risk offenders. Research has found that low-risk offenders require minimal levels of rehabilitation services or no services at all. Generally speaking, low-risk offenders are unlikely to recidivate.

Offender Rehabilitation Targets

Reviews have demonstrated that offender rehabilitation programs should target the known predictors of crime and recidivism for change such as antisocial attitudes and substance abuse. This is also referred to as the *need principle*. Noncrime-producing factors such as self-esteem in males, anxiety, physical conditioning, and understanding one's culture or history will not have much effect

on recidivism. The results of meta-analyses have also revealed that the predictors most closely associated with recidivism are dynamic and can be changed. Other predictors that place offenders at risk of crime and recidivism such as an offender's criminal history, age, and gender are static factors and cannot be changed. As a result, static factors are not suitable targets for offender rehabilitation programs.

Behavioral Programs

Another principle that has been identified requires that offenders receive rehabilitation programs that are capable of changing the known predictors of crime and recidivism. To the extent possible, efforts should be made to match the way a treatment service is delivered and the learning styles of the offender. This is also referred to as the *responsivity principle*. In general, offender rehabilitation programs based on behavioral strategies (social learning and cognitive behavioral) are more effective than programs that are not based on these strategies. Offenders generally respond well to behavioral strategies. These strategies provide learning and skill-building experiences designed to change specific problem behaviors through such techniques as practice, role-playing, modeling, feedback, and reinforcement. The problem behaviors may include antisocial attitudes and values, antisocial peers, and substance abuse. This approach may also include techniques that would foster the development of the offender's thinking and reasoning skills, the offender's social comprehension, and the offender's social problem-solving. Interventions based on these approaches are typically very structured. Other treatment modalities that are nonbehavioral are associated with smaller reductions in recidivism. These include drug and alcohol education, talk therapy, shaming offenders, and self-help. Meta-analyses have also found that punishment-oriented programs such as *Scared Straight* and character-building programs such as boot camps and wilderness programs do not work.

Furthermore, offender rehabilitation will be more effective if the program takes into account other considerations such as the characteristics of program participants. Offenders may respond differently to program deliverers, the actual program,

and the setting in which the rehabilitation program is delivered. The considerations or factors that may impact service delivery are the offenders' lack of motivation to participate in the program, their feelings of anxiety or depression, cognitive ability, and personality. Demographic characteristics such as age, gender, race, and ethnicity are also considerations that need to be taken into account.

Multimodal Programs

Many reviews have also found that multimodal offender rehabilitation programs are more effective when programs use more than one treatment technique and focus on more than one problem behavior in the delivery of the program. Offenders typically enter rehabilitation programs with a number of problems. Multimodal programs offer a variety of interventions to treat offenders and are able to address a range of crime-producing factors at the same time. The targeted behaviors are those that are predictive of future criminal behavior and are dynamic in nature (e.g., antisocial attitudes, substance abuse).

Treatment Setting

Whenever possible, the treatment should be delivered in the community in the offender's natural environment. This may involve offenders who are serving a sentence of probation in the community or offenders who were released from prison and are under parole supervision. Community-based treatment generally produces greater reductions in recidivism than institutional or residential programs. Institutional or residential programs can be effective, but it is more difficult to achieve the same reductions in recidivism. These settings pose a number of challenges such as balancing the need for offender rehabilitation and the need for institutional security. For example, in some instances, rehabilitation sessions may need to be canceled because of custody concerns in the particular institution. In order for rehabilitation to be effective in institutional or residential settings, it may be necessary to house participants separately from the general population of offenders. This would help avoid the antisocial prison subculture and would provide a supportive context that would, it is hoped, be more compatible with program objectives.

Aftercare or Program Follow-Up

Reviews also indicate that offender rehabilitation programs should follow offenders after they have completed the formal phase of the rehabilitation program. This would provide an opportunity to administer a structured relapse prevention component or some form of aftercare. Relapse prevention assists offenders in identifying their own specific high-risk situations that may lead to reoffending. This training also assists the offender in developing appropriate responses to these situations in order to prevent relapses. Continuity of care helps maintain any positive changes gained from rehabilitation and prevent further antisocial behavior. Relapse prevention and aftercare is especially relevant for offenders with histories of problems such as sex offences and substance abuse.

Program Quality

One other factor that has been found to be associated with the effectiveness of offender rehabilitation programs is the quality of the implementation. Programs will be more effective if they are well-implemented and maintain integrity to the treatment model. Program integrity or fidelity simply refers to the extent to which the treatment is delivered as intended or planned. Problems may arise when program deliverers incorporate their own preferred treatment techniques versus those called for by the rehabilitation program. Second, program providers who are poorly trained and supervised, or unmotivated, may not deliver the optimal version of the particular program. Efforts should also be made to properly monitor or supervise program providers on an ongoing basis to ensure that they are following the program model and that there is no drift from it. Another aspect of implementation is dosage. This refers to the amount of treatment services provided to offenders. The impact of an effective treatment may be diminished if the intensity and duration of rehabilitation services is not sufficient for the particular offender subgroup receiving services. Generally speaking, more intensive rehabilitation services should be devoted to high-risk offenders compared to low-risk offenders. Successful rehabilitation programs may not be replicated in other sites because of poor implementation.

Dan Antonowicz

See also Meta-Analysis; “Nothing Works” Debate; Risk-Need-Responsivity, Principles of; Treatment Dosage and Treatment Effectiveness; Treatment or Program Outcome Evaluations

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CORRECTIONAL REHABILITATION SERVICES, BEST PRACTICES FOR

Since the 1980s, considerable attention has been directed toward identifying which types of correctional rehabilitation services should form the basis of offender treatment. It has been well-established in the corrections literature that certain programs and interventions are more effective and successful than others. A program or intervention's success is reflected in its ability to modify offenders' behavioral patterns and, by extension, reduce recidivism (i.e., commit a new offense after program participation). Programs that consistently show successful efforts in rehabilitating offenders and have credible documentation of their effectiveness are highly accepted into

practice. Best practices for correctional rehabilitation services encompass successful, goal-oriented correctional initiatives that receive support by the correctional community and are recognized as being helpful to organizations and agencies. In addition to these components, best practices have a strong theoretical grounding, which help to emphasize their evidence-based approaches. These practices have evolved from years of transferring knowledge from research to correctional practitioners. This entry reviews the concept of rehabilitation and identifies the characteristics that define the best practices for correctional rehabilitation services.

The Concept of Rehabilitation

The rehabilitation ideal encompasses the broad view that offenders are unique and engage in behaviors differently based on environmental factors, psychological development, and biological influences. In other words, proponents of rehabilitation believe that internal factors or an individual's social environment causes or influences engagement in crime. The concept of rehabilitation differs from other goals of punishment in the criminal justice system (e.g., deterrence, incapacitation) by seeking to change offenders' behavioral patterns and focusing on improving offenders' lives.

Correctional rehabilitation services embody this ideology and strategically plan interventions to modify offenders' behavioral patterns. That is, rehabilitation programs and interventions do not occur by chance but are designed to include specific features. The main goal of these types of services is to reduce the probability that offenders will reoffend. In order to reach this desired goal, rehabilitation services target specific factors known to cause the offender's criminality. Not only is this aspect of services important for improving offenders' lives, but it also is a critical component to enhancing public safety. These components form the basis for the best practices for correctional rehabilitation services.

Despite the knowledge accumulation on what components correctional rehabilitation services should incorporate, research often indicates considerable heterogeneity in the effectiveness of rehabilitation programs and interventions. Studies related to correctional rehabilitation

programs and interventions find that some are effective, some are moderately effective, and some have iatrogenic (i.e., adverse effects on offenders and increase reoffending) or no effects on changing offenders' behaviors. The systematic variation in correctional intervention and program success has led to a search for the characteristics that distinguish effective treatment practices from those that are ineffective. Through the review and analysis of hundreds of studies, researchers have enhanced knowledge on *what works* in offender rehabilitation and have identified a set of principles that should guide correctional programs.

The Principles of Effective Intervention

The principles of effective intervention form the conceptual and empirical underpinnings for understanding the body of literature on offender rehabilitation. The best practices or *what works* for offender rehabilitation is not reflected in a single program or intervention but based on a body of knowledge developed over 30 years that has been conducted by numerous scholars. The *what works* movement demonstrates empirically that theoretically sound, well-designed programs that appropriately apply the principles of effective intervention can significantly reduce recidivism rates. The principles of effective intervention have three core elements—risk, need, and responsivity—that, together, form the Risk-Need-Responsivity (RNR) model. Since its development in 1990, this model has been expanded to include more principles with the intention of enhancing the design and implementation of effective correctional interventions. This section provides an overview of the RNR model.

Core Principles and Key Clinical Issues

In order for rehabilitation to be optimally effective, three conditions must be satisfied: Treatment programs should (1) deliver services to higher risk offenders (the *risk* principle), (2) target factors related to offending (the *need* principle), and (3) employ cognitive-behavioral and behavioral treatment programs (e.g., social learning, cognitive interventions), while considering offender characteristics when making decisions about the mode

and style of service delivery (the *responsivity* principle). These three conditions form the foundation of the RNR model of correctional assessment and rehabilitative programming.

The first core element of the RNR model—the risk principle—provides a guideline for *who* treatment programs should target for services. There are two aspects of this principle: (1) risk (i.e., the probability that an offender will recidivate) can be predicted and (2) treatment services (or intensity/dosage) should match offenders' risk level. Higher risk offenders should receive the most intensive services while minimal or no intervention is sufficient for lower risk offenders. The second core element is referred to as the *need principle* and advises correctional rehabilitation services on *what* to target in order to have the greatest effects in reducing recidivism. This principle posits that correctional treatment services should target the known predictors (or risk factors) of crime and recidivism for change. There are two types of predictors for crime: (1) static (i.e., unchangeable risk factors like criminal history) and (2) dynamic (i.e., amenable risk factors like antisocial attitudes). Dynamic predictors are also referred to as *criminogenic needs* and are highly correlated with criminal behavior. Thus, these factors are considered to be the most appropriate targets for correctional rehabilitation services.

The last core component is the responsivity principle, which suggests *how* programs should go about targeting offenders' needs to match the treatment services to offenders' learning styles and capabilities. There are two elements of this principle: general and specific responsivity. The general responsivity principle states that the most effective interventions tend to be those that are behavioral in nature and based on cognitive, behavioral, and social learning theories. Cognitive-behavioral treatments are short-term, goal-oriented interventions provided by clinicians, which focus on identifying, understanding, and changing criminogenic thinking patterns that sustain criminal behavior. Some examples of such interventions include Relapse Prevention, Thinking for a Change, and Aggression Replacement Training. Specific responsivity underscores the importance of considering key offender characteristics when matching offenders to treatments and staff. In order to optimize effectiveness, correctional

programs should adapt the style and mode of service according to factors (e.g., personality traits, cognitive deficiencies, anxiety) that could impede the delivery of services or offender participation in a program.

The RNR model also includes several other principles referencing key clinical issues to enhance service delivery. First, it is suggested that correctional programs employ multimodal techniques or expand their breadth of needs targeted. The effectiveness of interventions is often contingent upon the number of criminogenic needs targeted: Services are more successful when they target a higher number of criminogenic needs relative to noncriminogenic need areas (e.g., anxiety, motivation). Programs that limit the focus to one or two of these needs are unlikely to have much of an effect on offenders' overall behavioral patterns.

Second, criminogenic needs (and risk to reoffend) can be assessed by correctional staff using a *structured* risk and needs assessment instrument. Best practices in correctional rehabilitation services often use instruments that have adequate predictive validities of an offender's risk to reoffend, examine a wide range of criminogenic risk factors, and identify responsivity issues that contribute to program engagement. Some examples of assessments that are used in the field include the Level of Service Inventory-Revised, the Psychopathy Checklist-Revised, and the Level of Youth Service/Case Management Inventory. These tools assist practitioners with developing individualized treatment plans and services to target offenders' higher scored need areas. A number of studies have also revealed that these tools are useful for facilitating case management decisions and guiding contact sessions. Correctional staff have the option to use professional discretion on these tools to override the structured decision-making, but this occurs on rare occasions and must be documented to provide explanations.

Overarching Principles

The principles included in this part of the RNR model codify a theme for showing respect to the individual under treatment and incorporating ethical and humane application of empirically driven services. Best practices deliver services with respect for the person (e.g., personal autonomy,

just, legal) and the normative context. These norms may vary, however, with particular agencies based on the population they serve and the setting in which services are delivered. Another aspect of the overarching principles is that correctional programming should be based on empirically solid (i.e., validated) psychological theories of human behavior. In order to uphold this theme of respect for individuals, the RNR model of crime prevention extends to all agencies within and outside the justice system that encounter and deal with an offender clientele. These dimensions are considered *overarching* because they apply to any intervention or program, regardless of the type of treatment.

Organizational Principles

This section of the RNR model encompasses three principles that underscore the importance of appropriate staffing techniques and managerial support to maintain the integrity of such programming. It is suggested that correctional treatment services are most effective when they are offered in a community-based setting. These programs still produce meaningful reductions in recidivism, however, when facilitated in residential and institutional settings. The effectiveness of treatment services is strengthened by certain staff characteristics and practices (i.e., high-quality relationship skills, high-quality structuring skills) better known as *core correctional practices* (CCPs). The dimensions of CCPs include *effective use of authority*, *prosocial modeling* (i.e., provide directives/consequences to teach appropriate behaviors), *effective reinforcement and disapproval*, *skill development* (e.g., cognitive restructuring, problem solving), and *advocacy/brokerage*. Each of the dimensions represents best practices of interacting with offenders to enhance the quality of treatment services, which are derived from empirically validated theories of human behavior.

Finally, in order to maintain fidelity to RNR programming, it is important that staff have support from their own organization and other agencies that work directly with their organization. Within this context, managerial techniques involve the selection, training, and supervision of staff that fall in line with RNR approaches. Quality assurance becomes an important component to

building a system supportive of best practices and to enhance continuity of care.

Validation of the Principles

Given the scope of research on offender rehabilitation services, there is now sufficient evidence to enable correctional policy makers to determine meaningful inferences regarding what works to reduce recidivism. The previous compilations of research findings and recommendations provide a coherent framework of guiding principles—the principles of effective intervention. Although the research does not provide support for each of the core principles with equal volume and quality, the conclusions of systematic reviews yield remarkable consistency in their findings. The convergence in findings is noteworthy given the variation in the methodologies and analytic techniques employed in studies.

In general, the average effect of rehabilitation on recidivism is positive and relatively large. This means that rehabilitation programs and interventions are not only capable of reducing recidivism but also likely to produce large reductions in reoffending. However, rehabilitation services that achieve the greatest reductions in recidivism adhere to the RNR model. Researchers have demonstrated how the magnitude of the relationship between rehabilitation and recidivism increases as programs adhere to more of the principles. Additionally, these studies also suggest that nonadherence to the RNR model shows no effect on recidivism and may increase subsequent criminal conduct. This finding holds true across offender's sex, age, and correctional setting. Overall, the research indicates that programs that adhere to the principles of effective intervention can reduce recidivism as much as 30%.

While the literature provides a structured guideline for how programs and interventions should deliver services, it does not ensure *how well* these services will be implemented. Studies have demonstrated that evidence-based programs can increase criminal involvement if not competently delivered as intended and assessed through quality assurance processes. Thus, researchers have developed an instrument, the Correctional Program Assessment Inventory (CPAI), that evaluates programs' adherence to the principles of effective intervention and examines the quality of service.

Program Evaluation

An often overlooked component of best practices in correctional rehabilitation services is program or therapeutic integrity. Program integrity has recently gained more attention in corrections, as it is critical to ensure that offenders receive quality services capable of reducing recidivism. A high degree of therapeutic integrity means that staff are adequately trained and supervised and are able to be assessed for interpersonal skills that have been found to contribute to the delivery of effective services (e.g., CCPs). The CPAI is an assessment instrument that offers guidance on how to implement an effective program in a correctional setting.

Since its development, CPAI has undergone several revisions. As of 2018, the most current version of the instrument is called the *CPAI-2000* and includes 131 items or measures of therapeutic integrity. The instrument is subdivided into two general areas—capacity (i.e., program capability to deliver interventions and services for offenders) and content (i.e., assessment procedures and the degree to which the program adheres to the RNR model)—and consists of eight domains: (1) organizational culture, (2) program implementation and maintenance, (3) management/staff characteristics, (4) client risk-need practices, (5) program characteristics, (6) dimensions of CCPs, (7) inter-agency communication, and (8) evaluation. The goal of the instrument is to begin holding programs accountable for the types of interventions they provide and enhance the amount of effective interventions in the field.

Several hundreds of correctional programs have been evaluated using the CPAI instrument to date and, accordingly, several conclusions can be drawn. First, the vast majority of programs do not receive a passing grade and have been found to need improvement. For example, earlier studies examining CPAI scores of programs found that only a small percentage (10–12%) received a passing score. Additionally, the literature underscores the relationship between CPAI scores and treatment effectiveness. More specifically, the overall CPAI program scores have been found to strongly relate to reductions in recidivism. In other words, those programs with higher quality ratings are associated with lower recidivism rates. Further, the two studies that have been conducted to

examine the CPAI predictive validity found that *client assessment* and *program characteristics* were strongly correlated with treatment effectiveness. Additionally, one of these studies also identified *program implementation* as a significant predictor of treatment effectiveness.

These findings provide further validation of the principles of effective intervention, demonstrating that programs providing services to higher risk offenders, targeting criminogenic needs, and employing cognitive-behavioral techniques are some of the most influential approaches to offender behavioral modification. In addition to these conclusions, the CPAI evaluation results highlight an important element that contributes to program effectiveness—program implementation. Indeed, some scholars suggest that the quality of implementation might be equally as important as the type of service delivered.

Program Implementation

It is clear from the literature that effective practices for offender rehabilitation need to follow the principles of effective intervention. While these principles form the foundation of the programs, there are other characteristics associated with the most successful practices for correctional rehabilitation services. Specifically, these characteristics encompass the necessary components that help bridge empirical research with the proper implementation of programs. The transmission of empirical evidence from the producers to consumers has been identified as a major reason many programs fail or have no effect on modifying offenders' behaviors. The implementation of practices for offender rehabilitation can often suffer from organization resistance, budget costs, staff turnover, and minimal staff training, to name a few. Improper program implementation spurred in part by a lack of understanding related to how practitioners can be adequately equipped to implement correctional rehabilitation services continues to be an ongoing problem in offender rehabilitation.

Practitioners should receive adequate training (and continual training) to learn new skills and gain insight into the purpose of the intervention or program. Within this context, the goals of programs need to be discrete, clearly articulated, and easily understood by practitioners. It is

unlikely that practitioners will utilize the new information if it is not (a) easy to understand and deliver and (b) easy to incorporate into their daily practices. Thus, there should be personal communication and interaction between program designers and users to ensure proper program implementation. Additionally, supervising treatment delivery and providing feedback to users can serve as an important learning experience, enhance motivation, and ensure fidelity to the model. The most effective types of programs identified in research have been those that involve the researchers in program development, training, and observation of staff.

According to the research, effective programming is most likely when all criminal justice agents involved in the program are informed of policy changes. Further, policy changes should be a collaborative process between line-staff, managers, and program developers as staff buy in to the practice is an important component. Another way to increase the likelihood of staff adopting the correctional initiative is for managers or leaders of an organization to provide rewards or incentives to do so. Practitioners, too, should be exposed to new policy changes and provided with explanations about the importance of the correctional initiative.

While not *all* of the characteristics that define successful implementation of programming are provided here, these represent a basis for the general requirements necessary to further increase proper and consistent implementation of rehabilitation services.

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See also Correctional Program Assessment Inventory (CPAI); Correctional Rehabilitation Programs, Evaluation of; Correctional Rehabilitation Services, Best Practices for; Criminal Risk Assessment, General Offending; Rehabilitation; Risk-Need-Responsivity, Principles of

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CORRECTIONAL REHABILITATION SERVICES, INTENSITY OF

A fundamental understanding within the scope of correctional rehabilitation services is that correctional interventions and programs can effectively reduce the probability of an offender engaging in subsequent criminal behavior (i.e., recidivism). However, it is also understood that the effects of correctional treatment programs are heterogeneous; not all programs are equally effective, and some programs work better than others. The most effective correctional programs seem to be based on several essential principles of effective intervention, especially the risk principle, which is the most empirically validated. This principle, part of the

Risk-Need-Responsivity model of correctional intervention, explains that correctional rehabilitation services are most effective when the intensity, or amount, of treatment matches an offender's level of risk. Specifically, high-risk offenders should be exposed to the most intensive treatment while low-risk offenders should receive minimal to no treatment. Yet the relationship between the intensity of services and risk for recidivism is often not this straightforward. This entry provides a brief overview of the ways intensity of correctional rehabilitation services is tied to the risk principle, noting the suggested intensity, or dosage, for each risk level.

Risk and Intensity of Rehabilitation Services

According to the risk principle, programs should target offenders with the highest probability of recidivism and provide these higher risk offenders with the most intensive treatment for criminogenic needs. Furthermore, intensive treatment should not be delivered to lower risk offenders as it will likely lead to iatrogenic outcomes (i.e., increased recidivism). This is because interventions tend to disrupt a low-risk offender's prosocial ties and connections while increasing his or her exposure to higher risk offenders. Thus, for correctional rehabilitation services to be most effective, the intensity of intervention and treatment should be matched with offender's risk level. In other words, along with suggesting *who* should be targeted with treatment, the risk principle also suggests *how much* treatment offenders should receive by their assigned risk level.

The relationship between the intensity of correctional services—how much treatment an offender receives—and recidivism is nonlinear and moderated by risk. Understanding risk as a moderator means that the effect in the relationship between the intensity of a correctional program and its outcome (i.e., recidivism) is highly affected by the risk of the offender receiving the treatment. Additionally, treatment intensity and the outcomes of recidivism do not produce a consistent linear relationship. While the general belief is that the more an offender is exposed to rehabilitation services, the less likely he or she will be to reoffend, some suggest that the effect of treatment may diminish if an offender is exposed to too much treatment (i.e., a curvilinear relationship). Thus,

for rehabilitation services to have the best outcomes, they need to be implemented at an intensity that is just right for the offender based on the offender's level of risk.

Since likelihood of recidivism is linked to the risk level of an offender for recidivism and the intensity of the treatment he or she receives, it is important to understand specifically how these two characteristics of the risk principle interact with one another. As mentioned earlier, when it comes to low-risk offenders, it is often found that as programs become more intensive, the rate of offender recidivism often increases. Thus, for low-risk offenders, the relationship between program intensity and recidivism is found to be positive. Here, a positive relationship explains that increased treatment intensity increases the likelihood of recidivism for low-risk offenders.

For low-moderate- and moderate-risk offenders, the relationship between program intensity and recidivism mimics a U-shape. At first, there is a negative relationship between program intensity and recidivism (i.e., intensity increases and recidivism decreases). Then, at a point, there is a change in the relationship where it becomes positive (i.e., intensity increases and recidivism increases). This curvilinear relationship suggests that for low-moderate- and moderate-risk offenders too much treatment can be detrimental. Furthermore, a handful of studies have tried to quantify the number of hours of treatment that are most effective for each offender's risk level. These studies indicate that the diminishing effect of treatment intensity for low-moderate- and moderate-risk offenders begins at around 150 hr of treatment. For moderate-high- and high-risk offenders, program intensity and recidivism for moderate-high- and high-risk offenders have been found to have a relationship that is consistently negative. Although the strength of the relationship has been found to start weak, then become strong, and then plateau toward the end, research suggests that 100 hr of treatment will have little effect on reducing recidivism; however, the relationship is strengthened and has a larger effect when offenders are exposed to 200 hr of treatment with a plateau when treatment surpasses 300 hr.

The research shows that correctional interventions and treatment lead to the greatest reductions in offender recidivism when the risk principle not

only identifies who should be targeted but also provides a recommendation for how much treatment offenders should receive. Therefore, the intensity of correctional rehabilitation services should be tied to the offender's identified level of risk. Accordingly, for rehabilitation services to have the best recidivism reductions, they need to implement programming at an intensity that is not too short or not too long.

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See also Correctional Rehabilitation Services, Best Practices for; Rehabilitation; Risk Principle; Risk-Need-Responsivity, Principles of; Treatment Dosage and Treatment Effectiveness

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CORRECTIONAL SERVICE CANADA

Correctional Service Canada (CSC), also referred to as the *Correctional Service of Canada*, is an agency of Public Safety Canada, headquartered in

Ottawa. CSC operates under the Corrections and Conditional Release Act and is responsible for the *safe secure and human control* of men and women sentenced to 2 or more years in prison or remanded to custody. In total, then, CSC is responsible for approximately 23,000 individuals, of whom 15,000 are in custody and 8,000 are under supervision within the community.

Although it is the CSC that generally garners most of the media attention, the majority (96%) of prisoners in Canada fall under the jurisdiction of provincial or territorial correctional authorities. Individuals sentenced to fewer than 2 years or remanded into custody are housed in provincial or territorial correctional facilities governed by the corresponding province's or territory's ministry of justice or public safety. Several provinces and territories (i.e., Newfoundland and Labrador, Prince Edward Island, Yukon, Nunavut and the Northwest Territories) lack federal prisons. In these jurisdictions, then, certain federally sentenced prisoners are allowed to serve their sentences within the local penal facilities. Often, such allowances are made so that a prisoner can remain closer to his or her family, home community, and culture.

This entry begins by reviewing the operational structure of the CSC. Next, it discusses programming and services for both prisoners and releases. Last, this entry examines the challenges facing CSC.

Operational Structure

There are five CSC regions—Atlantic, Quebec, Ontario, Prairie, and Pacific, and approximately 18,000 employees manage and supervise those persons under federal custody. There are a total of 43 minimum-, medium-, and maximum-security correctional institutions, including 6 for women and 4 used as Indigenous healing lodges. CSC also operates 92 parole offices, 15 community correctional centers, psychiatric or forensic hospitals or treatment centers, reception and assessment centers, health-care centers, palliative care units, and an addiction research center. Persons on conditional release (e.g., parole, statutory release, permitted temporary leaves) are supervised by community correctional staff in community residential facilities, halfway houses, day reporting centers, and other reentry facilities operated in

partnership with such not-for-profit organizations as the John Howard Society, St. Leonard's Society, and the Elizabeth Fry Society. It costs over \$115,000 (CDN) per year to maintain an offender in a CSC institution and almost \$35,000 (CDN) per year to supervise an individual in the community. In 2014–2015, CSC expenditures totaled approximately \$2.6 billion (CDN).

Approximately 90% of federal prisoners have treatment needs, including those tied to mental illness and substance abuse, while about 70% are incarcerated for a violent crime. Of those incarcerated, most are single and comparatively less educated than citizens not involved in the justice system. Moreover, Indigenous people constitute approximately 4% of the Canadian adult population but represent 25% of the custodial population. In the Prairie region of CSC, almost half of the prisoners are Indigenous. Here, Indigenous prisoners are more likely than non-Indigenous prisoners to be sent to a maximum-level security facility. In 2015–2016, a greater proportion of Indigenous men and women prisoners than other racial/ethnic groups were serving a sentence for a violent offense. In comparison, Black Canadians comprised 3% of the general population yet represented 10% of the federal prisoner population—a 70% increase from rates one decade prior—making them the fastest growing group in federal prisons.

Programming and Services

CSC offers a variety of institutional and community-based programs and services, including violence prevention programs, family violence prevention, programs for sex offenders, substance abuse programs, and, for Indigenous offenders, programs based on traditional cultural and spiritual practices. To decrease the spread of infectious diseases, CSC also provides prisoners with condoms, lubricants, dental dams, and bleach kits for needles (though it does not supply needles). Federal prisoners who qualify also have access to overnight family visits at a unit on the grounds of the correctional institution.

The Canadian-created, empirically validated Risk-Need-Responsivity model provides the framework for many institutional and community-based programs. The *risk principle*

holds that correctional interventions have a greater chance of success when they are matched with the offender's level of risk. The *need principle* holds that correctional interventions should target criminogenic needs (i.e., dynamic risk factors), such as substance abuse, peer relations, and procriminal attitudes. The *responsivity principle* holds that correctional interventions be matched to individual learning styles and abilities, with particular emphasis on cognitive-behavioral interventions.

Supervision in the Community

All federal prisoners are conditionally released into the community under the supervision of CSC. Some are paroled after serving one third of their sentence; others are assigned statutory release after serving two thirds of their sentence. Prior to release, assessments determine the offender's need and risk levels, of which the results determine the appropriate level and intensity of community supervision, ranging from requiring periodic phone calls to the releasee's residence, the requirement that the releasee reside in a community-based residential facility with 24-hr monitoring, to frequent face-to-face meetings with the parole officer.

Challenges for CSC

CSC faces a number of challenges in fulfilling its mandate. These include an increase in the number of older prisoners, an increase in the numbers of prisoners with mental health and health-care needs, prison overcrowding, gangs, and meeting the needs of women and Indigenous prisoners. The rates of infectious disease, including HIV/AIDS, tuberculosis, and hepatitis B and C are high. Finally, it can be particularly challenging for CSC personnel to provide adequate supervision to releasees with mental health needs, sex offenders, and those residing in small northern and remote communities where there is a lack of support services.

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See also Community Corrections; Correctional Rehabilitation Services; Intensity of; Incarceration Rates, International; Risk-Need-Responsivity, Principles of

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CORRECTIONS

In the field of criminal justice, *corrections* is an umbrella term that refers to what happens *after* an individual has been convicted of a crime, sentenced, and placed on supervision (probation) or incarcerated in a county, state, or federal jail or prison. It also includes the subsequent release (parole) from such a facility and a specific period of supervision after release. This process was set up as the best way to assist offenders correct their behavior. Since the mid-1950s, corrections has evolved into a broad field of research and practice that incorporates elements of community supervision, incarceration, rehabilitation, and community reintegration within the scope of the prevailing correctional philosophy and goals. This entry explores the history and goals of corrections, explaining how prevailing sociopolitical thinking influences correctional approaches. In addition, this entry examines the various career and job opportunities available within the correctional system, including challenges and associations for correctional officers.

Correctional Philosophy

The survival of a culture depends on the creation of rules of behavior and a means of maintaining a

social order, typically by agents of the prevailing government. Historically, a society's sociopolitical philosophy advocated punishing and deterring misbehavior that potentially threatened the social order. From the *Code of Hammurabi* (1750 BCE) to the current day, varying methods of *correcting* and deterring misbehavior by various means of punishment have served that function. For thousands of years, such punishment has included torture and branding, dismemberment, public humiliation, whipping, slave labor, imprisonment, and death by various means. The point of these interventions was to create sufficient fear among the citizens as well as those punished (criminals) to deter future misbehaving and instill more motivation to follow the established rules of government-imposed social order.

As civilizations became more complex, the use of extreme punitive methods declined in keeping with the social philosophies of the time (e.g., humanitarianism), and those brought under the jurisdiction of the government for crimes were subject to less brutal means of punishing their behavior and deterring others from committing crimes. Incarceration, rather than execution, became more widespread. By the 18th century, however, religion influenced the development of the idea that crime was a sin and that those incarcerated should be subject to opportunities to change their behaviors by following religious practices of prayer, meditation, obedience, and proper behavior. The concept of rehabilitation while incarcerated became more popular than just incarcerating criminals for punishment. This ideological shift contained the seeds that eventually grew into today's field of corrections: a field that embodies the notions of incarceration as punishment, humane treatment, and rehabilitation.

Since the 18th century, correctional philosophies and goals have varied with the prevailing social and political times as well as the influences of the times on the prevailing criminal justice system. In a very general sense, these variances resulted in oscillations between more or less punishment and more or less rehabilitation and the development and implementation of rehabilitative methods and programs. When the focus was on more punishment, sentences were lengthened and criminals spent longer times incarcerated, often under very unpleasant conditions, with a strong

emphasis on security and behavior control. With a focus on rehabilitation, more emphasis was placed on education, learning trade skills, and treatment for mental illness and drug addiction, to facilitate community adjustment following an inmate's release back into the community.

Goals of Corrections

Four different goals of corrections are commonly espoused: deterrence, incapacitation, rehabilitation, and retribution. Each has received varied levels of public, political, and professional support depending on the sociopolitical influences of the time. As the overarching goal of corrections, deterrence is achieved by various forms and degrees of punishment in keeping with the nature of the crime as well as the prevailing sociopolitical sense of appropriate retribution. The hope is that through retributive punishment and rehabilitation, the individual and others similarly inclined will either resist offending or be deterred from engaging in future criminal behaviors.

Incapacitation most often entails incarceration in a jail (for sentences of a year or less) or prison (for sentences longer than a year). It may also include a period of house arrest, during which an individual must stay in his or her own residence, generally under supervision by a government agency (e.g., police, probation officers). Incapacitation serves both as a means of punishment and contributes to public safety by removing dangerous individuals from society but requires such resources as secure facilities (e.g., jails, prisons, hospitals) and staff (e.g., prison guards, medical personnel).

Rehabilitation represents an attempt to provide an individual with the treatment and skills necessary to adjust to incarceration, take advantage of available treatment and educational programs, and to function more successfully in the community following release from incarceration. Rehabilitation may include the teaching of job skills, education, and treatment for mental illness and drug abuse, and the various types of therapy modalities necessary to implement them (e.g., individual and group therapies).

The fourth goal of corrections is retributive punishment which may include fines, community service, or a period of supervision by a

government agent during which specific rules must be followed (i.e., probation). This may be court imposed in lieu of incarceration. However, a violation of a probationary rule may result in a period of incarceration.

Careers in Corrections

Corrections is a field with abundant opportunities for employment and a career. These opportunities have evolved and expanded since the 1970s as a result of increasing numbers of jails and prisons—both public and private. The United States is the world's leading incarcerator, and employment and career opportunities have evolved to both manage and treat the more than 2 million individuals in today's jails and prisons. These jobs include prison administrators, management positions, prison security, medical staff, mental health staff, social workers, probation and parole agents, teachers, religious staff, groundskeepers, cooks, secretaries, and administrative support staff. Many jobs are obtained and managed through state or federal departments of corrections or privatized institutions.

Challenges

The overarching goal of corrections is to assist the offender to correct his or her behavior so the offender no longer poses a threat to public safety and can be safely reintegrated back into the community. Since research has provided few guidelines regarding how best to meet this expectation, diverse opinions about how to accomplish this task are debated in sociopolitical arenas and contribute to the ideological pendulum swings between punishment and rehabilitation. Most of these opinions center on the levels of effectiveness of the various components of corrections—incarceration, rehabilitation, reintegration, and supervision services—in deterring individuals from initially offending or reoffending. Generally, however, research does not provide definitive answers to situations that are often complex. While incarcerating dangerous individuals removes their threats to public safety, for example, what is the most effective correctional action to take for those who do not clearly pose a threat to public safety, such as nonviolent drug offenders,

individuals who do not pay child support, or those who are mentally ill? One of the significant legislative and economic consequences has been the increased need for more prisons and, another, the increased use of private prisons as a potential means of saving money. This has contributed to a growing private prison industry that is likely to continue to grow.

Working in a correctional facility or in the community as a corrections professional (e.g., probation or parole officer) can be challenging and stressful since the consequences of the prevailing social correctional ideology spills over into that arena. Regardless of one's job or profession, one may work in a correctional system or facility that fails to meet established standards of professional care such as those established by the American Correctional Association, the National Institute of Correctional Health Care, or the international standards of the Nelson Mandela Rules or Bangkok Rules. One may work in an overcrowded facility with limited medical and mental health staff; an overuse of segregation and isolation; poorly trained and/or abusive security staff; and interact with individuals who may be angry, depressed, resentful, cognitively disabled or medically challenged, suicidal, and/or physically dangerous. There may be occasional assaults on both staff and inmates. The security level of a facility (e.g., super maximum, maximum, medium, or minimum), the classification of the inmates housed there, and how security and rehabilitative programs are administered have a large impact on working conditions such as levels of hostility and conflict among both staff and inmates. Another challenge is the potential for being sued for alleged negligence or deliberate indifference depending on one's job role.

In addition to staff, administrators within the correctional system also face a number of challenges. Primary is the need to keep those within a facility—staff and inmates—safe and secure within the scope of applicable standards, while operating the facility or agency within a prescribed budget. Administrative positions are often politically sensitive and may entail occasional contact with political leaders, legislators, the news media, and the public.

With these challenges, a successful career in corrections often entails learning how to manage

the impact of these various stressors in ways that minimize their negative impact on one's physical or mental health and personal life (burnout) while at the same time contributing to the betterment of an offender in the interests of public safety.

Correctional and Professional Associations

There are a number of professional associations with which a correctional professional may affiliate that can provide collegial support, educational opportunities, and practice guidance, depending on one's position and professional interest. Among them are the American Correctional Association, the International Corrections and Prisons Association, the International Community Corrections Association, and the International Association for Correctional and Forensic Psychology. There are also correctional and professional associations at the state and national levels, including the National Association of Social Workers, the National Association of Wardens, the National Association of Wardens and Sheriffs, the Prison Officers Association, and the American Psychological Association. Information regarding these and other related associations and agencies are widely available online.

Final Thoughts

Corrections is the field of study and practice within the criminal justice system that impacts an offender after having been found guilty and sentenced through the criminal court process. It includes offenders being incarcerated in a correctional facility, being provided rehabilitation services for problems such as drug addiction and mental illness, and/or being supervised in their communities by probation and parole agents. There are numerous opportunities for careers in the corrections field that include administration; providing medical, mental health, education, social work, and other rehabilitative services and programs; working in security, maintenance, and a variety of other support services in a facility. Although there are challenges associated with working within the corrections field, there are also rewards, from helping individuals better themselves in ways that contribute to a successful

reintegration into their community consistent with the interests of public safety.

Richard Althouse

See also Academic Training for Criminal Justice Careers; American Correctional Association; Probation; Reentry

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COST-EFFECTIVENESS OF REHABILITATION VERSUS INCARCERATION

Incarceration of offenders has proven to be a serious and persistent problem for criminal justice and public health systems. These systems must balance punishment and rehabilitation while simultaneously dealing with a high prevalence of psychosocial problems among criminal offenders, which contribute to the likelihood of ending up back in prison (i.e., recidivism). The cycle of recidivism is an economically and socially damaging problem and can be partially blamed on a lack of standard protocols for behavioral health, education, and other services both in prison and after release. Central to these challenges are concerns about the economic impact of rehabilitation interventions for offenders. In the face of unprecedented local, state, and federal budget crises, policy makers struggle to identify programs that are not only cost-effective in

reducing recidivism but also save money over time by reducing broader societal costs associated with substance use, criminality, homelessness, unemployment, and other disadvantages faced by criminal offenders. This entry presents data related to adults involved in the U.S. correctional system (during and after incarceration) and highlights some of the programmatic issues associated with attempts at rehabilitating these individuals and thereby reducing reoffending.

The U.S. Adult Corrections Population

The Bureau of Justice Statistics reported that an estimated 6.7 million individuals were involved in the adult correctional system in the United States as of year-end 2015. The number of incarcerated individuals equated to approximately 1 in 36 adults or roughly 3% of the total U.S. population. The overall number of adults involved in the correctional system has shown a decreasing trend over the past few decades, primarily due to reductions in the probation and incarcerated population. The parole population showed a modest increase (1.5%) in 2015. The National Institute on Drug Abuse, through a survey conducted by the U.S. Department of Justice in 2002, has concluded that approximately 70% of state and 64% of federal prisoners regularly used drugs, including alcohol and illicit substances, prior to their incarceration and as many as one in four violent crime offenders committed their offenses under the influence of drugs. Not only do many offenders commit crimes as a result of using substances and in order to finance their substance use but also many incarcerated persons with substance use disorders find it difficult to reintegrate into society upon release from prisons or jails.

In addition to a history of mental illness and substance use, factors such as the seriousness of offenses committed and low socioeconomic status perpetuate the recidivism and reincarceration cycle, also known as the *revolving door* between jail or prison and the community. Based on data from 2005, the National Institute of Justice has reported that nearly two out of three prisoners will be rearrested within 3 years post-release, and nearly three out of four prisoners will be rearrested within 5 years. With respect to total recidivism, more than half of those prisoners will be

rearrested during the first year post-release. These rates are even higher among drug offenders and violent offenders—76.9% of drug offenders and 71.3% of violent offenders with histories of substance use are reincarcerated.

Economic Concerns

According to the Bureau of Prisons, the average cost of incarceration for a federal inmate in fiscal year 2014 was US\$30,620 (US\$83.89 per day). While the average cost per state inmate varies drastically by state, a 2012 Vera Institute of Justice Survey estimates that the average state prisoner costs taxpayers US\$31,286 per year (US\$86 per day). In addition to the direct costs of incarceration, the societal cost of crime includes direct losses to victims, such as medical expenditures and the value of stolen property, policing and legal/adjudication costs, lost productivity, the risk of homicide for certain offenses, and the intangible losses associated with a victim's pain and suffering. Some offenses, such as rape/sexual assault, carry a societal cost per offense of more than US\$200,000. Due to such high societal costs of criminal activity, rehabilitation and reentry programs that generate even modest reductions in crime—especially costly violent offenses—have the potential to be cost saving.

Rehabilitation Programs in Criminal Justice Settings

Rehabilitation programs in criminal justice settings are numerous and target the unique behavioral, social, and environmental needs of the offender population. Many of these programs feature mental health or substance use disorder treatment (e.g., in-prison therapeutic communities for co-occurring disorders); others focus on vocational training, on education, or, more specifically, on reducing the risk of reoffending by addressing criminogenic tendencies (e.g., Risk-Need-Responsivity). These programs have been implemented within correctional institutions, after incarceration, or, in the case of specialty courts, as alternatives to incarceration for nonviolent and/or first-time offenders.

The role of substance use disorder treatment in the rehabilitation process is a major area of focus

among criminal justice and public policy stakeholders, but consensus regarding a standard set of evidence-based treatment models for offenders is unreconciled. Evidence of effectiveness from randomized trials and quasi-experimental studies of treatment interventions for criminal offenders is mixed. Many studies have found that in-prison treatment, for example, is effective in reducing substance use and criminal recidivism in the short run but only for offenders who are engaged in aftercare programs upon release from prison. Other studies have found that differences in substance use and criminal activity between treated and untreated offenders evaporate over time.

Evidence supporting post-incarceration interventions is less tenable. Randomized trials of interventions targeting relapse prevention and improved linkage to substance use treatment services through parole or probation-based case management programs or intensive supervision did not find statistically significant differences in substance use, recidivism, or service utilization among intervention participants relative to standard community supervision. The interventions did show some promise, however, among subgroups of participants such as women offenders or those using specific substances (e.g., marijuana).

Drug courts have a solid base of support among policy makers and researchers in terms of their effectiveness in curbing reoffending. The National Association of Drug Court Professionals cites numerous facts promoting expanded support for these programs. Notably, scientific studies have shown that approximately three quarters of drug court participants remain arrest-free in the 2 years following participation in a drug court program. Moreover, relative to incarceration or other sentencing options, drug courts have been shown to reduce self-reported crime (that may or may not have led to arrest and incarceration) by as much as 45%.

Cost-Effectiveness of Rehabilitation Programs

Expanded implementation of rehabilitation interventions for criminal offenders requires not only clinical evidence of best practices but also consideration for the additional costs and cost-effectiveness of these programs. While economic studies examining corrections-based interventions are relatively scarce, a few studies have estimated the

cost-effectiveness or net economic benefits of rehabilitation programs for adult and juvenile offenders, including Risk-Need-Responsivity, work release programs, vocational training, specialty court programs, and substance use disorder treatment. For instance, using data from randomized trials conducted between 1998 and 2004, studies investigating the cost-effectiveness of in-prison therapeutic communities in California state prisons found that in-prison treatment alone was not cost-effective relative to a no-treatment comparison group, but in-prison treatment plus post-incarceration aftercare was cost-effective in reducing reincarceration and also cost saving when compared to the daily cost of housing an inmate in state prison. Other sources of savings associated with in-prison rehabilitation programs include reduced prison management costs. An economic analysis conducted in 2006 of prison-based therapeutic community programs at the California Substance Abuse Treatment Facility found that compared to non-treatment prison yards, the in-prison treatment yards generated lower administrative costs for disciplinary actions, inmate grievances, and major disruptive incidents resulting in lockdowns.

Benefit-cost analyses have also been conducted on education and vocational training programs, probation and parole-based programs, and specialty courts. An economic evaluation of adult drug court programs in Kentucky, conducted in 2004, found that among program graduates, US\$3.8 in economic benefits were generated for every US\$1 invested in the programs. Drug court evaluations in several other states have demonstrated similar cost-savings results. According to primary evaluations and meta-analyses across numerous rehabilitation programs by the Washington State Institute for Public Policy (updated in 2017), most rehabilitation programs for offenders generate positive net economic benefits. Exceptions include life skills education programs, domestic violence perpetrator treatment, police diversion for individuals with mental illness, intensive supervision for juvenile offenders, as well as policies such as sex offender registration and community notification.

Nonmeasured Cost Savings

Most of the economic studies summarized herein do not capture the full range of outcomes that can be

used to assess the economic benefits of rehabilitation interventions for criminal offenders. The consequences of criminal offending and incarceration impact other domains such as physical and mental health services utilization, employment and educational outcomes, dependence on social services, risky sexual behavior including HIV and hepatitis C risk, and quality of life. If corrections-based rehabilitation programs can be linked to reduced emergency department visits, reductions in criminal activity, improved productivity, and reduced HIV risk, desired changes in many of these outcomes can be translated into dollars and used to calculate the economic benefits and cost savings. For instance, based on estimates using national data, the average cost per emergency department visit (treat and release) is US\$389 (from 2016 data), and the average cost per robbery is US\$45,118 (from 2008 data). If a corrections-based intervention generates on average 20 fewer emergency department visits and five fewer robberies per year relative to a nontreatment comparison condition, this would generate \$233,370 $[(20 \times \$389) + (5 \times \$45,118)]$ in medical and crime-related savings to society.

Policy Recommendations

Any debate that previously existed regarding rehabilitation versus incarceration of criminal offenders has been replaced with a debate about which rehabilitation programs represent the best investments for the criminal justice system. The powerful connections among substance use, crime, and incarceration, coupled with the high costs of imprisonment, indicate there is a potentially cost-saving opportunity to address substance use disorders within the criminal justice population. Most notably, the controlled environment of a prison presents an opportunity to offer substance use treatment and other rehabilitation programs to inmates at a relatively modest cost. As policy makers strive to allocate limited resources across competing programs, better understanding of whether corrections-based rehabilitation programs are both effective and cost-effective is key. Cost-effectiveness analysis is a powerful tool for demonstrating the competing programs that generate the greatest improvement in such desired outcomes as reduced rearrest or reincarceration for the lowest cost. Theoretically, it is expected that more expensive programs will generate greater improvements,

a result that was verified in many of the cost effectiveness studies of in-prison therapeutic community treatment plus aftercare. Studies of probation and/or parole-based interventions for offenders with substance use disorders are less encouraging, but research is more limited in this area and further investigation is warranted.

There are some key findings from the existing economic research on rehabilitation programs for criminal offenders. First, providing rehabilitation programs in correctional settings is generally effective in reducing criminal recidivism and substance use relapse, but these effects may disappear over time. Second, a continuum of care featuring in-prison programs plus post-incarceration reentry and recovery support services is cost-effective. Third, post-incarceration programs for offenders play a pivotal role in determining the overall cost-effectiveness of providing rehabilitation services to prisoners. Fourth, broader economic evaluations of rehabilitation programs should include outcomes such as health services utilization, criminal activity (irrespective of arrests or convictions), social services utilization, and employment to demonstrate the extent to which corrections-based rehabilitation is cost saving over time. Finally, as the science on rehabilitation versus incarceration continues to evolve to include protocols such as screening, brief intervention, and referral to treatment, continuing care/recovery management, and e-health technologies, determining the effectiveness and cost-effectiveness of these approaches as they translate to criminal justice settings must be a national research priority.

*Kathryn McCollister and
Brandon N. Rosenberg*

See also Basic Mental Health Services Versus Rehabilitation; Correctional Rehabilitation Programs, Evaluation of; Correctional Rehabilitation Services, Best Practices for; Correctional Rehabilitation Services, Intensity of; Evidence-Informed Tools for Assessing Correctional Rehabilitation Programs; Incarceration, Effects of; Incarceration Rates, International; Incarceration Rates, U.S.; Ineffective Societal Cost of Crime Strategies; Rehabilitation

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COURTS, FEDERAL

The U.S. federal court system enforces federal laws and regulations, by applying and interpreting the Constitution of the United States, profoundly influencing public policy, and resolving important conflicts for any citizen across the country. The federal courts derive their power directly from Article III of the U.S. Constitution, and this power extends across the entire nation and the states. Article III states in part that “judicial power shall extend to all cases, in law and equity, arising under this Constitution, the laws of the United States, and treaties made, or which shall be made, under their authority.” page 3.

About 1 million cases are filed annually within the federal courts, and although a seemingly high number, the federal courts’ authority is significantly limited compared to state courts’. The variety of cases in federal court include disputes over the constitutionality of a law; disputes between two or more states; matters involving ambassadors and public ministers; specific interpretations and enforcement of federal laws, such as bankruptcy and immigration; and treaties with foreign countries.

Jurisdiction defines whether a court has the power to adjudicate a case. A court’s jurisdiction can be over a person charged with violating a federal law punishable as a crime or can be civil disputes. In the civil context, a substantial factor on deciding whether a claim can be brought in federal court depends on its subject matter jurisdiction, divided basically into federal question jurisdiction, diversity jurisdiction, and supplemental jurisdiction.

Federal question jurisdiction encompasses issues concerning the U.S. Constitution or other federal statutes or regulations. *Diversity jurisdiction* authorizes federal courts to hear disputes for which the opposing parties are each citizens of different states. When no federal question is involved, diversity jurisdiction allows citizens with distinct state citizenships to have a fair and neutral forum to have their cases heard subject to limitations in the *amount in controversy* of US\$75,000 or more. *Supplemental jurisdiction* gives authority to federal courts to adjudicate a claim that would typically not fall within their jurisdiction but is related to a claim already before the federal court. This type of jurisdiction is discretionary but usually involves one claim falling within federal question jurisdiction as well as a related state court claim.

On a basic level, the majority of cases in federal court start at the district court level, which serves as the trial court in the federal system. There are also specialty courts to handle matters such as tax, immigration, and bankruptcy. The size of the area served and the location of a district court varies throughout the nation based on population. The district courts have original jurisdiction over most categories of federal cases, including both civil and criminal. As of 2018, there are 94 district courts in 89 districts in the 50 states and territories. As of 2017, there were 667 permanent district judges authorized by Congress.

A party unsatisfied with the decision at the district level is afforded a limited appeal to 1 of the 13 appellate courts divided into 12 regions. Strict

procedural limitations apply to appeals to these U.S. Courts of Appeal who sit just below the highest court of the land—the Supreme Court. The appellate court system is named the U.S. Court of Appeals for the Federal Circuit. It hears specialized cases such as those involving patent laws or cases decided by the U.S. Court of International Trade and the U.S. Court of Federal Claims. Once the appellate circuit court has issued its decision on the appeal, the case could be remanded back to the district court for further consideration, a party could request a rehearing of the case, or the party could appeal directly to the Supreme Court by requesting a *writ of certiorari*. As of 2017, there are 179 federal judges in the courts of appeal.

The Supreme Court of the United States, known as the *highest court in the land*, primarily is an appellate court of last resort, hearing appeals from both state supreme courts and lower federal courts. Four of the nine Justices of the Supreme Court must choose to issue a writ of certiorari, allowing the Supreme Court to consider making a decision on a case. Each year only a small percentage of cases appealed to the Supreme Court receive review. The Court limits its consideration to those cases involving the most important questions of interpretation and fair application of the U.S. Constitution and federal law. The Supreme Court has very limited *original jurisdiction* on matters they decide from beginning to end.

All federal judges, at the district and appellate levels, serve with life tenure being nominated by the President of the United States and confirmed by the U.S. Senate. The federal court system is complicated and possesses immense power and authority. The federal court system enforces and interprets the U.S. constitution and laws, ensures and protects citizens' rights, and profoundly influences public policy.

Patrick S. Metze

See also Courts, State; Criminal Courts

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COURTS, INTERNATIONAL

The term *international courts* covers many institutions with different structures and functions. Common among them is that they adjudicate disputes based upon principles of law rather than the wealth or political power of participants and thus are judicial bodies. Another commonality is that they have been created by agreements between states and are therefore international. Most international courts decide disputes occurring between states rather than individuals. For example, the International Court of Justice is the principal judicial organ of the United Nations. Its main function is to resolve legal disputes among members of the United Nations. Individuals cannot be parties to legal proceedings at the International Court of Justice.

One of the few bodies of international law that directly affects individuals is international criminal law. Certain acts by individuals, such as genocide, war crimes, and crimes against humanity, are violations of international criminal law and can

result in criminal sanctions such as incarceration. While violations of international criminal law can be prosecuted by national legal systems, a number of international courts have been created to prosecute such violations, particularly in situations where individual states are unable to carry out prosecutions on their own. These courts have generally been referred to as *international criminal courts* (ICCs) with one, the ICC, recognized as the most important. This entry traces the development of ICCs with a particular focus on the ICC.

The Development of ICCs

ICCs developed in tandem with international criminal law. While some aspects of international criminal law had been developed prior to World War II, the horrors of that conflict, particularly the Holocaust, spurred a rapid expansion of the law. It also gave rise to the first ICC—the International Military Tribunal at Nuremberg—created by the Allies after World War II to prosecute senior Nazi leaders.

Nearly 50 years later, the United Nation Security Council created two more ICCs: the 1993 International Criminal Tribunal for the former Yugoslavia in response to the widespread mistreatment of civilians during the civil war that took place following the disintegration of Yugoslavia and the 1994 International Criminal Tribunal for Rwanda in response to the genocide there. Both courts were modeled on the International Military Tribunal and prosecuted individuals for violations of international criminal law.

The International Military Tribunal, International Criminal Tribunal for the former Yugoslavia, and International Criminal Tribunal for Rwanda are generally viewed as having been successful, though limited because they were impermanent responses to particular atrocities. With a permanent international court, atrocities could be addressed no matter where they occurred without needing to create a new institution in response to every crisis. After many academics and civil society groups pressed for the creation of such a permanent court, the ICC was established.

The ICC

The ICC was created by a treaty known as the *Rome Statute*. It began operation in 2002 and, by

2016, included 124 states as parties to the Rome Statute and members of the ICC—roughly 65% of the countries in the world. However, a number of powerful countries, including the United States, Russia, and China, have refused to join the ICC, objecting to an international court having jurisdiction over their citizens without their consent.

The ICC, located in The Hague, the Netherlands, is a permanent international court with jurisdiction over serious violations of international criminal law, including war crimes, crimes against humanity, and genocide. However, it has a number of limitations to its authority. First, it investigates and prosecutes only individuals. The court has no authority to adjudicate the responsibility of states for the commission of international crimes. Second, its geographic jurisdiction is limited. While some supporters hoped it would have jurisdiction over crimes committed anywhere in the world, it is mostly confined to crimes committed upon the territory of its member states.

The ICC was never intended to prosecute every violation of international criminal law. Rather, it was created as a court of last resort to prosecute violations that would otherwise go unpunished. Thus, the court cannot prosecute anyone unless the national jurisdiction that would otherwise have jurisdiction over the violation is either unable or unwilling to conduct the prosecution on its own. The ICC is meant to complement, rather than replace, domestic prosecutions.

Internally, the court is composed of various organs that operate independently. The Office of the Prosecutor is responsible for investigating and prosecuting violations of international criminal law. The Judicial Division contains the judges who decide whether the individuals charged by the prosecution are guilty. The Assembly of State Parties is composed of all the states that are members of the ICC and is responsible for deciding on the budget of the court, which is then paid for by the member states. The Registry provides support services to the other organs.

The Rome Statute contains numerous due process guarantees for defendants. For example, all individuals charged by the ICC are presumed innocent, and defendants have the right to legal representation and to present witnesses and

evidence to challenge the witnesses and evidence presented by the prosecution. If the accused is indigent, the court will provide funds to hire defense counsel.

In order to convict the accused person, the judges of the Trial Chamber must be convinced of the guilt of the accused beyond a reasonable doubt. There are no juries at the ICC. All decisions, including the determination of guilt, are made by judges. A convicted defendant may be fined, ordered to forfeit the proceeds of the crime, or sentenced to a maximum term of life in prison. The death penalty is not available. If convicted, the accused has a right to appeal the decision of the Trial Chamber to an Appeals Chamber.

The Future of the ICC

Much of the academic debate about the ICC has centered on whether it is successful. Detractors often point to the small number of investigations and prosecutions and ask how a court that tries so few cases could have a meaningful impact on the world. Supporters tend to focus on the fact that a majority of states have joined the ICC, which they say shows that most states support the goals of the court. Ultimately, part of the problem is that there is little agreement about what success means or how to measure it. Another problem is that the ICC has only been in operation since 2002. It may take several decades before any significant impact of the court can be seen.

Stuart Ford

See also Criminal Courts; International Laws and Crime; Sentencing; Trials, Criminal; War Crimes

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COURTS, STATE

A state court is a court in one of the 50 state judicial systems of the United States. State courts vary widely in scope and structure. Most state courts and their laws are generally patterned after the English common law, with the exception being structure and substance originally developed in civil law. Each state has its own system, and with a few exceptions, most of the systems embody similar structures and levels of authority.

Over 50 million nontraffic cases are filed in state courts each year, while only about 1 million are filed in federal courts annually. Typically, state courts can hear almost every type of case, conflict, or complaint—both civil and criminal—based upon violation of the state's constitution or the laws and regulations of the state created by the state's legislative or regulative bodies under the authority of the state's constitution. Examples of a few legal matters that state courts will not hear involve bankruptcy, immigration, patents, copyrights, violations of federal criminal law, and other conflicts involving the interpretation or fair application of federal law heard in the federal courts.

Various levels of criminal violations generally appear in state courts, from petty or lower level crimes usually labeled as misdemeanors with punishments generally limited to local incarceration or fine to serious crimes labeled felonies with punishments involving incarceration for longer periods of time, substantial fines, and/or serious long-term collateral consequences. In the civil dispute context, a substantial factor on deciding where a claim can be brought in the state court system depends on the court's jurisdiction (i.e., the court's power to adjudicate a case), which is almost always tied to the limited subject matter jurisdiction of the court or to the amount in controversy between the parties.

Although each state may label their courts differently, the basic court in a state is its trial court. Whether labeled circuit courts, superior courts, district courts, trial courts, chancery courts, or courts of common pleas, these trial courts generally have broad general jurisdiction over matters both civil and criminal and are usually located in a county seat and operate as the basic judicial entity for disputes. Although the courts may be in

multiple locations or divisions in the larger cities, the basic structure is the same. Also popular throughout the state court system is the use of specialty courts presided over by judges—such as magistrates, associate judges, and court masters—who are hired by the trial judges to perform specific duties in order to ease the burden that number of cases filed in the state courts bring upon the orderly disposition of justice.

Typically, judges in the trial courts are elected politicians, whereas the specialty judges are usually hired for a specific purpose and often answer to the elected judges and serve at will. There is an ongoing discussion as to whether the election of trial judges is good for the system or whether appointment would remove politics from the administration of justice. Some states have attempted reform by making the election of judges nonpartisan, whereas others use elections only for retention purposes.

Most state systems include low-level trial courts—often called *municipal courts*, *justice of the peace courts*, *magistrate courts*, or *county courts*—that preside over civil disputes involving petty and lesser amounts and low-level crimes, including the violation of misdemeanor crimes, municipal ordinances, and regulations. In some states, these low-level trial courts may be presided over by nonlaw-trained, layman judges who are elected to office. Many states have attempted to create a higher level trial court often by using the term *at law* in the courts' description. These courts are presided over by law-trained judges and typically are political positions. These courts handle more complicated matters considered best reserved for the lawyer judge. In general, the main trial court in a county is that created by the constitution of the state; however, for the specific jurisdiction of each level of trial court, state law should be consulted.

Many states include a regional intermediate appellate court to hear intermediate appeals from the trial courts. Some states do not have this system and use intermediate appellate courts only when the cases are assigned by the state's highest appellate court. These intermediate courts may carry the names court of civil appeals, court of criminal appeals, court of appeals, appellate court, district court of appeals, intermediate court of appeals, court of special appeals, superior court,

or other names that indicate their role in the system.

Each state has a court of last resort. Typically called the *supreme court*, the role of this court is to have statewide jurisdiction in the resolution of matters not resolved to the parties' satisfaction at the trial court or intermediate appellate level when there are legitimate issues showing error in the lower courts. As with the federal system, not all state appeals make it to the supreme court of the state, as such appeals are usually subject to the court's discretion to hear the dispute. A few states have a separate court of last resort for criminal matters, but most states' supreme court hears both civil and criminal matters.

Worthy of note are the tens of thousands of employees of these courts working as magistrates, associate judges, court masters, probation officers, court clerks, law clerks, court reporters, bailiffs, administrators, and other court officers, who are essential to the operation of the state judicial system.

Patrick S. Metzger

See also Courts, Federal; Criminal Courts

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CRIME LINKAGE ANALYSIS

Crime linkage analysis (or linkage analysis) is a technique used by police practitioners to assist them in determining whether multiple crimes have been committed by the same offender. The term is typically used to refer to techniques that rely on behavioral information to make linkage decisions rather than physical evidence, such as DNA, fingerprints, or fibers. Linkage analysis is thought to rely on two assumptions: that offenders exhibit similar behaviors across the crimes they commit

(*behavioral consistency*) and that not all offenders commit their crimes in the same way (*behavioral distinctiveness*). Under conditions where some degree of behavioral consistency and distinctiveness exists, linkage analysis should be possible. This entry focuses on the importance of linkage analysis, the various types of linkage tasks that police practitioners encounter, research on linkage analysis, and the use of linkage analysis in court. The entry ends with a brief discussion of research priorities.

Importance of Linkage Analysis

Linkage analysis has been used by the police since the late 1800s. Despite what the public might think, physical evidence is often not available at crime scenes. Thus, to determine whether multiple crimes have been committed by the same offender, it is often necessary to rely on the behaviors exhibited by offenders. However, because it is rarely possible to observe offenders' behavior directly, police practitioners must determine how an offender behaved by visiting crime scenes or by interviewing victims and witnesses.

If used successfully, there are many advantages associated with linkage analysis. For example, when multiple crimes are connected to the same offender, additional evidence from across the crimes becomes available, which can potentially help investigators solve the crimes (and secure harsher sentences for offenders). Investigating multiple offenses as a single series, rather than as several independent crimes, also allows limited police resources to be used more efficiently. Finally, accurate crime linkages allow the police to use other investigative techniques such as geographic profiling that can only be used effectively when an unknown offender's crimes have been successfully linked.

Types of Linkage Tasks

Police practitioners encounter a variety of linkage tasks. The first task involves searching a large database of offenses for pairs of crimes that have been committed by the same offender. The second task involves being provided with an *index* crime (e.g., by an investigator) and searching a large database of offenses for possible linkages to that index crime. The third task involves being provided with a small number of crimes and

determining whether any of those offenses are likely to be linked. In many jurisdictions, these tasks are performed by different types of practitioners using different analytical procedures.

The first two tasks are commonly carried out by practitioners who have been specially trained to use computer databases, such as the Violent Crime Linkage Analysis System (ViCLAS). ViCLAS was originally developed in the 1990s by the Royal Canadian Mounted Police, but the system is now used around the world and is generally considered the gold standard of computerized crime linkage systems. ViCLAS is a computer database that stores information about particular types of crimes (e.g., interpersonal violent crimes). Information about the crimes (e.g., victimology, the offender's method of operation [*modus operandi*], forensic information) is recorded by the investigators of those crimes and ultimately downloaded into the database. Trained ViCLAS analysts use various query strategies to search the database in an attempt to identify potential crime linkages. If potential linkages are identified, the investigators associated with the relevant crimes are notified.

The third task is often performed by profilers or behavioral investigative advisors as they have come to be called in some jurisdictions. These individuals draw on their experience, expertise, and relevant research to help them determine whether two or more crimes within the prescribed set of offenses under consideration are the work of the same offender. These individuals will often look for patterns in offenders' *modus operandi*, including the times and locations of the crimes. They may also attempt to identify unique behavioral signatures, which indicate that the crimes under examination may have been committed by the same offender (i.e., unusual features of the crime that were not necessary for the commission of the crime, such as things that were said to the victim by the offender).

Research on Linkage Analysis

Despite the fact that linkage analysis is an important investigative technique, only since the late 1990s have researchers dedicated serious attention to the topic. Research in this area primarily focuses on two related issues: determining whether the assumptions highlighted earlier (*behavioral consistency* and *distinctiveness*) are valid and determining

whether crime linkages can be established with a reasonable degree of accuracy (usually using some sort of statistical or computational procedure). Given the nature of the linkage tasks described, two primary approaches have been used to examine these issues, both relying on solved crimes so that ground truth can be confirmed (i.e., whether crimes in a sample have in fact been committed by the same offender). The first approach relies on a pairwise linkage task, whereby an attempt is made to determine if it is possible to accurately determine whether pairs of crimes have been committed by the same offender or different offenders. The other approach focuses on the ability to assign index crimes to their correct crime series (i.e., predicting series membership). Success with either approach is taken as a sign that serial offenders exhibit a reasonable degree of behavioral consistency and distinctiveness across their crimes.

Research using the pairwise linkage task has attempted to identify the conditions under which pairwise linkage decisions can be accurately made. Factors examined by researchers using this approach include statistical procedure used to make predictions, type of crime under consideration, behavioral variables used to calculate across-crime similarity, coefficient used to quantify similarity, and the country where the crimes occurred. This research generally shows that it is possible to accurately distinguish between crime pairs committed by the same offender versus different offenders, although a number of factors influence the degree of accuracy achieved.

The most common measure of predictive accuracy in these types of studies is the area under the receiver operating characteristic curve (AUC). The AUC can range from 0 (total inaccuracy) to 1 (perfect accuracy). Studies that have examined the pairwise linkage task typically report AUCs in the acceptable (.70 to .80) or excellent (.80 to .90) range, although outstanding AUCs (>.90) are also sometimes found. Two of the most important factors that impact predictive accuracy are the type of crime being examined and the behavioral variables used to make the predictions. Linkage accuracy tends to be higher when interpersonal crimes are examined (e.g., rape vs. burglary) and for offense behaviors that appear to be less situationally determined (e.g., where and when an offense takes place vs. how an offender interacts with their victim).

Research that has focused on predicting series membership also indicates that offenders exhibit a degree of behavioral consistency and distinctiveness, thus allowing for reasonably accurate linkage decisions to be made. The AUC is used less often in these types of studies. Instead, linking accuracy is more commonly gauged by determining the percent of index offenses that can be assigned to the correct crime series. Across a wide range of crime types, including serial arson, rape, and homicide, these studies indicate that crimes can be assigned to their correct series with greater-than-chance-level accuracy. In these studies, researchers sometimes identify scales that underlie crime scene behaviors (e.g., reflecting different types of violence exhibited in serial homicide behavior). They then use scores derived from these scales as independent variables, and the series an offense belongs to as the dependent variable. Using various statistical procedures, prediction accuracy levels as high as 60% have been reported in these types of studies (i.e., in some cases, 60% of index crimes can be correctly assigned to the correct crime series).

Crime linkage researchers usually explain the results from their studies by drawing on personality theories, which support the contention that offenders are likely to exhibit behavioral consistency and distinctiveness across their crimes. For example, some models of personality suggest that behavioral strategies will be activated in response to internal (e.g., sexual fantasies) and external (e.g., victim reaction) triggers encountered by offenders across their crimes. These strategies are theorized to be relatively consistent throughout a crime series because the same strategies are likely to be activated across situations deemed similar by the offender, especially if these strategies have previously enabled the offender to fulfill the offending goals. Offender distinctiveness in behavioral responses to the same triggers is thought to result from the fact that offenders will understand and process information differently depending on their own psychosocial, biological, and/or learning histories (e.g., offenders may have biases that cause them to interpret cues in a particular way, such as hostile attribution biases that lead some offenders to interpret ambiguous behaviors on the part of others as hostile).

Linkage Analysis in Court

While linkage analysis is rarely used as evidence in court, its use appears to be increasing, especially in some countries (e.g., South Africa). When linkage analysis is presented in court, the testimony is usually provided with the intention of demonstrating that certain crimes are the work of one individual (the defendant). Academic researchers, legal scholars, and police practitioners debate whether linkage analysis testimony should be admissible in court. Most of the debates focus on whether such testimony can meet relevant admissibility standards. For example, some researchers have argued that linkage analysis testimony fails to meet the Daubert criteria, which make up the admissibility standard used in certain parts of the United States (and form the basis of admissibility standards in a number of other countries). The Daubert criteria essentially require that expert testimony rests on a reliable foundation of research and is based on scientifically valid principles. Other individuals, especially those who have presented linkage analysis in court, argue that linkage analysis testimony, when presented appropriately, can be a useful tool during a trial. As the amount (and quality) of research on linkage analysis continues to grow, support for the use of linkage analysis in court may also increase.

Ongoing Research Priorities

Crime linkage research is difficult to conduct, and most of the research being carried out is highly artificial. For example, most studies rely exclusively on samples of solved serial crimes. However, police practitioners are tasked with trying to link unsolved crimes, which may differ from crimes that have been solved through investigative work (e.g., serial crimes may be solved in the first place because the offender responsible for the crimes displayed a particularly consistent and distinctive modus operandi, which was recognized by investigators). Researchers are actively trying to identify ways to make crime linkage research more operationally relevant, and some advances have been made. For example, a small number of studies have sampled solved and unsolved (but DNA-linked) crimes. These studies still report levels of linkage accuracy that exceed chance, and some of the AUCs found in these studies are comparable to

those reported in other, less realistic research. This suggests that studies characterized by lower levels of ecological validity (i.e., realism) may still provide results that have value in operational settings. More efforts to improve the quality of crime linkage studies are needed.

While crime linkage research has suggested it is possible to use a range of statistical procedures or computational algorithms to accurately determine the linkage status of crime pairs or predict series membership, very little research is being conducted in field settings. Because of this, researchers do not yet know whether the crime linkage methods they have developed can be used in operational settings to improve the linkage accuracy achieved by police practitioners or how these methods can be used in conjunction with common crime linkage databases like ViCLAS. It is essential that field research be conducted to determine how the statistical and/or computational tools being developed by researchers can best support the decisions made by police practitioners who are charged with the task of linking unsolved crimes. The development of initiatives such as the Crime Linkage International Network, which brings together researchers and practitioners from the field of crime linkage analysis, will contribute to such efforts.

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See also Arson; Burglary; Criminal Profiling; Homicide; Investigative Psychology; Law Enforcement Agencies; Policing; Robbery

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CRIME MAPPING

Crime mapping involves the use of geographically referenced data to understand the distribution of crime and other phenomena across the environment. The goal of examining spatial characteristics is to determine relationships between crime and other factors that contribute to its presence. Crime mapping has been a driving force behind the development of many criminological and policing theories. Its history and application reveal the powerful influence that mapping has had to transform the way crime is understood and examined.

Evolution of Crime Mapping: From Rough Macro to Detailed Microanalysis

The oldest known crime maps were created in Europe as early as the 1820s. Adriano Balbi and André-Michel Guerry, for example, studied the relationship between education and crime across regions in France in 1829. The practice spread to other parts of Europe throughout the 1800s to display crime rates across large regions. Because maps were created on a very macroscale, crime theories explained patterns aggregately and with limited precision.

Beginning in the 1900s, sociologists at the University of Chicago began producing within-city maps to examine delinquency and its relation to other physical and social factors in urban communities. In the 1920s, Robert E. Park and Ernest Burgess studied social problems in Chicago showing that cities followed a developmental pattern of concentric rings radiating from the city center. Park and Burgess found higher crime rates just outside the city center, where high residential mobility and poverty left the area disorganized and prone to crime and other disorder problems. This urban ecological approach—based on what now seem to be very large chunks of Chicago—set the stage for later researchers to examine smaller units within cities.

Using 77 community areas within Chicago, Clifford Shaw and Henry McKay compared 1940s' mapped crimes and locations of delinquents' residences. They found that even when delinquent children moved out of the area, high crime rates persisted. This suggested something wrong with the community area itself: a neighborhood effect termed *social disorganization*. While this was a giant step forward in measurement and criminological theory, mapping was a very expensive enterprise. These early researchers lacked modern computers and often relied on crude calculating machines. They needed to draw maps by hand and produced limited statistical analysis of large community areas averaging several thousand residents each. Two problems hindered rapid theoretical and empirical progress during this period: (1) using smaller units of analysis required enormous effort and (2) maps were not easily changed or queried. For example, some researchers used pin maps to visualize crime locations within the city. To examine crime patterns over time, a photograph was taken at Time 1, then all pins were removed and replaced with crime locations at Time 2—an extremely tedious process.

As early as the 1960s, however, some researchers began to use large computers to create maps in St. Louis, MO. Creating crime maps using these large mainframe computers was time consuming and required many people to code and keypunch cards that would be entered into the machine. Program languages were crude and inefficient. Once completed, computer maps rolled out of large line printers with low resolution, not suitable for displaying point data. Computerized base maps needed to be digitized one by one and were not yet part of a general library. Nonetheless, computers allowed researchers to quickly map different phenomena within the same area, once a base map was created. These maps focused on census tracts, with more detail than found in Shaw and McKay's work, yet still relying on what today are viewed as large spatial units with low resolution.

As computer technology improved in the 1970s and 1980s, researchers began to focus on criminal events rather than offenders. Paul and Patricia Brantingham joined a few crime geographers theorizing linkages between crime patterns and human-place interactions. Cleaner data sets and advances in cartography allowed for crime events to be placed in a spatial context, linked to home, work,

shopping, entertainment, and other activities. Initially, these detailed crime maps were limited to small sections of a city. Improvements in census geographic coding during the 1980s allowed block data to be analyzed for entire cities. To use a noteworthy example, Dennis Roncek and his collaborators learned that taverns and high schools increased crime on nearby blocks in Cleveland. Again, smaller analysis units helped increase the precision of crime mapping and sharpen crime analysis.

During this time, geographic information systems (GIS) became available for experimental crime mapping in police departments. However, it was not until the 1990s that significant improvements to computer technology—hardware and software—brought crime mapping to fruition. The age of dynamic mapping surpassed that of pin maps as desk computers replaced prohibitively large mainframes for mapping. Powerful processors, laser printers, and GIS software could all be used to navigate large amounts of data at rapid speed. Geographically referenced data became widely available and could be quickly queried, analyzed, and visualized on desktop computers. With technology becoming more practically affordable, the U.S. National Institute of Justice launched a series of federally funded projects in the mid-1990s to proliferate the use of crime mapping for public safety. Researchers and police departments seized the opportunity to implement these innovations, linking them to policing practice. Crime control theory became increasingly based on spatiotemporal analysis and the linkages between theory and practice thickened.

During the 2000s, block analyses improved and were supplemented with analysis of smaller block faces or segments, specific addresses, and even point locations. David Weisburd and others learned from such analyses that a large proportion of crimes occur in a small proportion of places. Crime incidents could now be analyzed as points in relation to one another and other very local environmental features (e.g., individual bus stops). Many studies utilized spatial statistics to identify hot spots, or clusters, of criminal activity. With knowledge of hot spots, police could target crime control efforts, and researchers could examine related social and physical features with increased precision. Moreover, improvements in crime data, hardware, and software now allowed police and university researchers to study how crime risks

shift by hour of day and day of week and to disaggregate various types of crime.

Examining this abbreviated history of crime mapping demonstrates how technology has been a catalyst for greater precision in both mapping and analysis. Data units over history evolved approximately as follows: nations → provinces → social areas → census tracts → blocks → addresses and points in space. Researchers have increasingly studied individual crime events and how these relate to nearby circumstances. Better computer hardware and software allowed researchers to provide greater detail of understanding. This in turn helped theorists to sharpen their ideas about crime and to guide further analysis. Refined and disaggregated information provides clues for crime detection, suppression, and prevention.

Applications of Crime Mapping

Crime theory, vis-à-vis mapping, has provided two general assumptions about the spatial nature of criminal activity: (1) all crime events occur in a specific place and (2) the locations of crimes are not randomly distributed across the environment. With this knowledge, researchers ask why crimes occur at a specific place and not at others. Law enforcement officers and analysts ask how they can prevent crime from occurring at a specific place without allowing it to spread to others. These questions have been used to develop crime and crime control theory.

Theories of Crime

Crime mapping has responded to modern capabilities and partially shifted its theoretical focus since the Great Depression when social disorganization theory defined the local area in terms of several thousand people, emphasizing general social characteristics such as poverty and unemployment. Although abandoned property, land use, and other aspects of the sociophysical environment were also noted, these were not separated from the larger social matrix.

With more detailed crime mapping available, a family of theories began to focus on very local crime within very local settings. These theories were united by Paul and Patricia Brantingham, using the term *environmental criminology*. People engage in habitual behaviors throughout the

course of the day. Traveling to work, shopping, entertainment, and back home creates an activity space where individuals are familiar with their surroundings. Opportunities for crime occur when the activities of potential offenders overlap those of targets. Crime mapping can identify where those intersections commonly occur, their correlation with physical and social features, and what can be done to minimize opportunities for criminal behavior at those times and places.

Crime Control Theories

Herman Goldstein developed the idea of *problem-oriented policing*, which urges police to focus less on case-by-case response and more toward linking related cases to understand their common local problem. For example, if *Joe's Bar* is generating most of the local crime problems, then its regulation by liquor authorities and police becomes strategic for local crime control. Thus, crime pattern analysis and detailed crime maps serve an operational purpose.

In this way, crime control theories and crime mapping can influence the way law enforcement operates. Law enforcement agencies employ crime analysts who utilize GIS to collect, organize, maintain, analyze, and present these data to direct public safety initiatives and to guide local police officers. Crime mapping techniques can be used to describe the locations of criminal activities, guide allocation of police resources, and link crime to specific contexts (e.g., mismanaged bars, specific public housing blunders). Crime analysts can employ spatial statistics and maps to identify crime clusters, investigate crime patterns, evaluate police interventions, and examine other factors that may relate to crime.

James Q. Wilson and George Kelling introduced *broken windows theory*, suggesting that low-level crime and disorder problems contribute to more serious lawlessness if left unchecked. Although their idea preceded the full development of local crime mapping, today's *hot spots policing* makes extensive use of crime mapping to guide order maintenance efforts. Crime mappers identify clusters of crime and disorder using spatial statistics to distinguish these clusters from seemingly random or unusual crime events. Police resources are directed to these crime-ridden areas to suppress the problem. A 2014 review by Anthony Braga and colleagues supported the

notion that policing hot spots resulted in crime and disorder reduction in targeted places. The efforts were shown to diffuse crime prevention benefits into surrounding areas as well. The location (and time) of hot spots often varies for different types and modes of crime. For example, nighttime burglaries occur in downtown areas (e.g., commercial buildings), but daytime burglaries happen most frequently in residential areas. Determining the location of hot spots often requires baseline knowledge of criminal motivation and patterns.

Geographic profiling is an investigative tool for detecting serial offending developed by Kim Rossmo, which is widely applied. Criminals have been found to follow predictable patterns in the same way that predators such as lions or sharks hunt for prey. For example, the geometric arrangement of crime locations contributes to understanding a criminal's search pattern and method for attack. Using crime mapping techniques and algorithms, geographic profiling identifies patterns in offending and helps police narrow the search radius when looking for serial offenders. *Situational crime prevention*, defined by Ronald V. Clarke, includes five ways of reducing crime opportunities: increase the effort, increase the risk, decrease the reward, reduce provocation, and remove excuses. Clarke suggests that crime prevention efforts should consider how offenders think and use that information to interfere with their actions, including their access to crime locations. Crime mapping is also used to evaluate the effectiveness of crime control efforts. With the implementation of GIS into police operations, large amounts of data are collected, maintained, and analyzed by crime analysts. Combining GIS with management approaches (e.g., *CompStat*) allows police organizations to monitor public safety initiatives. For example, geographic positioning system receivers can be installed on police vehicles to collect information about patrol routes and times. Comparing this information with large amounts of crime location data can determine the effectiveness of current policing efforts and suggest future approaches.

Theodore S. Lentz and Marcus Felson

See also Crime Prevention, Policies of; Neighborhood and Crime; Neighborhood Effects, Theory of; Policing; Social Disorganization Theory; Sociological Theories of Crime

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CRIME PREVENTION, POLICIES OF

Crime-prevention policies encompass a wide range of programs, interventions, technologies, and strategies. Unlike crime-control initiatives, which concentrate on reducing the impact of crimes that have already occurred, crime-prevention efforts work preemptively. Crime prevention in the United States originated in the wake of the historic rise in crime during the 1960s and with the public's ensuing belief that the criminal justice system was failing to protect law-abiding residents and to punish or incapacitate (i.e., lockup) criminals. The widespread assumption that crime-control strategies were ineffectual led to the call for preventive options to supplement, complement, or supplant the traditional (largely reactive) anti-crime measures of the police, courts, and corrections.

The effects of criminal victimization can be long term and even life altering. Victims of violent crime can suffer serious injuries, leading to lost workdays and income as well as extensive medical

bills and incalculable pain and suffering (physical and emotional). The costs of arresting, prosecuting, convicting, and punishing offenders run in the tens of billions of dollars each year. In high-crime neighborhoods, due to a fear of crime, residents often avoid interacting with neighbors or venturing out of their homes at night. Violent crime, in particular, diminishes the quality of life in families and neighborhoods and can collectively traumatize communities and engulf them in fear. Given the enormous social, economic, and psychological toll of crime, many consider implementing crime-prevention policies to be imperative.

At the federal level in the United States, the President's Commission on Law Enforcement and Administration of Justice (1967) and the National Commission on the Causes and Prevention of Violence (1969) issued a series of recommendations demanding more ambitious and innovative strategies to combat crime. Since then, numerous crime-prevention enterprises have been created to make the streets safer. These efforts can be categorized roughly in terms of their focus on communities, situations, or people (children, parents, adults in general, and offenders). The individuals who implement these efforts also vary, involving many different agents of change, such as local residents, teachers, parents, police officers, and treatment providers. In some instances, crime prevention relies on technology, for example, alarm systems, surveillance cameras, street lighting, and tracking devices in phones and cars. This entry describes the various targets and effectors of crime-prevention policies and practices in the United States.

Community Crime Prevention (Entire Neighborhoods)

Root Causes of Crime

The President's and National Commissions' recommendations ushered in a new era of anti-crime programs and changed the prevailing crime-fighting narratives and paradigms. No longer dependent on the formal agents of authority and enforcement, crime-prevention policies encouraged citizens to cooperate with police in the coproduction of neighborhood safety and invited nonprofit organizations to the forefront in the battle against crime. No longer incident-focused

or reactive, crime-prevention efforts became broad based (e.g., entire inner-city communities) and focused on the root causes of crime (e.g., unemployment, social inequality, and undereducation). These efforts were also sweeping—directed at large geographic areas—and were theoretically informed. For example, the Chicago Area Project (launched in the 1930s and active as of 2017) endeavored to alter the characteristics of communities, such as pervasive social disorganization and community disintegration. Such conditions are correlated with fear of crime and physical and social disorder, all of which render neighborhoods less livable and less safe.

An early incarnation of community crime prevention was the Mobilization for Youth Program. Founded in New York City in the 1960s, it included a variety of interventions designed to increase economic opportunities and decrease the marginalization and disenfranchisement of inner-city residents. At the core of its philosophies and prescriptions was the proposition that social services and social-action groups could empower people to rise above their impoverished conditions through the pursuit of legitimate opportunities instead of through involvement in illegal activities, antisocial networks (e.g., gangs), and alternative (i.e., underground or shadow) economies: selling drugs, stolen property, and prostitution.

Inclusive Community Efforts

In order to reduce crime, neighborhood-based crime-prevention programs or strategies are designed to change the social infrastructure, culture, or the physical environment of a location. Community-based models are quite diverse, ranging from neighborhood-watch programs to urban or physical-design modifications (e.g., alley gating to impede the ingress and egress of criminals). They can also be widely embracing and multidisciplinary, seeking to engage residents, faith-based organizations, and local government agencies in addressing factors that contribute to neighborhood disorder, delinquency, and crime.

Fighting crime can also involve community building. A shared sense of unity, cohesion, territoriality, and support from the community as a whole (i.e., collective efficacy) fuels anti-crime sentiments and efforts. Communities experience

the damaging effects of crime to varying degrees. Some neighborhoods never exert serious, determined responses to public disorder and crime because they lack the capacity (i.e., social and economic capital) to do so. Neighborhoods with higher income residents who embrace middle-class values and are on the tipping point of more serious crime problems tend to be more active in efforts to combat street crime than are lower-class neighborhoods inundated with crime problems.

Reductions in Disorder and Decay

A sense of solidarity within the community can reverse the downward spiral of neighborhood disorder and decay. For example, groups of residents in block clubs and neighborhood-watch programs have joined together to clean up abandoned lots and implore the city to tow abandoned cars and shutter abandoned buildings. These are *sights* and *sites* that can encourage crime by leaving residents and offenders with the perception that the neighborhood is declining and drifting toward normlessness. This perception weakens the social fabric and invites incivilities that embolden offenders to become more active in their criminal pursuits. Concerted steps help residents become increasingly assertive and empowered, enabling them to restore a sense of general safety and to begin using their streets again, this time with less fear. The most effective community prevention programs concentrate solely on local community issues. Community anti-crime efforts are best developed by local community members, who work to alleviate the specific concerns of the community, build upon existing community assets, and move forward with the influence and momentum of the residents themselves.

Situational Crime Prevention: Specific Places and Times

Criminological Theories as Blueprints

Situational crime prevention is based on three major criminological theories. The first is rational choice theory, which posits that criminals decide to commit crimes after weighing the costs and benefits of such activities in a particular setting, at a particular time. The second is routine activities theory, which posits that crime occurs as the result

of a confluence of a motivated offender, a suitable target, and the absence of guardians to observe or stop crimes in progress. The third is crime pattern theory, which—similar to routine activities theory—posits that places can be crime generators, especially when they are hubs of activities for would-be offenders and victims. Places that provide criminal opportunities are known as *crime attractors*. And when these places have a dearth of protections or controls to prevent crimes, they are known as *crime enablers*.

Types of Situational Crime-Prevention Strategies

These three theories have become a roadmap for crime-prevention measures. The roadmap can be partitioned into four sets of strategies directed at the decision-making processes of motivated criminals in various circumstances. Strategy 1 makes offenders work harder to complete a criminal act. For example, target hardening protects property by placing it behind barriers. Stores with bars on the windows or solid steel retractable gates are more difficult to burglarize after business hours, compared with stores with glass windows or simple door locks. By applying techniques from the field of crime prevention through environmental design, homes and apartment buildings become safer by increasing prospect (i.e., the ability to clearly see an area through modifications that enhance open sight lines and illuminations), reducing refuge (i.e., providing few places for offenders to conceal themselves), and balancing escape (i.e., giving offenders fewer escape routes and potential victims more escape outlets).

Strategies 2 and 3 increase the risk and lower the rewards of crime, respectively. In Strategy 2, by increasing the risk of identification and apprehension through the placement of guardians (e.g., armed security guards) or surveillance technologies (e.g., closed-circuit televisions and cameras), offenders can be dissuaded from taking advantage of a criminal opportunity. In Strategy 3, the prospects for committing an offense are diminished when criminals are unable to clearly view a target and appraise its worth. Examples of reward reduction include jewelry stores that keep their most valuable items from public display, companies that design their mobile phones to disable if

stolen or lost, property identification programs (e.g., operation identification) that help police return stolen goods to victims, and police operations that disrupt illegal markets for selling (*fencing*) stolen goods.

Strategies 4 and 5 are more complicated than the others. The former involves manipulating situational cues, such as creating settings that promote civility and lessen conflicts. Also included in this category are efforts to neutralize peer pressures to engage in delinquent and criminal behaviors and to discourage the imitation of major crimes (copycatting) by hiding details regarding the mechanics of offenses (i.e., *modus operandi*) from the public. Strategy 5 reminds people in public settings about the parameters and expectations that govern acceptable and unacceptable behaviors in those areas and limits the ingestion of drugs and alcohol, which lower inhibitions to engage in violent and other antisocial behaviors.

Developmental Crime Prevention: Youth and Families

Poor Parenting and Risk Factors

The propensity to commit crimes can appear early in life. Crime-prevention programs that assume a developmental perspective are mostly family-, peer-, and school-based. Lackluster or ineffective parenting has been implicated in several theories of delinquent behavior and is the subject of a variety of correctives to teach or model better child-rearing techniques. For example, parents who are neglectful and detached from their children produce young people with low self-control and short time horizons, which contribute to criminal and similar high-risk behaviors (e.g., underage drinking and smoking). Other developmental avenues to crime prevention are administered in elementary schools in high-crime areas.

Other projects to prevent crime are directed toward altering the risk and protective factors in young people's lives, which increase or decrease the likelihood, respectively, that they will enter a trajectory toward delinquent and criminal behavior. For example, risk factors can consist of individual characteristics or traits (e.g., hyperactivity, impulsivity, and intellectual deficits), family dynamics (e.g., child abuse and neglect), and peer

pressures (e.g., inducements to join gangs and use drugs). Children reared in single-parent homes are at higher risk due to a lack of parental supervision and attachment. Similarly, young people who socialize with delinquent peers are also inclined to engage in delinquent behaviors. Protective factors are typically viewed as the opposite of risk factors. Hence, risk-focused crime-prevention interventions concentrate on reducing criminogenic forces and promoting protective influences in childhood and adolescence, thereby altering the pathway to delinquency and criminality.

Skills Building Among Youth

As noted, developmental crime-prevention programs are directed at the problem behaviors of both children and their parents. For example, the Promoting Alternative Thinking Strategies program is geared toward enhancing the decision-making and social skills of young children. Fostering brain development helps children control their behaviors and impulsivity and delay gratification more effectively. Improvements in social skills encourage children to solve interpersonal problems with words rather than physical aggression. A number of programs, including the Yale Child Welfare Program, the Incredible Years Program, and the Syracuse Family Development Program, have directed their attention toward low-income families and better outcomes for children through parenting education, home visits, and daycare services that lighten the burden of single parents. In general, these programs have reduced antisocial behavior and violence among the children in targeted families.

Institutional Crime Prevention: Offenders

Policing Tactics

The police, courts, and corrections (the formal system of justice) are all involved in different crime-prevention undertakings. Mostly reactive in the past, law enforcement agencies now commonly engage in several types of measures to stop crimes before they occur. Characterized by a wide array of tactics and technologies, these strategies first appeared during the community-policing era that began in the 1970s. Community policing is

also referred to as *problem-solving policing*, *public-order policing*, and *quality-of-life policing*. All of these terms underscore the police's role in crime prevention.

At the heart of community policing is the building of proactive problem-solving partnerships with neighborhood residents. The police spend less time in patrol cars and more time on foot in an effort to understand fully the neighborhood's most pressing needs and problems. Tackling small problems before they escalate to bigger problems, and eventually to criminal activities, is a principle crime-prevention component of community policing. For example, the dramatic downturn in crime in New York City began with initiatives that cracked down on subway toll jumpers (i.e., riders who avoided paying fares) and stopped improprieties and crimes on subway cars by placing police officers undercover as riders, creating a sense of the ubiquity of the police in that setting.

Based on the theory of *broken windows*, police attention to low-level public-order offenses (e.g., loitering, public drinking, panhandling, and noise pollution) fosters a social environment that is more hospitable to civil interactions and transactions and less amenable to disruptive and hostile behaviors that can often devolve into more serious criminal behaviors. Dampening down these social annoyances appears to be an effective preventive approach as environmental factors can have a powerful effect on people's behaviors in the public domain.

The use of computer-generated crime statistics to map crime is another strategy law enforcement has employed to control and prevent crime. Crime mapping displays patterns of different types of crimes that are geo-coded (i.e., identified by street addresses). These patterns give police clear graphic representations of *hot spots*, which are concentrations of criminal incidents on streets and in neighborhoods that require police attention. By saturating these hot spots with police officers on foot, on bikes, and in cars, a number of crimes can be prevented in the short term, particularly when patrol officers stop and frisk pedestrians for intelligence gathering and gun and drug confiscations. Displacement of crime from hot spots to adjacent areas can be problematic, resulting in little or no overall net reduction of crime in a community. Even more concerning is that aggressive policing

tactics can lead to citizens' complaints about police abuse, harassment, and racial profiling.

Courts and Corrections

Other criminal justice efforts to prevent crime are aimed at changing the traits of criminals and would-be criminals. The principal agents of change are the courts and correctional systems. Their efforts have been long-standing and have embodied the notions of rehabilitation and deterrence. Rehabilitation is concerned with changing the deep-seated nature of offenders by altering their fundamental views of themselves and others. Rehabilitation programs consist of a variety of interventions that aspire to alter the cognitions, feelings, and behaviors of sentenced offenders thereby altering their life courses from criminally inflected to law abiding. Examples include the adoption of religious orientations and beliefs, cognitive behavioral therapy, restorative justice programs, reintegrative shaming, and drug treatment.

Religious conversions and programming are common in prisons. The acceptance of common religious principles (e.g., love, forgiveness, faith in a higher power) is antithetical to criminal pursuits. Also modifying offenders' self-concept and worldviews, but with a non-spiritual bent, cognitive behavioral therapy challenges distorted and irrational thinking and destructive habits and replaces them with prosocial views and strivings. Community-based, and involving community members and crime victims, reintegrative shaming and restorative justice programs hold offenders accountable for their crimes but ensure that they are welcomed back into society. Drug treatment has proved to be a reliable means to prevent recidivism among convicted offenders. Addiction is a crime intensifier. Hence, the achievement of recovery and sobriety is correlated with a desistance from crime and the resumption of schooling and employment. Particularly effective are therapeutic community programs in jails and prisons. Relatedly, vocational training and educational programs in correctional settings also lower the rate of recidivism among formerly incarcerated individuals.

Deterrence applies to both offenders and would-be offenders and assumes that people are hedonistic (want to avoid the pain of punishment) and rational (understand the potential consequences of

criminal behaviors). Strict laws and harsh sentences are designed in part to dissuade convicted offenders from recommitting crimes and offenders-to-be from committing crimes in the first place. Called *specific deterrence*, the sentencing of an individual offender to serve a long prison sentence or pay a hefty fine is intended to ensure that the convicted person will be less likely to pursue future criminal opportunities. Called *general deterrence*, the generally known possibility of severe punishment for the commission of serious crimes is thought to keep in check the inclination to do so among members of the general public. The effectiveness of deterrence depends on the certainty, severity, and swiftness of punishment.

Final Thoughts

The implementation of crime-prevention policies aids in protecting the safety and well-being of residents, especially in poor neighborhoods where crime is more common and long-standing. Crime is costly to individuals, families, and communities, and the crime-control apparatus in the United States (i.e., the criminal justice system) costs the annual economy billions of dollars. Crime prevention must be multifarious. No one strategy will curtail the problem. The targets of anti-crime interventions include youth and their parents as well as members of the general public who are contemplating the commission of crimes and criminals who are considering reoffending. The targets can also be property, from cars to cell phones, as well as places, from subway stations to whole communities. The executors of crime-prevention policies, too, are varied. Teachers, neighborhood residents, police officers, and treatment providers can all contribute to the amelioration of crime and disorder in communities.

Arthur J. Lurigio

See also Burglary; Cognitive Behavioral Therapy and Social Learning Theory; Community Policing; Developmental Theories of Crime; Protective Factors and Relationship to Risk; Therapeutic Communities

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CRIMINAL ATTITUDES

Understanding criminal attitudes and criminal thinking patterns aids in understanding criminal and antisocial behavior. Theory, research, and clinical practice in criminology demonstrate that people in conflict with the law have different attitudes and thinking styles than people not in conflict with the law, and these attitudes and thoughts are connected to deviant conduct. Reliable and valid instruments that measure criminal attitudes and criminal thinking patterns allow various approaches to ameliorating treatments. This entry provides information about the concept of criminal attitudes and criminal thinking patterns as well as information related to the assessment and therapeutic options for them.

Concept of Criminal Attitudes and Criminal Thinking Patterns

Social sciences research has shown a link between cognition and behavior—in layperson terms, people act according to what and how they think. In criminology, it is recognized that criminal cognition (mental processes and functioning) is connected to antisocial and criminal conduct. At a conceptual level, the criminal cognition area consists of two distinct approaches—criminal attitudes and criminal thinking patterns. Criminal attitudes encompass values, beliefs, and rationalizations related to criminal and antisocial behavior. This concept reflects *what* a person thinks and has theoretical and empirical foundations in the broad attitude construct within social psychology. In essence, criminal attitudes are at the interface between criminology and social psychology. Criminal thinking patterns encompass cognitive processes in which specific erroneous styles of thinking make people prone to criminal and antisocial behavior. This concept reflects *how* a person thinks and is based on research by Samuel Yochelson and Stanton Samenow, who identified a criminal personality according to thinking styles of offenders. The differences between criminal attitudes and criminal thinking patterns are not merely conceptual but utilize distinct approaches to assessment and treatment. Currently, there is no theoretical, empirical, or practical evidence indicating that one approach is vastly superior to the other.

Role of Criminal Attitudes in Criminal Behavior

Theory, research, and clinical practice attest that offenders' cognitive content and processes are connected to their deviant behavior. At the theoretical level, a variety of disciplines have offered explanations as to why people involve themselves in antisocial actions, with criminal attitudes and criminal thinking patterns abundantly present in the majority of these theories. In social psychology, the theory of reasoned action is one of the dominant theories describing the relationship between attitudes and behavior and has been used to explain a variety of behavioral outcomes, including antisocial conduct. The essence of this theory is that attitudes (opinions about a person,

place, or event) and attitudinal influences (social factors) are connected to behavior by way of personal and environmental circumstances that create an *intention* to act. In criminological sociology, several traditional theories such as subcultural, control, anomie, and labeling offer explanations for criminality in which criminal attitudes are centrally linked to criminal behavior. In forensic psychology, the criminal attitude concept plays a prominent role in the general personality and social psychological perspective on criminal conduct, which is a comprehensive model of criminality that integrates multiple sources of influence leading to antisocial behavior.

Not only is there a theoretical connection between criminal attitudes and criminal thinking patterns and criminal behavior, but this union is supported by empirical research. The main source of this information emanates from reviews of the criminological literature using quantitative methods, also referred to as *meta-analytic literature reviews*. In this technique, a numerical relationship is calculated between the variable of interest and outcome, allowing for a rank-order comparison among variables of interest. Several meta-analytic type reviews in the criminological research have examined the relationship between various offender characteristics and criminal recidivism. These demonstrate a strong correlation between criminal attitudes and recidivism. More impressively, these findings are not unique to a specific offender group but rather are generic in that they are relevant to offenders of different ages (adults and juveniles), races, types of mental functioning (mental disorders), and offense types (general, violent, and sexual). Borne out of this research, criminal attitudes are generally considered to be one of the *big four* risk factors for criminality along with criminal history, peer influences, and personality variables.

In addition to theory and research, clinical practice also supports the connection between criminal attitudes and criminal thinking patterns and antisocial and criminal behavior. Field reports, published accounts, and anecdotal information from direct service personnel (e.g., probation/parole officers, psychologists, chaplains) confirm that offender's criminal attitudes and thinking styles are related to deviant behavior. Recent advances in the training and supervision of those working directly with offenders include such

models as the strategic training initiative in community supervision, which provides field personnel with specific knowledge and skills aimed at enhancing interactions with offenders and focusing on such topics as criminal attitudes.

Knowing that criminal attitudes and criminal thinking patterns are important ingredients in the commission of antisocial and criminal behavior gives rise to questions about the origins and stability of these cognitive factors. Understanding how criminal attitudes and criminal thinking patterns develop and endure aids in determining appropriate assessment and treatment options. Both the traditional sociological theory of differential association and psychological social learning theory converge to indicate that criminal behavior is learned from social sources, particularly other individuals and groups. Moreover, this learning includes the techniques or methods to commit a crime such as burglarizing a home, robbing someone, or acting violently, and the corresponding cognitive elements related to the motivations, attitudes, and rationalizations. A key step in the process of developing criminal attitudes and criminal thinking patterns is relevant exposure to an antisocial role model. By extension, the maintenance of criminal attitudes and criminal thinking patterns is dependent on the duration of time exposed to sources of antisocial influence—the longer and more dense the exposure (i.e., greater number of antisocial role models), the more ingrained and durable the criminal attitudes and criminal thinking patterns.

Assessment of Criminal Attitudes and Criminal Thinking Patterns

Determining the degree to which a person may possess criminal attitudes and criminal thinking patterns requires formal measurement directly with the client. There are two broad methods for assessing criminal attitudes and criminal thinking patterns—one clinical and the other psychometric. In the clinical method, the assessor engages the client in conversation and attends to any antisocial or criminal statements, phrases, and thought patterns. Based on the number, type, and frequency of such statements, phrases, or thought patterns, the assessor forms an opinion as to the level of criminal attitudes or criminal thinking patterns the client may have. The assessor often

provides general comments about the degree to which the client possesses criminal attitudes and criminal thinking patterns. The psychometric method of assessing criminal attitudes and criminal thinking patterns utilizes standardized questionnaires that have been validated using scientific methods. These comprise a set of questions related to a certain aspect of criminal attitudes and criminal thinking patterns, which are rated using an objective and standardized scoring system. The scores on the questionnaire are evaluated against a comparison group, or normative data, to determine the level of criminal attitudes and criminal thinking patterns, often presented in ranking terms (e.g., *low*, *medium*, and *high*). The clinical method can provide useful and direct information from clients but is susceptible to assessor bias. The psychometric method offers greater precision but is dependent on client honesty in answering questions. On balance, the psychometric test method is the preferred method for assessing criminal attitudes and criminal thinking patterns.

Several criminal attitudes and criminal thinking patterns-type questionnaires can be useful in research and direct practice applications. A dearth of commercially available criminal attitudes and criminal thinking patterns' test products, however, makes locating an instrument difficult. People interested in these types of instruments must do some groundwork such as searching research articles on the topic, consulting others who may be aware of test devices, or contacting test authors directly. The more popular criminal attitudes questionnaires are the Criminal Sentiments Scale–Modified and Pride in Delinquency, whereas the more popular criminal thinking patterns' questionnaires are Psychological Inventory of Criminal Thinking Styles, TCU Criminal Thinking Scales, Measure of Criminal Attitudes and Associates, Measure of Criminal Thinking Styles, and Criminogenic Thinking Profile. The selection of any one measure is dependent on the conceptual approach taken (criminal attitude vs. criminal thinking pattern), application (research vs. clinical practice), and group to be assessed (which relates to availability of relevant normative data).

Treatment of Criminal Attitudes

At the broadest level, the goal of intervention in forensic applications is to reduce or eliminate

deviant or criminal behavior. Modifying dysfunctional criminal attitudes and criminal thinking patterns as a therapeutic objective is a logical approach given the link between them and criminal conduct. Interventions of criminal attitudes and criminal thinking patterns, however, should be geared toward dysfunctional cognition at clinical levels as it is connected to deviant behavior. Assessment using some of the questionnaires previously mentioned is a key first step in selecting appropriate candidates for participation in criminal attitudes and criminal thinking patterns' interventions.

Criminal attitudes and criminal thinking patterns are mental actions, and therefore, treatment approaches are designed to alter those actions through cognitive restructuring methods. Two main treatment approaches—indirect and direct—have emerged in the area of criminal attitudes and criminal thinking patterns. Indirect approaches are those in which criminal attitudes and criminal thinking patterns are secondary to other clinical intentions such as general decision-making or criminological topics (e.g., substance abuse, anger management). The Cognitive Living Skills and Thinking for A Change programs are two examples of the indirect treatment approach. Direct approaches are those in which criminal attitudes and criminal thinking patterns are the primary focus of intervention. The earliest version of a direct criminal attitudes and criminal thinking patterns treatment was that of Don Andrews in the 1970s in which volunteers engaged offenders in discussions about various criminal topics and worked to alter these cognitions. More recently, the Criminal Attitude Program is a direct structured treatment program that helps offenders become more aware of and alter their criminal attitudes.

Future of Criminal Attitudes and Criminal Thinking Patterns

Theory, research, and practice indicate that criminal attitudes and criminal thinking patterns are a potent area for understanding antisocial and criminal behavior. The criminological literature shows that criminal attitudes and criminal thinking patterns can be adequately assessed, and various methods of treatment able to modify dysfunction were developed. Criminal cognition, then, involves understanding criminal attitudes and criminal

thinking patterns, selecting appropriate measurement instruments, and developing appropriate treatment methods based on these findings.

David Simourd

See also: Criminogenic Needs, General Central Eight Criminal Risk Factors; Criminogenic Needs, Specific; Criminogenic Needs, Targeting Juvenile Delinquency and Antisocial Behavior; Psychopathy Versus Antisocial Personality Disorder; Psychology of Criminal Conduct; Theory of Reasoned Action and Theory of Planned Behavior

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CRIMINAL CAREERS AND OFFENDING TRAJECTORIES

Not to be confused with the study of career criminals (e.g., individuals committing crimes as their primary source of income), the criminal career paradigm focuses on the longitudinal sequencing of an individual's offending pattern. This sequence is defined by different *parameters* detailing the beginning (e.g., age of onset), middle (e.g., changes in frequency, severity, and crime type), and end (e.g., termination) of an offender's criminal career. In the criminal career context, the term *trajectory* describes the frequency of offending between the start and end of an individual's criminal career, essentially capturing several of the aforementioned criminal

career parameters simultaneously. In effect, trajectories help describe the evolution of crime across the life course. Given that the majority of all crime is committed by a small percentage (5–10%) of all offenders, specific theoretical and policy attention has focused on the offending patterns of this group, sometimes referred to as *chronic offenders*. Trajectory research can help identify these chronic offenders and the risk factors (e.g., psychopathy, gang membership, substance use) that increase the likelihood that an individual will be associated with a chronic offending trajectory.

Measurement of trajectories requires a longitudinal research design involving self-reported or official measures of crime frequency at each age over a period of time that, ideally, covers multiple developmental stages (e.g., both adolescence and adulthood). This approach is different from recidivism-based (reoffending-based) approaches to studying offending, which involve shorter follow-up periods and capture a narrow aspect of an offender's criminal career. Whereas recidivism only differentiates between those who reoffend or do not reoffend, the trajectory approach better accounts for the heterogeneity of individual offending patterns by capturing differences in the nature of recidivism (e.g., some offenders recidivate once, others recidivate frequently over a long period of time, others recidivate frequently over a short period of time). Clearly, criminal justice system responses to chronic recidivists will be different from one-time recidivists, but recidivism studies cannot appropriately distinguish between the two types. This entry begins with an overview of the criminal career paradigm, followed by a description of research on offending trajectories, specific findings useful for practitioners, and directions for future research.

Origins and Description of the Criminal Career Paradigm

Interest in the longitudinal development of offending patterns emerged as early as the 1930s at the case-study level with classic works such as Clifford R. Shaw's *The Jack Roller*. The primary contribution of the 1986 National Academy of Sciences report, however, was to move beyond this case-study level of analysis in favor of more specific, measurable parameters of an offender's

criminal career. Initial research concerning offenders' criminal careers helped illustrate the positive correlation between past and future offending. For example, an earlier age of onset is associated with a criminal career that is longer in duration. A more frequent criminal career at one developmental stage (e.g., adolescence) decreases the likelihood of termination at another developmental stage (e.g., adulthood).

The criminal career paradigm has helped inspire or promote a wealth of longitudinal studies, including Sheldon and Eleanor Glueck's Unraveling Delinquency Study; Donald West and David Farrington's Cambridge Study in Delinquent Development; Marvin Wolfgang's analyses of the Philadelphia Birth Cohort; Terrie Moffitt's analyses of the Dunedin Multidisciplinary Health and Human Development Study; and three major studies initiated in 1986 by the U.S. Office of Juvenile Justice and Delinquency Prevention that took place in Rochester, Pittsburgh, and Denver. These studies recruited a cohort of children or adolescents of relatively similar age and followed participants throughout different periods of the life course to better understand the development of offending, including whether criminal careers differed according to gender, ethnicity, socioeconomic status, neighborhood environment, and different individual-level risk and protective factors.

Guided by the criminal career paradigm, the explication of the age-crime curve was one of the most important contributions from these studies. One of the few facts of criminology is the age distribution of crime. Typically referred to as the *age-crime curve*, the age distribution of crime shows that crime is most prevalent during mid-to-late adolescence but declines steadily and swiftly through adulthood. This finding is consistently produced across a variety of countries associated with different languages and cultures. Although this description of the age distribution of crime is widely supported, beginning in the 1980s, explanations for the age-crime curve were heavily debated between criminal career researchers and two eminent criminologists, Travis Hirschi and Michael Gottfredson. Hirschi and Gottfredson asserted that *all* offenders exhibit this age-crime curve pattern (i.e., a decline in the frequency of offending between adolescence and adulthood). On the other hand, criminal career researchers argued that the decline

in the age-crime curve was because *most* offenders completely terminated their involvement in offending during adulthood, but a small group of offenders maintained a high frequency of offending through adulthood. Imagine a sample of 100 offenders averaging three convictions per year between ages 12 and 17 years but only one conviction per year between ages 18 and 23 years. Hirschi and Gottfredson would argue that each of these 100 offenders slowed down in their frequency of offending. Criminal career researchers would argue that between 18 and 23, most offenders stopped committing crime, and a small proportion of offenders maintained a rate of offending between ages 18 and 23 that was similar to their rate of offending between ages 12 and 17.

Several of the aforementioned longitudinal studies helped support the criminal career perspective of the age-crime curve. For example, results from the Cambridge Study in Delinquent Development showed that the decline in crime during adulthood, as depicted by the age-crime curve, resulted from a large group of offenders terminating their involvement in crime at this age-stage. Among those who remained active offenders (i.e., committed at least one offense in adulthood), their frequency of offending between adolescence and adulthood remained stable. In effect, the age-crime curve pattern observed for the full sample was due to fewer participants in crime during adulthood rather than a decline in the frequency of offending in adulthood for all offenders. From a policy perspective, this was important as the findings indicated that all offenders will not simply age out of crime, and therefore, treatment and intervention strategies must be maintained over time. What this finding also implied was that different offending patterns characterize different offenders. Some researchers have attempted to identify, describe, and explain these different patterns using offending trajectories.

Trajectories: Description and Empirical Research

When different criminal career parameters are combined, beginning with onset and ending with termination, they comprise an individual's offending trajectory. Trajectories are consistent with person-oriented methodological approaches,

which involve examining and explaining within-individual change and stability over time. Monitoring within-individual change or stability is necessary to help understand, for example, whether a particular treatment or intervention strategy helped reduce an offender's frequency of offending. Although trajectories specific to one individual can be examined at the case-study level, a more common approach involves modeling the within-individual change or stability of offending trajectories that best accounts for the heterogeneity of different offending patterns within a sample. Based on a calculation of probabilities, individuals can be assigned to the aggregate trajectory that best resembles their individual offending trajectory. Importantly, classification is imperfect, and it should not be assumed that a particular aggregate trajectory perfectly describes the trajectory of all individuals within that trajectory.

Classic descriptions of different types of offending trajectories include Terrie Moffitt's dual taxonomy distinction between *adolescent-limited* and *life-course persistent* offenders. Adolescent-limited offenders follow a trajectory that starts in mid-adolescence and ends before adulthood, whereas life-course persistent offenders follow an offending trajectory that begins in early childhood and continues at a high rate through adulthood. The latter trajectory is believed to comprise only approximately 5% of all offenders. A critical issue for criminal career research involves moving beyond conceptual notions of trajectories, such as Moffitt's dual taxonomy, and toward an empirical understanding of the number and shape of trajectories that best describes a sample. There are a variety of statistical techniques and software packages designed to analyze offending trajectories. The statistical technique selected depends on the researcher's theoretical perspective concerning whether an individual's trajectory is best described as (a) the extent to which their trajectory varies from the *average* trajectory within a sample or (b) falling within a discrete category. The former is often referred to as *growth curve modeling* and is analyzed in statistical packages such as Mplus, whereas the latter is known as *semi-parametric group-based modeling* and is conducted through Proc TRAJ in SAS.

Irrespective of the statistical package used, trajectory studies have addressed core questions

arising from the criminal career paradigm and developmental and life-course criminology. For example, in 2015, Raymond Corrado and colleagues, using data from the Incarcerated Serious and Violent Young Offender Study in British Columbia, Canada, and, in 2012, Alex Piquero and colleagues, using data from the Cambridge Study in Delinquent Development, indicated that symptoms of psychopathy were associated with involvement in a trajectory characterized by a high level of offending across early adolescence and adulthood. From a policy standpoint, these and other trajectory studies illustrate the impact of adolescent risk factors on chronic offending through early and middle stages of adulthood, which recidivism-based studies are unable to address. Trajectory analyses are not only useful for examining risk factors predictive of a certain offending pattern; they can also be used to evaluate whether a particular treatment or intervention strategy is associated with a decline in offending.

Trajectory studies are also informative of whether specific types of offenders are associated with a particular offending trajectory. For example, research by Patrick Lussier and colleagues, using data from the Netherlands and Canada, indicated that juvenile sex offenders (a) typically do not go on to commit sexual offenses in adulthood, (b) are not involved in a greater number of sexual offenses in adulthood compared to juvenile nonsex offenders, and (c) are no more or less likely to be associated with a particular offending trajectory compared to juvenile nonsex offenders. The first two findings are contrary to many current criminal justice policies, such as the assumption that today's juvenile sex offender is tomorrow's adult sex offender. Using data on adult male sex offenders from Iowa, a 2010 study by Richard Tewksbury and William Jennings showed that the introduction of sex offender registration and notification policies did not reduce the frequency of sexual offending trajectories.

Limitations and Directions for Future Research

Limitations associated with accurately modeling offending trajectories include the issue of lengthy periods of incarceration for serious offenders.

The most serious offenders will be incarcerated for lengthy periods of time and will not have the opportunity to commit crimes that they otherwise might engage in when free in the community. Consequently, this serious offender will be associated with a nonserious or low-rate offending trajectory despite being characterized by risk factors associated with involvement in serious crimes. Incarceration time can be accounted for in trajectory modeling using statistical packages such as Proc TRAJ; however, several researchers have noted that even when accounting for exposure time, serious offenders are assigned to low-rate offending trajectories. Instead of focusing on number of arrests or convictions, future research should use length of time in custody over age to model offending trajectories. This strategy allows researchers to compare whether the most high-rate offenders are also most likely to spend the greatest amount of time in custody, or whether there is a subgroup of offenders involved in relatively few, but extremely serious, offenses, such as homicide and sexual assault. At a more conceptual level, debate remains whether trajectories are best described by variance around a normal distribution (i.e., one trajectory sufficiently describes all offenders) or by discrete categories approximating an unknown continuous distribution (i.e., the specification of multiple trajectories is needed to capture the heterogeneity of offending patterns).

Future research can move beyond trajectory analyses where frequency of general offending is the outcome of interest. Trajectory analyses can also be used to understand behavioral precursors to crime, such as childhood physical aggression trajectories. A less common, yet important, line of analysis for understanding the development of sexual offending is to examine sexual behavior trajectories during early childhood. As well, trajectory analyses do not require individual-level data. Another area for future research concerns *hot spots* for crime by examining the frequency over time of calls to police for service to different street segments.

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See also Crime Mapping; Developmental Theories of Crime; Juvenile Offenders; Psychopathy; Recidivism; Sexual Offenders; Violent Offenders

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CRIMINAL CHARGES, FEDERAL

Federal criminal charges are accusations filed in federal court, by a federal grand jury or federal prosecutor, asserting that a particular person or entity has violated a federal law, which carries penal sanctions. Federal criminal charges are relatively rare as the vast majority of crimes in the United States are prosecuted under state law, in state courts. Nevertheless, federal criminal charges have commanded sustained public and scholarly attention. This entry briefly surveys the history and evolution of federal criminal enforcement and highlights major debates in the field surrounding enforcement, sentencing, and the concept of *mens rea* (i.e., requisite mental state of the accused with regard to awareness of wrongdoing for the alleged criminal act).

History

In the early years of the U.S. republic, federal criminal offenses were limited in scope. They encompassed primarily offenses against the federal government, such as treason and bribery. With the rise of industrialization, urbanization, and interstate transportation in the 19th century, however, Congress increasingly used its legislative powers to criminalize public order as well as economic and social welfare offenses. Federal criminal lawmaking became even more expansive in the 20th century, aided by a series of New Deal-era Supreme Court decisions interpreting Congress's power to regulate interstate commerce broadly. This expansion was further spurred on in the latter quarter of the 20th century by rising crime rates and the perceived inadequacy of state and local enforcement to respond. By the dawn of the 21st century, estimates pegged the number of federal crimes at well over 4,000, though no official tally exists.

Yet while federal criminal law has grown exponentially, federal criminal enforcement remains relatively circumscribed. Congressional appropriations, administration priorities, and the relatively few federal courts, prosecutors, and law enforcement agents serve as functional limits on the scope and nature of federal criminal charges. As a result, federal criminal enforcement is focused primarily on drug trafficking, immigration-related crimes, financial frauds, crimes concerning firearms, and national security offenses.

Major Debates: Enforcement, Sentencing, and Mens Rea

In the late 20th and early 21st centuries, scholarly and public attention to federal criminal enforcement has revolved primarily around three primary areas: enforcement patterns, sentencing, and mens rea.

Enforcement Patterns

Since the 1980s, the federal government has increasingly focused on aiding state and local enforcement of so-called street crime, such as street-level drug sales, robberies, gun possession, and episodic violence. While some of that aid comes in the form of direct grants to state and

local law enforcement, it is also *in-kind*, meaning that federal law enforcement works closely with state and local law enforcement in investigating cases and increasingly brings more of these cases to federal court where, for a variety of reasons, conviction is more assured and punishment likely more severe. While some have applauded this expansion of federal criminal enforcement as an effective crime-fighting tool, others have criticized it as an encroachment on state and local authority, a misallocation of federal resources, and a source of unequal treatment of criminal defendants.

Sentencing

Until the 1980s, federal sentences were largely the result of discretionary decision-making by trial judges. That changed with the Sentencing Reform Act of 1984, which both established mandatory sentencing ranges (guidelines) to be set by a commission, and, for certain crimes, imposed mandatory minimum penalties. The guidelines and mandatory penalties have been widely credited for a shift in power away from judges and toward federal prosecutors as well as for a decline in federal trials and a rise in guilty pleas. While a number of states also began to use mandatory sentencing guidelines around this time, the federal guidelines became notorious for mandating higher penalties relative to many (though by no means all) state guidelines schemes.

The Supreme Court ruled the mandatory guidelines unconstitutional but upheld their constitutionality as an advisory scheme. Although no longer mandatory, the guidelines continue to heavily influence judicial sentencing decisions in most categories of crimes. Along with mandatory minimum penalties, they remain a focus of intense debate by scholars and policy makers.

Mens Rea

Mens rea (Latin for guilty mind) refers to a defendant's awareness of wrongdoing. Federal crimes do not have a uniform mens rea standard; the level of culpability required (e.g., whether a defendant must act *knowingly*, *intentionally*, or *willfully*) is defined by statute. Where a federal statute is silent on the matter, a court interprets the requisite mens rea. Courts, including the

Supreme Court, have interpreted some of these statutes as strict liability statutes—that is, requiring no guilty mind at all—and others as requiring a certain level of criminal knowledge or intent. Some have criticized this approach as haphazard and unclear, proposing that lawmakers should instead decree a default mens rea for all federal criminal statutes not otherwise specifying it. Others fear that such reforms will heighten the federal mens rea requirement, making it more difficult for prosecutors to prove guilt.

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See also Courts, Federal; Courts, State; Criminal Charges, Federal; Criminal Culpability; Mens Rea; Prosecutorial Discretion; Sentencing; Trials, Criminal

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CRIMINAL COURTS

Criminal courts, and the criminal justice system, experienced a major transformation in the United States, beginning at the end of the 20th century and extending into the early 21st century. This transformation has expanded the role for the applied social sciences in contemporary criminal justice. This entry puts the changes in the field of criminal justice in historical context, places the role of applied social sciences within this context, and addresses two of the most critical challenges facing courts and the criminal justice system in the United States today: the incarceration of an unprecedented number of individuals in jails and prisons and the significant racial disparity among the incarcerated population in the United States.

The challenge of reducing the jail and prison populations and the implications of this for communities and for society as a whole are examined. Before exploring these challenges, it would be helpful to provide an overview of the types of criminal courts in the United States, the kinds of cases heard in these courts, and the major players in criminal courts and the criminal justice system.

Overview

Courts are among the most complex organizational structures in our society. This is particularly true regarding criminal courts, which not only operate on several jurisdictional and governmental levels but also carry a sense of gravity, given their adversarial nature and their considerable power to affect the lives of those who appear before them. In the United States, criminal courts are either under federal or state jurisdiction. Federal courts include the U.S. Supreme Court (the only court mentioned in the U.S. Constitution), U.S. Courts of Appeal, and U.S. Circuit Courts. Federal criminal cases, offenses that take place across state lines, such as major drug crimes, make up only a small percentage of criminal cases in the country. There are two other types of criminal courts related to federal courts: military courts and tribal courts. Military courts (Courts Martial) deal primarily with criminal offenses by military personnel that take place on U.S. military bases. Tribal courts have criminal jurisdiction over offenses committed on Native American lands by tribal members.

State courts include the State Supreme Court, State Appellate Courts, and State Trial Courts. State trial courts are the courts in which the overwhelming majority of criminal litigation takes place. Although state trial courts are often identified by the county in which they operate (e.g., the Los Angeles County Superior Court), they are, in essence, state courts governed by statutes of the state in which the crime took place and funded by either the state or the county or a combination of both levels of government. The two major types of criminal cases heard in state trial courts are misdemeanors (i.e., lower level criminal offenses punishable by up to 1 year in jail) and felonies (i.e., more serious criminal offences for which the

punishment ranges from 1 year in a state penitentiary to a sentence of death). State trial courts involve a myriad of players, the primary being the judge, the prosecutor (States' Attorney or District Attorney), and the defense attorney. Defense attorneys may be either private attorneys or public defenders (i.e., lawyers appointed by the court to defend individuals who are unable to afford counsel). On some occasions, defendants will choose to represent themselves in court proceedings. These defendants are called *pro se litigants*, and they are more common in civil cases than in criminal cases. Other key professionals critical to criminal case proceedings include sheriffs (also called *bailiffs*), clerks of the court, interpreters, court reporters, police officers, probation officers, and crime lab professionals.

Criminal Justice in the United States

To understand the status of criminal courts and the criminal justice system, it is necessary to review the broad outlines of its recent history. Like many social reforms, changes in criminal justice have been gradual and sporadic, but, in essence, the country has been moving away from a 40-year-old criminal justice model that incorporated harsh penalties for drug crimes, mass incarceration, and increased racial disparity, to a new model based on very different principles and priorities.

The old criminal justice model goes back over a half-century when, beginning in the 1960s and continuing through the 1990s, the country turned to what is often called *tough on crime* legislation. Although some saw this legislation as a reaction to public concern over the substantial rise in crime rates in the 1960s, there was also a political desire to equalize sentences, fit punishment to crime, and do away with the variability of sentencing across the country. Through a variety of statutory mechanisms, almost all states developed tougher criminal laws resulting in more severe penalties and, at the same time, the removal of judicial discretion in sentencing. Some of these laws, aimed at habitual offenders, incorporated a *multiplier effect* that greatly increased the length of sentences for return felons. As Americans increased their use of and addiction to drugs during this period, federal funding grew substantially to support local law enforcement in the *war on drugs*. Arrests for sale

and manufacture of illegal drugs and, most importantly, for possession of illegal drugs, escalated by significant proportions.

Two major phenomena emerged as a result of increased penalties and decreased judicial flexibility in sentencing: the incarceration of an unprecedented number of individuals in U.S. jails and prisons (i.e., *mass incarceration*) and an accompanying increase in racial disparity in the composition of incarcerated citizens in the country. By 2013, there were nearly 7 million U.S. citizens under the supervision of adult correctional systems and well over 2 million of them were in jails and prisons. Placing the concept of *mass incarceration* in perspective, the United States leads the world in the incarceration of its citizens in that; while Americans make up about 5% of the world's population, they account for nearly 25% of the world's prison population. At the end of the 20th century, the paradox in criminal justice was that major index crimes had been in a downward cycle for over 30 years while, at the same time, the jail and prison population were in an upward cycle.

In spite of similar patterns of illegal drug use across ethnic groups in the United States, people of color make up a disproportionate percentage of those arrested and incarcerated for drug crimes. In 2008, the Pew Center on the States reported that one in 15 African American men and one in 36 Latino men are behind bars compared to one in 106 White men. The starkness of this disparity, by race, led legal scholars and others, most vocally, Michelle Alexander, to the conclusion that there are structural elements of racism throughout the criminal justice system and that mass incarceration constitutes what can arguably be referred to as a racial *caste system* in the United States.

By the beginning of the 21st century, a number of social, cultural, and economic forces pushed the United States into rethinking the criminal courts and addressing serious criminal justice reform, primarily a reconciliation of the US\$50 billion that the United States spent annually across the criminal justice system with little public safety gain. Other drivers of the reform movement included the development of an evidence-based optimism about *what works* in criminal justice, a growing body of research in community corrections, a more enlightened public health view of addiction, an increase in public consciousness

regarding the ineffectiveness of and inequity in the justice system, mounting mistrust of police and prosecutors by minority communities, and public concern over the enormous burden and societal costs (personal, financial, and community) of incarcerating large numbers of individuals. As a result, a new criminal justice model emerged, one that moves away from mass incarceration as the primary solution to drug crimes. Diversions, and other alternatives to incarceration for nonviolent, drug-related crimes, are now viable options in many jurisdictions across the country, along with a heightened awareness, among policy makers and the public, of the challenge to society of returning large number of individuals, from jails and prisons, back to their communities.

Problem-solving courts (also known as *specialty* or *treatment courts*), which emerged in the 1990s, served as the lynchpin between old and new approaches in criminal justice. Problem-solving courts (e.g., drug courts, mental health courts, veteran's courts) are specialized court dockets that focus on problem-solving and treatment approaches rather than criminal sanctions. They combine intense judicial and court supervision with therapeutic services. Drug courts, in particular, have clearly demonstrated their effectiveness and paved the way for the justice system to develop new strategies aimed at reducing incarceration and recidivism. This new criminal justice model, although still in development, and with varying levels of implementation across the country, has the following salutary characteristics: It is data driven, focuses on outcomes (e.g., reduced recidivism) rather than outputs (e.g., convictions), is multidisciplinary in its approach, is science-friendly, engages a diversity of professions in the criminal justice process, and espouses a systemic viewpoint. That is, in addition to public safety, it looks more broadly at the impact of incarceration on minority communities and on society as a whole.

Interdisciplinary Collaboration

Often, the public view criminal justice as a single, integrated system. In reality, criminal justice is a very disparate system consisting of a number of autonomous players, each with their own authority and power base. Historically, the major players

operated in multiple, compartmentalized silos, with very little cooperation among themselves. The criminal court (adversarial in nature), prosecutor, public defender, private bar, police department, and the sheriff, although working in the same criminal justice arena, seldom shared information or collaborated with each other on systemic solutions to problems. In addition, due to the way in which much governmental public safety funding is structured (i.e., county government funds local jails and state government funds prisons), there were few incentives for close collaboration between different government entities. Today, courts are seen as only one piece of the criminal justice puzzle, and increasingly, interdisciplinary and multigovernmental approaches play a critical role in the field.

The Role of Applied Social Sciences

In a relatively new development, applied social sciences have come to play a more robust role in criminal justice practice. Applied social science fields such as criminology, psychology, social work, public health, sociology, economics, and urban planning are well suited for this interdisciplinary and collaborative work. In the new model, there is a closer relationship among the courts and major criminal justice agencies, with researchers and community treatment providers. Psychology has contributed to the criminal justice system through the development of innovative risk assessment instruments. These tools have become important at various points in the criminal justice cycle, including in bond court, where risk assessments are used to evaluate potential threat of flight and/or threat to the community; in the pretrial process, where clinical assessments are widely used to determine level of addiction and/or presence of serious mental illness; and in the posttrial disposition process, where clinical assessments are used by enhanced supervision programs in probation and parole.

Cognitive behavioral therapy (CBT), an innovation from the behavioral health-care field, has become an important component of the new criminal justice model. Research indicates that CBT is one of the most effective methods in targeting behavior change with the justice involved population. Although clinicians in the fields of

mental health and substance abuse have utilized CBT methods with clients in the past, more recently probation officers are learning and utilizing CBT interventions with probationers, a mark of interdisciplinary collaboration that could change the culture of traditional community corrections.

Social work, with a long history in interdisciplinary collaboration, has a key role to play in the criminal justice system. The contribution of social work lies in the broad orientation of the field, which incorporates micro- and macrowork; direct service and systemic public policy work; a commitment to disadvantaged, marginalized, and vulnerable groups; a focus on leveraging strengths (both at the client and system level); and a holistic emphasis on the importance of family and community in social change. On a policy level, this strength-based approach can be applied to entire jurisdictions. For example, a county must assess the court and treatment system for resources and gaps. It may have a good behavioral health system in place (strength) but no access for individuals without insurance (gap) or a strong substance abuse treatment system (strength) with little experience working with justice involved individuals (gap). Both system issues can be mitigated by first leveraging the strengths of current infrastructures and second employing interdisciplinary collaboration.

Community Reinvestment and Smart Decarceration

By the first decade of the 21st century, human rights advocates, faith leaders, the public, and elected officials of both major parties were in agreement that mass incarceration had failed. The mass incarceration model in the United States, while extremely expensive, has not demonstrated a significant reduction in crime or an increase in public safety. In response to this, a small number of states began to experiment with criminal justice reform through what came to be known as *justice reinvestment*. The term *justice reinvestment* is a trademarked term for data-driven methods to increase public safety, reduce criminal justice spending, and reinvest in strategies to decrease crime and reduce recidivism. The initial results of this experiment were encouraging and led to the appropriation, by Congress, through the 2010

Omnibus Consolidated Appropriations Act, of funding for the Justice Reinvestment Initiative (JRI). The JRI was launched through a public-private partnership involving public funds (Bureau of Justice Assistance), private funds (Pew Charitable Trusts), and governmental innovation (Council of State Governments). Under the JRI model, state and local policy makers, with the support of a technical assistance provider, conducted a comprehensive analysis of criminal justice data in a jurisdiction, identified drivers of corrections' populations and costs, and adopted policy changes designed to ensure public safety and support offender accountability. Bipartisan, interbranch justice reinvestment working groups are convened by each state to drive this process. The JRI model offered states a strategy to revise sentencing and corrections policies, reduce corrections costs, and increase public safety through a data-driven approach that ensures that policy making is based on a comprehensive analysis of criminal justice data and the latest research about what works to reduce crime.

It will be sometime before the results of the JRI projects are understood. While the initial round of JRI projects showed considerable promise and positive gains, subsequent research, conducted by The Sentencing Project, has shown mixed results. The research suggests that, in spite of initial gains, there is need for some caution. Missing from these early JRI projects were organized coalitions of community leaders, service providers, and grassroots leadership, underscoring the importance of genuine reinvestment in the communities most impacted by decades of failed criminal justice policies.

The Affordable Care Act, passed by the U.S. Congress in 2010, is another critical area for community investment. The Affordable Care Act has significant implications for the criminal justice involved population in the country. High concentrations of people with substance use and/or mental illness are involved in the justice system, the majority of which are low-income, uninsured males. The Affordable Care Act, primarily through Medicaid expansion and subsidy provisions for indigent males, creates unprecedented access to medical and behavioral health care for a population that in the past had, almost exclusively, been uninsured.

Finally, the new criminal justice paradigm addresses the significant challenge involved in returning large numbers of individuals, from jails and prisons to a small number of economically devastated communities. Neighborhoods with locally concentrated pockets of incarcerated individuals, sometimes referred to as *million dollar blocks*, because of the millions of dollars spent each year on incarcerated residents, have been identified in a number of large cities including New York City and Chicago. The concept of *million dollar blocks* highlights the need for community engagement, using scientific data to reframe government responses to crime and makes a strong case for genuine reinvestment and cost shifting.

The governor of the state of Illinois set a goal of reducing the state's 2015 prison population by 25% over a decade. For this to be accomplished, the prison population would need to be reduced by 12,000 individuals, many of whom would be released from Illinois prisons and returned home to seek reintegration into the community. The economic implications for this, as Matthew W. Epperson and Carrie Pettus-Davis point out, are intensified by the fact that over half of all prisoners were living in poverty the year before their arrest and that they reenter their communities with few resources, skills, and opportunities for employment. Epperson and Pettus-Davis advocate for what they call *smart decarceration*, stressing the complexity of reducing the jail and prison populations and the need for careful approaches to reentry, combined with community engagement and investment in community infrastructure. Smart decarceration is not just about reducing the number of individuals in jails and prisons but involves the strengthening of communities as a crime prevention strategy.

The future of the new criminal justice model remains to be seen. There is reason for optimism at this moment in time, as consensus among policy makers, scholars, and the general public is growing. In the meantime, much needs to be done in developing smarter sentencing policies; creating alternatives to incarceration; and solidifying the societal resolve toward a methodical reinvestment of financial, political, and social capital into local communities to ensure public safety and increase social well-being.

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See also Community Context and Mass Incarceration; Incarceration Rates, U.S.; Race, Racism, and Crime; Reentry; Sentencing

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CRIMINAL CULPABILITY

Criminal culpability refers to the degree to which individuals are held legally responsible for their conduct and distinguishes between those who are wholly or partially blameworthy and those who are blameless. Criminal culpability is tied to the proportionality principle, which dictates that the harshness of a punishment be commensurate with the severity of the crime. Accordingly, punishment is doled out in consideration of the act the individual committed *and* the individual's mental state at the time of the act. For example, regarding the former, individuals who kill someone are punished more severely than are individuals convicted of driving under the influence. Both acts are illegal, but one act (killing) is inherently more harmful than the other (driving while intoxicated). Regarding the latter, individuals who kill someone in a car accident while driving under the influence are punished less severely than those who kill their victims by lying in wait. The harm suffered is the same—someone died. However, the law holds the second individual, who killed purposefully and with malice, to be more culpable than the first individual, who killed accidentally. This entry first reviews the legal facets of criminal culpability and then the role of mental health professionals in criminal culpability evaluations.

Legal Facets

Criminal offenses have two elements: the *actus reus*, literally translated from Latin as *guilty act*, and *mens rea* or *guilty mind*. To be held criminally culpable and found guilty of a crime, individuals must have committed *actus reus* *voluntarily*. In addition, with the exception of strict liability crimes (offenses punished regardless of the surrounding circumstances, such as speeding), to be found guilty, one must also evidence the *mens rea*. There are four types of *mens rea* or culpable mental states: (1) intentionally or purposefully, (2) knowingly, (3) recklessly, or (4) negligently.

Individuals act *intentionally* when they act with the conscious purpose of imposing a harm. For example, an individual commits first-degree murder when he purposefully lies in wait and kills another. An individual acts *knowingly* when he or

she does not intend to impose a harm but is aware that harm is a probable result of his or her act. For example, an individual may be guilty of homicide if he or she burns down an apartment building to collect on an insurance policy and a tenant dies in the fire. While the purpose of setting the fire was obtaining money, the perpetrator acted knowing that anyone inside the building was likely to die as a result.

Individuals act *recklessly* when they disregard the substantial risk of harm that could result from their actions. That disregard reflects an awareness that the risk exists and represents a significant departure from the way that law-abiding citizens would act in similar circumstances. For example, one who unintentionally breaks another's jaw after punching him may be guilty of aggravated assault because law-abiding citizens would refrain from such behavior due to the risk of serious injury involved. The case against the attacker is all the more compelling if he or she has training in boxing or martial arts and could even elevate his *mens rea* from recklessly to knowingly.

Individuals act *negligently* when they fail to perceive the harm that could stem from their actions. Such failure should reflect a substantial departure from the standard of care that reasonable people would observe in similar circumstances. For example, parents who do not know that leaving a baby in a car in summer can cause fatal heat stroke may be guilty of criminally negligent homicide if the baby dies in the car while the parents are in the grocery store. The parents acted negligently because, while their purpose was not to kill the baby and they did not realize the potential for the baby to die, they *should* have been aware of the risk.

Defenses

Criminal defendants can demonstrate they are not criminally culpable in two ways. First, defendants can utilize negation defenses that show the prosecution did not successfully prove all an offense's elements. Negation defenses apply to both the *actus reus* and *mens rea* elements of a crime. For example, defendants can contend that they were not in control of their actions and therefore not acting voluntarily (e.g., an offense committed while sleepwalking); this is referred to as the *automatism*

defense. Because an automatism defense challenges the actus reus element of a crime, it also applies to strict liability crimes. Similarly, defendants may argue that they did not have sufficient mens rea to be convicted. For example, an individual charged with homicide might argue that although he or she killed someone, he or she did not intend to kill. If the judge or jury agrees, he may instead be found guilty of manslaughter, a lesser offense that does not require a purposeful killing.

Second, defendants may assert affirmative defenses, indicating that they fulfilled a crime's elements but should not be considered blameworthy due to the circumstances surrounding the offense. Affirmative defenses come in two types: justifications and excuses. In *justification defenses*, defendants try to show that given the circumstances surrounding the crime, they did not act in an undesirable manner. For example, an individual who injures someone in self-defense is not deemed culpable for his or her actions because society has an interest in allowing one to defend herself when he or she is threatened with harm. Other examples of justification defenses include necessity, defense of others, defense of property, and consent.

In contrast, *excuse defenses* recognize that individuals have acted undesirably but suggest there are circumstances surrounding the offense—or characteristics about the defendants—that render them less culpable. For example, an individual who commits a robbery under threat of being killed still acts voluntarily and purposefully but is deemed less culpable than a defendant who commits robberies without the threat of death. Additional examples of excuse defenses include infancy, provocation, and entrapment.

The Insanity Defense

Still under the broader category of excuse defenses, the insanity defense is likely the most well-known attempt to negate criminal culpability. Defendants asserting the insanity defense may acknowledge that they committed harmful and wrongful acts but argue they should be exculpated because they were unable to appreciate the nature or wrongfulness of their actions at the time the crime was committed due to active symptoms of serious mental illness or cognitive disability. This

is referred to as the *M'Naughten Standard*, and—although not utilized in all jurisdictions—it is the most common standard in the United States. Under the M'Naughten Standard, a man might be found not guilty by reason of insanity (NGRI) of his wife's murder if she was fatally shot while he was firing at the hallucination of a monster breaking into their home. In that instance, he did not appreciate the nature of his act. In a different example, a woman might be found NGRI for her poisoning of terminally ill hospital patients because she believed to be acting on commands from God. In that instance, she knew she was poisoning and killing people, but she did not believe the act to be wrong.

Diminished Capacity Defense

Another type of defense often involving mental health evidence is the diminished capacity defense. Diminished capacity is similar to a negation defense, whereby one argues that the defendant did not satisfy the crime's requisite mens rea, but a diminished capacity defense relies on mental health evidence to support that claim. For example, in one tragic story, an intellectually disabled young man shot and killed his sister with what he had thought was a toy gun. In fact, it had been a real and loaded gun, only spray-painted bright gold. Although someone else might have appreciated the weight and feel to distinguish the weapon from a toy, evidence of his intellectual disability could persuade a jury he did not intentionally or knowingly shoot his sister; if the prosecution pursued charges with an intentional or knowing mens rea component, his intellectual disability could thus form the foundation of a diminished capacity defense.

Criminal Culpability and Forensic Mental Health Professionals (FMHPs)

Scholars have organized the roles of FMHPs into five broad categories, including basic scientist, applied scientist, policy evaluator, consultant, and forensic evaluator. A working knowledge of criminal culpability may be necessary for FMHPs in any one of these roles, whether it is coming to better understand the relationship between cognitive ability and mens rea, developing standardized

tools to measure mental state at the time of the offense, providing expert witness testimony as a teaching expert, lobbying legislative bodies, authoring amicus curiae (Latin for *friend of the court*) briefs, or providing advice to one side in a criminal trial about how best to utilize or manage mental health evidence. However, it is the forensic evaluators who conduct mental state evaluations who most often interact with the issue of criminal culpability.

Mental State at the Time of the Offense

A forensic evaluator asked to do an insanity or a diminished capacity evaluation is not being asked to opine on a defendant's criminal culpability; that is, a decision for the judge or jury. Rather, the evaluator is asked to provide an expert opinion on the defendant's mental state at the time of the offense. With that evidence in hand, the judge or jury may then decide whether the elements of an NGRI defense have been met or whether the defendant indeed had diminished capacity. Because of this nuance, these types of evaluations are often referred to more broadly as *mental state evaluations*.

Mental state evaluations are *past-focused*, specific to the time of the crime in question, and attempt to uncover how the defendant was functioning at that time. In this way, they contrast sharply with competence evaluations, which are *present-focused*, and attempt to measure whether a defendant possesses a rational and factual understanding of the charges and can effectively work with defense counsel.

One of the challenges faced by the broader forensic mental health community is the reconciliation of mental health diagnoses with legal constructs, and this is present in mental state evaluations and testimony as well. Case in point: Insanity is a legal construct, not a mental health diagnosis. Thus, after adoption of the insanity defense, there followed an evolution of cases in which, somewhat through trial and error, the courts decided which mental health conditions were sufficiently debilitating to satisfy the mental illness or cognitive disability prong of the insanity defense. Today in the United States, all jurisdictions require a *severe* disorder at the time of offense, with psychotic disorders constituting the majority of successful NGRI defenses. Other

disorders such as major depression, bipolar disorder, and post-traumatic stress disorder can also satisfy the mental illness prong, but they may require extra effort to show the condition as severe enough to make out the other prongs of the insanity defense (i.e., awareness of actions or awareness that actions were wrong).

In conducting a mental state at the time of the offense evaluation, many of the broader elements of forensic mental health assessment apply. Best practice guidelines recommend that referral questions should be clarified with the attorney or court, and it should be clear to all parties that the FMHP is an objective (i.e., not partisan) evaluator. Evaluators should engage in multimodal assessment, for example, by gathering data from clinical interview, through psychological testing or forensic assessment instruments specific to mental state, from collateral interviews with individuals who may have observed the accused's behavior around the time of the alleged offense, or through review of medicolegal records, either historical or around the time in question. Reports should reflect a synthesis of obtained information and the FMHP's impression, and testimony should reflect the content of the report.

There are also some elements of mental state evaluations that are unique and important for evaluators to be aware of. Most notably, interviewing the accused about his mentation and behavior at the time in question may uncover what amounts to incriminating evidence. While some procedural safeguards are in place—for example, the law may prevent use of the defendant's self-report by the prosecution to establish guilt—there are variations across jurisdictions. Failure to appreciate and be guided by the framework in place could end with the defendant worse off for having participated in the evaluation. Toward that end, and as always, it is important that FMHPs only participate in mental state evaluations if they are competent to do so, and if not they should seek supervision.

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See also Criminal Charges, Federal; Forensic Assessment of Offenders; Forensic Measures for Assessing Offenders; Mens Rea; Offenders With Cognitive

Disorders; Offenders With Mental Illness; Trials, Criminal

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CRIMINAL JUSTICE CORRELATES OF PSYCHOPATHY

Psychopathy is typically defined as a *personality disorder* comprising traits associated with interpersonal, affective, and behavioral dysfunction, including superficial charm, manipulativeness, remorselessness, impulsivity, irresponsibility, and engagement in antisocial conduct. Of the psychological attributes that contribute to a heightened risk of criminal, aggressive, and violent behavior, psychopathy is one of the strongest and most widely researched predictor variables (i.e., an independent variable that is measured and used to predict the value of a dependent, or criterion variable, such as crime). Psychopathic traits predict higher rates of aggression, violence, and crime among civil psychiatric patients, criminal offenders, forensic inpatients, juvenile delinquents, and community members. Despite relatively small prevalence estimates for psychopathic offenders within the prison population (15–25%), these individuals tend to be responsible for a disproportionate amount of criminal activity. This entry provides an overview of the criminal justice correlates of psychopathy, noting that particular psychopathic traits tend to be more associated with the occurrence of various types of violent behavior while also emphasizing that the generalizability of these findings depends on multiple contextual factors.

Measuring Psychopathy

Psychopathy is used to inform a number of different types of criminal justice and legal proceedings

but is particularly common in decision-making processes concerning risk of future violence. Although not designed as a formal violence risk assessment instrument, the 20-item Psychopathy Checklist–Revised (PCL-R) is a widely researched rating scale of psychopathic traits that is frequently used in forensic evaluations, to the extent that it is required for some evaluation procedures in certain states. For example, in California, inmates sentenced to *life with parole* must be evaluated using the PCL-R for parole hearings, ostensibly to appraise the potential for general or violent recidivism if released. Frequently, the PCL-R has also been introduced to address preventive detention (e.g., civil commitment) of sexually violent or otherwise dangerous offenders and long-term community supervision determinations.

In terms of item content, the two-factor model of the PCL-R categorizes psychopathic traits into those reflecting interpersonal and affective deficits (Factor 1), such as deceitfulness and emotional detachment, and those reflecting social deviance (Factor 2), such as impulsivity, irresponsibility, and overt criminality. Each factor may further be subdivided to represent a four-subscale model reflecting Interpersonal, Affective, Lifestyle, and Antisocial aspects of the disorder. Ratings should be assigned by a trained examiner based on a review of collateral information (e.g., official records, informant data) and, preferably, a semi-structured life history interview. The instrument also has two commonly used derivatives, the Psychopathy Checklist: Screening Version and the Psychopathy Checklist: Youth Version.

There is some controversy concerning the extent to which the PCL-R comprehensively measures psychopathic personality traits. Specifically, recent criticisms argue that the PCL-R too narrowly focuses on criminal behaviors and other static indicators of psychopathy at the expense of core personality constructs historically associated with the disorder, including interpersonal dominance and emotional resiliency. Partially in response to the perceived limitations of the PCL-R, a number of alternative psychopathy assessment instruments have emerged and are in various stages of development, although they are not yet widely used in criminal justice settings. These include the

Comprehensive Assessment of Psychopathic Personality–Institutional Rating Scale and an assortment of self-report measures such as the Psychopathic Personality Inventory–Revised and the Triarchic Measure of Psychopathy. The Comprehensive Assessment of Psychopathic Personality–Institutional Rating Scale, in particular, diverges from the PCL-R by conceptualizing psychopathic personality traits as dynamic symptoms that are amenable to change over time.

General and Violent Recidivism and Institutional Misconduct

Given the substantial number of studies investigating psychopathic traits and criminal justice correlates, meta-analytic investigations have been especially advantageous in discerning the strength and variability of these associations. Meta-analysis provides a statistical means of combining and summarizing findings from independent studies to estimate the average effect size (e.g., correlation coefficient) and test whether study results may vary due to features of the samples, instruments, or research design. Collectively, extant research indicates that psychopathy, as measured predominantly by the PCL-R, has a small-to-moderate positive correlation with general and violent recidivism.

The individual components of psychopathy, however, are not equally predictive of recidivism. The same meta-analytic evidence demonstrates that an offender's risk of future crime and violence is primarily elevated by the impulsive, irresponsible, and socially deviant aspects of the PCL-R (Factor 2) rather than the interpersonal and affective deficits (Factor 1). For nonviolent recidivism, this pattern of association applies for both short-term and long-term follow-up periods, upward of 20 years postrelease. Moreover, the PCL-R total score does not significantly outperform Factor 2 alone in predicting risk of crime and violence, suggesting that Factor 1 traits make no additive contribution to predictive accuracy. This distinction has contributed to revisions in how psychopathy is incorporated into more comprehensive violence risk assessment instruments. For example, unlike prior editions, the revision to the Violence Risk Appraisal Guide only includes scores on the PCL-R subscale that primarily assesses prior criminal behavior, and the third version of the

Historical Clinical Risk Management-20 no longer requires use of the PCL-R or Psychopathy Checklist: Screening Version.

Typically, there is a weaker relation between psychopathic traits and sexual violence than for criminality and nonsexual violence, with Factor 2 features again appearing to be the most predictive aspect of the disorder. It may be the case, however, that psychopathy enhances the influence of other known risk factors for sexual violence. For example, sexual recidivism tends to be elevated among persons high in *both* sexual deviance and psychopathy compared with those without this combination of risk factors.

Taken together, there is a reasonably robust connection between psychopathy, as most often measured by the PCL-R, and a wide range of criminal justice outcomes. However, the average associations between psychopathic traits and antisocial behavior vary depending on the setting, population, and study design. To illustrate, psychopathic traits manifest greater predictive strength for samples comprising European and Canadian participants compared with samples of participants from the United States. Other variables that have strengthened the observed relationship between psychopathy and recidivism (i.e., moderated this effect) in prior meta-analyses include having a higher proportion of White participants in the sample; having a higher proportion of females in the sample; use of psychiatric inpatient versus nonpsychiatric inmate samples; and use of prospective studies, which involve following participants over time to measure future outcomes.

Finally, meta-analytic findings indicate a small-to-moderate association between psychopathic traits and disciplinary infractions incurred while institutionalized. Notably, this relation is weaker when the predicted misconduct is physically violent in nature, particularly among samples in the United States compared with those in other countries. This is in part due to the fact that serious violence is a relatively rare occurrence among incarcerated inmates in the United States, making it more difficult to predict with any precision. Consequently, making determinations of risk of serious violence in prisons is one instance in which psychopathic traits are not particularly informative, despite their broad relation with aggression.

This is an important consideration in death penalty cases in the United States, where capital sentencing in some jurisdictions is partially based on whether a defendant constitutes a future danger to others, specifically within a prison environment if a sentence of life in prison were to be imposed. In this context, PCL-R evidence has been argued to lack adequate relevance to warrant its introduction into these types of cases.

Instrumental and Reactive Violence

The nature of aggressive or violent behavior can be categorized, among other descriptions, as either instrumental or reactive. Instrumental aggression is generally characterized by premeditated and controlled behavior enacted in pursuit of an external goal, such as monetary gain or intimidation. In this type of predatory orientation, emotions are not the primary motivation for violence. Reactive aggression, however, does encapsulate an emotional reaction of, for example, fear or anger following perceived threat or provocation and an impulsive behavioral response. There is some evidence that the interpersonal features of psychopathy (e.g., deceitfulness, grandiosity) may be most strongly related to instrumental aggression, particularly when measured via informant report. In contrast, the lifestyle and antisocial features of psychopathy tend to have a relatively stronger association with reactive aggression, although the lifestyle subscale may be important in explaining instrumental violence as well. Knowledge concerning the relation between components of psychopathy and specific subtypes of aggression has accumulated more slowly than research on violent recidivism, as analyzing the function and motivation of violence requires relatively more rigorous study and may not be easily discerned from records. The most recent meta-analytic findings, however, suggest that the above patterns of association are dependent on the method of psychopathy measurement (e.g., effect sizes were smaller for examiner ratings vs. informant and self-report) and vary across gender, age, and ethnicity.

Juvenile Psychopathy and Recidivism

In general, youth offenders manifesting psychopathic traits are at a moderate risk of violent

recidivism, delinquency, and institutional misconduct during adolescence. As with the observed associations among adults, meta-analytic findings indicate that the impulsive and antisocial features of psychopathy more strongly relate to juvenile offending in comparison with the interpersonal and affective features. And, again, various characteristics of the study design, population, and context influence the magnitude of these overall trends. For example, stronger relations between youth psychopathic traits and criminal justice outcomes are reported when predictor and criterion variables are measured using an outside perspective, such as clinician ratings or informant report, than when using self-report. Notably, measures of juvenile psychopathy do have several limitations in predicting criminal justice outcomes, including poor predictive utility for sexual or long-term recidivism and weaker associations between psychopathic traits and general and violent offense outcomes among female and ethnic minority offenders.

Incremental Validity of Psychopathy

For both adults and juveniles, the significant associations observed between psychopathy and general and violent recidivism tend to remain even after taking into account the contribution of relevant covariates of psychopathy. Covariates are variables that occur with the predictor variable of interest and are possibly associated with the outcome under study, thus potentially suggesting an alternative explanation for any observed effect. For psychopathy, covariates include factors such as criminal history, substance abuse, demographic variables, and psychopathology. Some research, however, concludes that psychopathy-based measures do not demonstrate incremental validity beyond risk factors such as substance abuse and prior criminality and are in fact outperformed by formalized risk instruments developed specifically to predict criminal justice outcomes (e.g., Violence Risk Appraisal Guide, Historical Clinical Risk Management-20). Instruments developed specifically for juvenile risk assessment (e.g., Youth Level of Service/Case Management Inventory) not only perform comparably to psychopathy measures in predicting criminal justice outcomes broadly speaking but also tend to outperform measures focused on psychopathic traits in samples of females and ethnic minority youth.

Field Utility

Although findings from controlled research studies tend to support the utility of the PCL-R, a number of recent studies from field settings have raised serious questions about its reliability and predictive validity, especially in adversarial proceedings. Of particular concern is that inter-rater reliability in the field (e.g., sexually violent predator civil commitment trials) appears to be notably worse than what is reported in the instrument's technical manual. The poor agreement between two independent examiners rating the same defendant appears to be at least in part explained by adversarial allegiance (e.g., prosecution-retained experts provide higher scores than defense-retained experts), although expert witnesses who are retained by the same side on a case often disagree by an appreciable margin as well. Also of note, inter-rater reliability has been particularly poor for the interpersonal and affective traits associated with Factor 1, with close to half of the variance in scores being attributable to some form of error. Very poor reliability for Factor 1 traits is especially troubling given that numerous studies (e.g., mock jury simulations, juror surveys) suggest these traits are highly stigmatizing when ascribed to criminal defendants. For example, ratings on Factor 1 traits are strongly predictive of unfavorable release decision-making in California parole cases.

The low levels of inter-rater reliability in field studies raise questions as to whether the modest-to-moderate predictive validity for violence and recidivism reported in controlled research studies generalizes to the real-world contexts, given that reliability statistically constrains the validity of any instrument. Of note, extant field studies examining the validity of PCL-R scores in predicting criminal recidivism have demonstrated much weaker effects compared with findings from research contexts. This poorer performance in applied settings may be directly attributable to the negative influence of inadequate reliability on the validity of a measure.

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See also Adversarial Allegiance; Criminal Risk Assessment, Psychopathy; Prison Misconduct, Prediction of; Psychopathic Offenders: Current State of the Research; Psychopathy Checklist-Revised (PCL-R) and the

Psychopathy Checklist Screening Version (PCL: SV); Psychopathy Checklist: Youth Version (PCL: YV)

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CRIMINAL LIFESTYLE

The criminal lifestyle is a cognitive behavioral theory of crime comprising four models—two developmental models (control and moral modes),

a decision-making model, and a change model—each of which is discussed in this entry.

Factors Involved in Defining the Criminal Lifestyle

According to the criminal lifestyle theory, a criminal lifestyle is characterized by four behavioral styles: irresponsibility, self-indulgence, interpersonal intrusiveness, and social rule breaking. As such, involvement in a criminal lifestyle can be measured in terms of failing to meet social obligations (irresponsibility); striving for immediate gratification through drug use, gambling, and sexual promiscuity (self-indulgence); violating the personal space of others (interpersonal intrusiveness); and disregarding the rules, conventions, and laws of society (social rule breaking). Rather than being an all-or-nothing phenomenon, the criminal lifestyle is a matter of degree of involvement and commitment to crime. The Lifestyle Criminality Screening Form, scored using data from an offender's criminal file, can provide an estimate of a person's degree of involvement and commitment to crime.

Cognitive factors such as criminal thought content (what an offender thinks) and process (how an offender thinks), attributions (perceived causes of one's own or another's behavior), outcome expectancies (anticipated costs and benefits of engaging in a specific behavior), and efficacy expectancies (estimate of one's ability to successfully perform a specific behavior) also play a role in defining a criminal lifestyle. Criminal thought process can be further divided into proactive (planned, calculated, cold-blooded) and reactive (impulsive, spontaneous, emotional) processes. Proactive criminal thinking is characterized by blaming others or situations, having a sense of ownership and privilege, and exhibiting interpersonal control and overconfidence, whereas reactive criminal thinking is characterized by impulsive decision-making, lack of critical reasoning, and becoming easily sidetracked.

Developmental Models

According to the criminal lifestyle theory, the control and moral models of criminal lifestyle development are instrumental in the formation of a

criminal lifestyle. Although these two models are distinct, they overlap extensively. Behaviors (delinquency) and cognitions (thinking styles) shared by the two models serve as points of overlap or intersections between the control and moral models of lifestyle development. Each developmental model can be broken down into antecedent conditions, core constructs, principal mediators, and central components and processes.

Control Model

Antecedent Conditions

Disinhibition is a major antecedent to the core, central, and mediator variables found in the control model of criminal lifestyle development. As a temperament dimension, it represents a person's lack of restraint and poor ability to control his or her impulses, emotions, and behavior. Children who display high levels of disinhibition are at increased risk of future antisocial behavior. A second set of antecedent conditions are molecular social influences, related primarily to the family. Direct (e.g., weak parental supervision, lax discipline) and indirect (e.g., inadequate child–parent bond, lack of role models) parenting are particularly salient in promoting future antisocial behavior through the control model of criminal lifestyle development. A third set of antecedent conditions are molar social influences such as cultural, subcultural, and neighborhood factors. Neighborhood disorder and weak informal social control by neighbors may encourage future antisocial behavior according to the control model of criminal lifestyle development.

Core Construct

The control model's core construct is low self-control or behavioral impulsivity. This is sometimes referred to in the psychological literature as *externalizing behavior*. The antecedent conditions interface primarily, but not exclusively, with the core construct, in this case, low self-control. Hence, children functioning at the high end of the disinhibition continuum, whose parents are weak or inconsistent disciplinarians, and who live in a disordered neighborhood with minimal informal social control will tend to be low in self-control.

Primary Mediators

Criminal lifestyle theory uses statistical mediation to link constructs from different criminological theories for the purpose of theoretical integration. The principal mediator for the control model is reactive criminal thinking. Research indicates that reactive criminal thinking evolves from two primary sources: low self-control and delinquent behavior. Several other cognitive (hostile attribution biases) and affective (anger and frustration) mediators operate in the control model, including proactive criminal thinking. The impulsive and hyperemotional features of reactive criminal thinking may drive the control model, but proactive criminal thinking is also present. In fact, proactive criminal thinking is one of the constructs that bridges the gap between the control and moral models.

Central Components and Processes

Central components of the control model include general strain (loss of positive stimuli, as in divorce, or introduction of negative stimuli, as in peer rejection) and peer delinquency. These variables are connected to each other, as well as to the core construct of low self-control and delinquency, by the four primary mediators in the control model (i.e., reactive criminal thinking, hostile attribution biases, frustration, and anger). Two central processes in the control model of criminal lifestyle development are psychological inertia (past offending leading to future offending) and peer selection (delinquency leading to delinquent peer associations). In both cases, the processes are mediated by reactive criminal thinking.

Moral Model

Antecedent Conditions

The temperament dimension that serves as the antecedent to core and central variables in the moral model is fearlessness. Whereas disinhibition is characterized by lack of restraint, fearlessness entails weak autonomic response to punishment. Weak autonomic response to punishment impedes the individual's ability to learn from past mistakes and develop a functioning moral value system. The molecular social variable of parenting plays a

significant antecedent role in the moral model, just as it does in the control model. The parenting issues that serve as antecedents in the moral model, however, center on teaching the child to differentiate between right and wrong. Results from one study revealed that inductive parenting, in which rules for behavior were explained to the child and the reasoning behind the rules clarified, hindered the peer influence effect, a central process in the moral model. Subcultural attitudes toward crime and community tolerance of violence are culturally based antecedents to variable relationships in the moral model.

Core Construct

Callous-unemotional traits are the core construct in the moral model. Weak empathy, lack of remorse, and shallow affect are among the traits that contribute to the callous-unemotional pattern and that put a child at risk of future offending. A fearless temperament, parenting that fails to instill good moral judgment, and exposure to subcultural attitudes accepting of violence give rise to these callous-unemotional traits. These traits, in turn, interact with central components and processes from the moral model, which then enhance a person's odds of engaging in criminal behavior.

Primary Mediators

The principal mediator in the moral model is proactive criminal thinking. Rather than evolving from low self-control and delinquency, like reactive criminal thinking, proactive criminal thinking evolves from callous-unemotional traits and is learned through interaction with parents, siblings, and peers already involved in crime. Other variables known to mediate relationships in the moral model include outcome expectancies, efficacy expectancies, and reactive criminal thinking.

Central Components and Processes

Some of the same central components and processes from the control model can be found in the moral model. Delinquency and delinquent peer associations play as large a role in the moral model as they do in the control model, although they fit differently into each model. The peer

selection effect (delinquency leading to delinquent peers) predominates in the control model, whereas the peer influence effect (delinquent peers leading to delinquency) predominates in the moral model. Crime continuity (delinquency leading to delinquency) is present in both the models, but while it is mediated by reactive criminal thinking in the control model (psychological inertia), it is mediated by low self-efficacy or confidence to achieve a conventional lifestyle in the moral model (subjective disadvantage). Labeling plays a major role in the moral model and is instrumental in promoting the identity transformation process, which is mediated by deviant-reflected appraisals (how the individual believes he or she is viewed by others) and an evolving delinquency-based self-view.

Decision-Making Model

Whereas the control and moral models are designed to explain how a criminal lifestyle develops, the decision-making model shows how the criminal lifestyle influences the decision-making of individuals in a criminal lifestyle. The decision-making model of criminal lifestyle involvement comprises two belief systems, a hedonistic belief system and a moral belief system, both of which serve to influence, shape, and direct a person's everyday decisions.

Hedonistic Belief System

The hedonistic belief system is driven by perceptions of pain and pleasure. Criminal lifestyle theory assumes that people pursue options they believe will give them pleasure and avoid options they believe will give them pain. The individual relies on hedonistic expectancies to determine the anticipated likelihood of receiving pain or pleasure from a particular decision and then weighs the different options. The principal difference between rational choice theory and the lifestyle models of choice is the latter's emphasis on emotion. Hedonistic expectancies are attached to specific hedonistic emotions, which are the emotions aroused by the various options and the appraised likelihood of achieving these options. Common hedonistic emotions include anger, frustration, urgency, and excitement.

Accurate hedonistic expectancies and well-modulated hedonistic emotions lead to optimal

decision-making. Decision-making is less than optimal when hedonistic expectancies are inaccurate or unrealistic (e.g., expecting to secure a job that pays US\$100,000 a year right out of prison) and when hedonistic emotions are poorly modulated by the rational requirements of the decision-making process. Reactive criminal thinking, along with situational and developmental factors, plays a significant role in the criminal decision process by virtue of their ability to feed on hedonistic emotion and flood the decision-making apparatus with unmodulated and irrelevant (for the purposes of making a reasoned decision) emotion. Left unchecked, thinking styles such as cutoff (rapid elimination of common deterrents to crime) and cognitive indolence (lazy or short-cut thinking) impede reasoned decision-making by highlighting impulsive and short-sighted options.

Moral Belief System

Complementing the hedonistic belief system is the moral belief system. Rather than being rooted in pain and pleasure, the moral belief system is founded on principles of right and wrong; and instead of comprising past reward and punishment experiences and associations, the moral belief system comprises norms, standards, values, and morally relevant elements of a person's self- and worldviews. Moral expectancies are what individuals believe they will receive if they engage in a particular action. Moral emotions (e.g., guilt, remorse, shame, pride) are the affective experiences associated with these moral expectancies.

Whereas hedonistic emotions facilitate criminal decision-making by flooding the individual with irrelevant emotion, moral emotions facilitate criminal decision-making by removing moral constraints. Offenders neutralize moral emotions such as guilt and shame with proactive criminal thinking styles such as mollification and entitlement. Hence, proactive criminal thinking, in combination with sundry situational and developmental factors, facilitates criminal decision-making by removing the moral impediments that ordinarily block criminal action. Right and wrong are replaced by expediency in achieving a criminal goal or objective.

Outcome Feedback Loop

The hedonistic and moral belief systems are continually being modified with feedback from the outcomes of a person's decisions. Success in crime—and research indicates that offenders get away with over 90% of their crimes, at least during the early stages of a criminal lifestyle—alters both hedonistic and moral expectations. Failure in crime and success and failure in a conventional lifestyle further alter these expectations and with them the strength of certain hedonistic and moral emotions.

Change Model

The change model of criminal lifestyle commitment comprises three phases: preparation, action, and maintenance.

Preparation Phase

During the preparation phase, the individual prepares to desist from crime. Shifting one's commitment from a criminal lifestyle to change is the key to successfully negotiating this phase of the change process. Although most individuals who desist from crime do so without treatment, a process known as *unassisted change* or *natural recovery*, desistance from crime is viewed to be based largely on interpersonal relationships, whether that be with a counselor, a probation officer, or a family member. Results from a 2016 study published in *Personality and Individual Differences*, in fact, indicate that a strong working alliance with a therapist or probation officer can be hindered by proactive (callous-unemotional traits, self-centeredness) or reactive (impulsivity, hostility) criminal thinking. Therefore, both should be targeted in any intervention.

Action Phase

The action phase of the change process is directed at making specific changes in thinking and behavior. A cognitive-behavioral approach is recommended, although again, it is important that both proactive and reactive criminal thinking be addressed. Traditional treatment programs for offenders typically focus on cognitive-behavioral (e.g., problem-solving, anger management) skill building; while this can be effective, it only addresses the reactive part of the problem. The

proactive part of the problem can be addressed through value clarification, moral retaining, and perspective-taking interventions.

Follow-Up Phase

Once change has been initiated, it must be maintained. Proactive and reactive criminal thinking not only tie the phases of change together, they also connect the four models of criminal lifestyle theory. During the maintenance phase, the focus is on the proactive-related issue of creating a noncriminal identity and on the reactive-related issue of overcoming fatalism with empowerment derived through successful application of prosocial skills.

Glenn D. Walters

See also Criminal Attitudes; Developmental Theories of Crime; Juvenile Delinquency and Antisocial Behavior; Juvenile Delinquents, Callous Unemotional Traits of; Minor Criminal Risk Factors; Motivation to Change; Neighborhood Effects, Theory of; Psychology of Criminal Conduct

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CRIMINAL ORGANIZATIONS AND NETWORKS

One way to think about criminal organizations is as social networks. A network is a set of discrete entities connected to one another. By using a

network-based approach to analyze the links among criminals, scholars have developed a better appreciation for the relationships that underpin organized crime. Research has begun to capitalize on this progress and suggests specific strategies by which law enforcement can understand, prevent, disrupt, and demolish criminal organizations based on the nature of the underlying networks.

Criminal Organizations as Networks

Criminal organizations operate as businesses with the objective to make money. However, unlike people or firms engaged in legal activities, perpetrators of illegal activities cannot access the many institutions that lower the costs of doing business and allow engagement in normal economic transactions. Formal institutions such as the legal system or marketplaces in which goods and services are bought and sold are central to profitability through the efficient enforcement of contracts and transmission of information these institutions allow. Those engaged in criminal activities have limited access to formal institutions and are therefore more likely to rely on comparatively costly interpersonal channels of communication and enforcement of agreements.

Unlike market institutions in which a person can participate with minimal revelation of his or her characteristics—a corner store hardly cares about one's personal qualities beyond the ability to pay for one's vegetables or soda pop—illegal transactions require greater knowledge about the participants on both sides of the transaction as well as trust between them. The seller and buyer in an illegal transaction need to worry about the quality and nature of the good or service being bought or sold and the likelihood that enforcement of the informal *contract* between the parties is possible at sufficiently low cost. Contrast, for example, a legal transaction at the pharmacy for aspirin using a credit card versus an illegal purchase of cocaine from a street dealer using cash. Not only are the participants forgoing the use of credit or other convenient means of payment that would leave a trail, but they are also subject to the added anxiety about whether one of them might be a police agent.

A shorthand characterization of the key difference between the required information about

participants in legal and illegal activities is to say that markets allow for transactions among anonymous individuals who need only to know the going price to make a purchase, whereas illegal markets require intricate trust and knowledge among the participants. Social networks intrinsically emphasize the individual actors and their relationships to one another and are consequently a valuable way to model and study relationships among criminals.

What Constitutes a Network?

A social network is defined as a set of individuals and the connections among them. Each individual may be thought of as a *node* from whom connections (*links*) spring. The connections can be unidirectional or bidirectional and can have an intensity that is potentially different in each direction. There are two basic approaches to model the structure of connections in a network. The first approach assumes that the connections are preexisting or determined outside the scope of the analysis. Prime examples are networks based on kinship that are extensively used in anthropology and sociology. In the context of crime, an example would be crime families. The second approach assumes that networks form as a consequence of purposeful behavioral choices. The participants in a network are better-off through their group behavior than as stand-alone criminals. While the *cosa nostra* (mafia) may focus on family ties, there are numerous criminal organizations ranging from outlaw motorcycle gangs to street gangs to the yakuza that display no such family associations.

Network Persistence

Typically, criminal networks display persistence—the particular structure of links and nodes remains relatively stable over the period of time relevant for analysis. The persistence of criminal networks allows them to create and preserve valuable information and trust among their members. In some cases, this may be a consequence of familial ties or common interests, but more generally, the persistence arises as the outcome of adaptive behavior to a stable environment. Network analysis assumes a set of external or environmental conditions that can be viewed as inputs into the behavior of the

criminals pursuing their interests. The underlying stability of the players and links that form the network is an important result of this behavioral process.

Examples of Criminal Networks

Criminal networks have been used as a tool for analyzing a wide variety of applications. Human trafficking; illicit substance distribution including tobacco, alcohol, cocaine, heroin, and other drugs; the manufacture and provision of illegal goods; delinquency; and other illegal activities have all been studied through the lens of network theory. These studies have emphasized the ways in which criminals are connected to each other and the specific configurations of connections that appear to lead to particular benefit to the network. The studies frequently pinpoint individuals who are centrally located or are key players in the network's structure. The ambit of research on criminal organizations also naturally extends to some aspects of terrorism. The structure of at least some terrorist organizations has many of the characteristics of a network, albeit often more ideologically motivated than traditional criminal networks.

Some dimensions of observed networks are easily characterized. For example, a study of heroin dealing finds that the *star* structure in which each dealer is connected to a number of clients fits the data well. Suppliers, however, are also connected to each other as well as to their dealers. The overall shape of the organization that puts heroin on the street is hence not well mapped to a traditional top-down hierarchical structure but is better described by a network. Numerous other criminal networks have been observed, but part of the role of recent research is to identify what network structures researchers should *expect* to observe. Thus, the role of network analysis is not only descriptive but also prescriptive, as it may suggest network characteristics useful for policy.

The Network Approach to Organized Crime

Network theory studies the consequences of the links among participants. These links are simultaneously a source of benefit and a source of risk or other costs. Compared to acting individually, the benefit from being connected to other criminals

arises from an underlying activity that allows the network members to obtain a greater gain by participating in the network. By being connected through people who are also connected, an individual's benefit is drawn from the entire network not simply from one's direct connections. Similarly, the costs of being part of a network may be also related to the extent of one's connections: There is a risk of discovery or capture by law enforcement as well as costs of establishing and maintaining links with other criminals. The interplay of the costs and benefits both determine and circumscribe the scope and structure of links in the network.

Early analysis of criminal organizations tended to use organizational theory to describe criminal groups. Such theories emphasize relationships among patrons and clients in the context of a structured crime *business*. The network-based approach places the emphasis elsewhere. For example, some crime-related network theories highlight the importance of lacunae among subgroups of participants who are linked by a small number of agents who act as brokers of information and providers of services between more tightly organized groups. These brokers or *key players* are seen as important to the overall criminal enterprise because they raise the income generated by the entire network.

Others argue for a functional rather than an individual-based approach to characterizing criminal networks. For example, a study of human trafficking has looked at the tasks associated with recruitment, transportation, and exploitation. Certain fundamental roles have to be filled within the trafficking network, but there is no need for a single structured organization or specific individuals. Individual actors can form temporary connections with a variety of other players, but the roles and the links among them remain the same.

The network approach is distinct from alternative approaches that emphasize associations based on the aggregation of individuals. These *peer effect* approaches assert that average or aggregated characteristics or actions by members of the group affect individual behavior. Typically, all group members are treated equally, without regard to the precise structure of social connections among them. In contrast, network theory generates its own set of concepts related to the

multiplicity of possible configurations of links among the members. Ideas such as network *density*, characterizing the frequency of links among players; network *centrality* of particular players (how many paths among members pass through specific nodes); and *distance* (the number of links separating one player from another) play important roles. For example, greater delinquency from peer association has been found to increase with network density. Consequently, the specific structure of a crime network is relevant for characterizing criminal behavior beyond simple peer effects. Location in the network—which can be quantified using the measures of density, centrality, and the number of links associated with a node—can provide a better predictor of delinquent involvement than simply knowing the aggregate attitudes of a criminal's peers.

Optimal Crime Networks

The network theories characterizing criminal organizations discussed thus far are traditional and descriptive. They are characterized by an extant organization made up of interpersonal links about which a description is constructed of centrality, connectedness, distance, among others. More recent functional approaches point to the origin of the networks themselves. Networks arise as a consequence of underlying intentional and strategic behavior by their participants. For example, by using an assumption common to economists—that individuals maximize their well-being (or utility)—the costs and benefits from criminal activity arise from the underlying parameters of individual payoffs and the economic and criminal environment. This in turn determines the observed or predicted *structure* of the network, in addition to the activities of its members. Thus, the characterizations of centrality, density, key players, and the like can be viewed as *outcomes* of rational choice instead of mere statistical network descriptors.

Sharing this common assumption, one strand of research takes the network structure as determined prior to the analysis (but possibly unknown) and analyzes the outcomes achieved in a strategic equilibrium across different network structures. By strategic, it is meant that players are aware of or make behavioral assumptions about the actions

of other players in the network. For a particular network, the incentives of individuals to engage in crime depend on the structure of links among them. Each criminal chooses a level of *effort* (criminal activity) assuming, for example, that the effort levels of all other members in the network are outside of his or her control. The chosen effort level determines the criminal's net payoffs: the rewards less costs. The latter might include being captured and penalized if caught, the psychic costs of being a criminal, or out-of-pocket costs.

The individual criminal efforts and the aggregate crime level are determined in a Nash equilibrium. This is a game theory concept in which each player treats the strategies or actions of the other players as fixed and chooses his or her best response to them. In the equilibrium outcome, no player can gain by unilaterally changing his or her own strategy. This framework allows a characterization of individual activity in a crime network as a function of the Bonacich centrality measure, according to which each network member is assigned a weighted score based on his or her direct and indirect links to others in the network. This in turn allows identification of the *key player* in a crime organization—the individual whose removal would reduce criminal activity by the largest amount. A policy implication is that law enforcement policy that directly targets such individuals would be more successful than a policy targeting those who simply do the most crime or a policy targeting criminals in an indiscriminate (random) way.

A second approach to modeling crime networks takes the network itself as an object of choice. Network formation is viewed as the result of a strategic optimization process. Links are formed at the discretion of the individuals involved, and game theory is used to predict what *stable* networks emerge. This approach retains the idea of maximizing behavior by the participants and assumes Nash equilibrium, but unlike efforts in which the network is predetermined and outside the scope of the analysis, the network itself is also the outcome of optimization. The latter can either take a decentralized form—the network is the end result of the actions of individuals forming links strategically but bilaterally—or a centralized form by assuming, for example, a criminal *godfather* who controls the network and shapes it in a way

to maximize profits. Terrorist activity can also fit into this framework. Finally, the optimal network structure could also emerge as the result of natural selection through the process of competition (e.g., gang wars) with other criminal organizations.

Implications for Law Enforcement Policy

Network theory provides a useful framework for understanding both the visible and hidden links in a criminal organization. If the socioeconomic or statistical model of a criminal network is sufficiently precise and the appropriate data exist, then a prediction about the structure of the criminal network—who is linked to whom—provides valuable guidance to law enforcement about where to look for what is missing among the observed connections.

Law enforcement is particularly interested in what strategies would do the greatest harm to a criminal organization. The network approach offers clear prescriptions about this. Given limited resources, identifying the key player, the person whose removal will cause the greatest harm to the network in terms of criminal activity, is important. Measures of network centrality are shown to provide a useful guide to identifying the appropriate target. Researchers have extended the same logic to target optimal groups of key players. Law enforcement and antiterrorism efforts also explore issues such as destabilizing crime or terrorist networks and preventing them from reforming.

Considering both the network structure and the activities of its members as outcomes of optimizing behavior provides additional ways to identify and solve the problems facing law enforcement. For example, if criminals understand and expect that enforcement would target the key player, then the network that forms may not be the same network that would arise in the absence of such law enforcement policy. Criminals may choose organizational structures that are the most robust to the particular enforcement environment and strategy. Failing to understand that criminal networks may anticipate the crime fighting policy environment can thwart crime-combating efforts. What may appear to be the best anticrime or counterterrorism strategy planned for a network structure that is observed before the anticrime strategy is adopted, may be substantially different once the

criminal organization reacts to the policing strategy. This observation is relevant to both criminal and terrorist organizations.

Empirical Research

Empirical studies have spanned a wide variety of criminal networks related to the market for art and antiquities, pornography, cybercrime, among many others. Since it is already digitized, to the extent that data collection can be automated, identifying large networks in the Internet environment is relatively easy—at least in contrast to gathering data about street-level networks. This has led to a series of studies on Internet crime including phishing, banking fraud, theft of account information, propagation of malware, computer viruses, among others.

Although as of 2018 it still remains relatively rare, some police departments and other law enforcement agencies are using network models to help identify the key players, the most active players, or other analytically significant players to watch or arrest. Describing crime networks in visually suggestive ways has been an important technological advance since it allows investigators to systematize their knowledge and transmit it efficiently. Beyond graphics, continued development of network analytics—computing centrality, density, and key players—and borrowing from graph theory in mathematics provides a richer understanding of the network characteristics to help evaluate and guide policy.

There is substantial complexity in using historical data to predict the outcome of an intervention by law enforcement because large and sophisticated networks of criminals or terrorists may be well aware of the actions of the authorities. If the crime network is taken as predetermined, then any action by the authorities would be a surprise to network participants. Finding the key player, for example, would locate the person whose removal would do the most damage to the preexisting network. Many networks may fall prey to such an analysis. However, if the network itself is an object of choice by the organization, then the criminals can use their knowledge of police strategy to adjust the network structure as a function of the expected policy. Thus, the historical characterization of the network may no longer be relevant if

the police strategy is known in advance. A more sophisticated behavioral model that accounts for the criminals' expected reaction to the new law enforcement policy will be necessary to ensure success. Failing to do so is inherently flawed and can have unintended consequences.

Although applying network theory to crime has progressed over the years, as a systematic crime fighting tool, it still has a way to go. Many current applications are primarily based on descriptions of extant networks. Progress will come with applications that are increasingly able to model the underlying costs and benefits to the participants in criminal organizations and are consequently able to anticipate and take into account their responses to enforcement policy and environmental changes.

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See also Drug Trafficking; Human Trafficking; Organized Crime Activities; Organized Crime Typologies; Social Bond Theory; Street Gangs

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CRIMINAL PROFILING

Criminal profiling represents a technique wherein the behavioral features apparent in a crime or series of crimes are assessed for the purpose of

formulating a template of descriptive features concerning the likely perpetrator of the crime or crimes. The technique is typically used to assist police personnel who are investigating crimes, often of an aberrant violent nature, which are not readily solved via standard investigative procedures. The information contained in a criminal profile typically includes demographic features such as the offender's age, gender, level of education, marital status, vocation, and personal interest but can also extend to highly specialized forms of information such as the area wherein the offender may reside or analysis as to whether multiple crimes were perpetrated by the same offender. Equipped with the information contained in a criminal profile, police investigators can better coordinate their investigations concerning existing suspects and use the information to develop further lines of inquiry that may potentially lead to the identification of new suspects. Importantly, criminal profiles are not a panacea for solving an intractable crime but merely represent another form of investigative tool, akin to fingerprints, for police agencies to use.

This entry begins by reviewing the history and theories of criminal profiling. Next, the entry addresses the issues of validity and utility of such profiling. Last, the entry discusses controversies and concern regarding criminal profiling as evidence in judicial proceedings.

The History and Theories of Criminal Profiling

Contrary to popular culture depictions, the concept of criminal profiling is, in fact, very old and reflects a long-standing fascination that human societies have held in attempting to understand the reasons individuals perpetrate crimes. Early fictional conceptions of criminal profiling appear in the novels of Sir Arthur Conan Doyle and his consummate detective, Sherlock Holmes, in 1886. However, real-world manifestations of criminal profiling date back to 1878 and the seminal works of Cesare Lombroso, the founding figure of modern criminology. Early examples of the use of criminal profiles in police investigations can also be traced to historically infamous cases such as the 1888 Whitechapel (*Jack the Ripper*) murders or the kidnapping and murder of Charles

Lindbergh's 20-month-old son, Charles Lindbergh Jr., in 1932.

Field and contemporary approaches to criminal profiling are analogous to the topic of personality theory and the construct referred to as the *mind*. However, precisely how the human mind functions is the source of considerable scholarly discourse and debate with the formulation of numerous differing theoretical paradigms such as psychodynamic, behavioral, and cognitive schools of thought. The field of criminal profiling is similar in its analysis of behaviors exhibited in crimes for the purpose of deriving an impression of the likely perpetrators. However, akin to the field of personality theory, the methodological basis as to how this analysis is optimally achieved is the source of discourse with a variety of differing theoretical approaches. Also akin to the field of personality theory, each of these rivaling approaches to criminal profiling features their own inherent merits and limitations, and there is no definitive approach that can claim to be the optimal method of profiling crimes.

Some of the conceptual features to these differing approaches relate to their disciplinary origins and vocational focus. Criminal profiling by the U.S. Federal Bureau of Investigation, for example, is a heavily pragmatic orientation in its endeavor to develop accessible methods and information that can be readily accessed and utilized by law enforcement agencies. In contrast, academic researchers endeavor to develop replicable theories more aligned with the traditional conventions of the scientific method. Further differences in the field also relate to specialized modes of analysis encompassed under the broader rubric of criminal profiling. One such example is the mapping and analysis of crime locations, which are used as the basis for gauging the likely area where an offender may reside. Unlike the broader range of research in the field that largely stems from mainstream criminology and clinical forensic psychology, these analyses derive from the disciplinary fields of geography and environmental psychology.

Differences in theoretical perspective, however, relate to the degree of commonality (in terms of characteristics) that offenders who commit similar forms of crime may share. In this context, the theoretical differences in opinion are largely split into

two perspectives. One view is that there are few or no robust commonalities to be found among offenders. The alternative is that some commonalities exist, but they are largely sourced in psychopathological factors that certain offenders commonly share. Accordingly, it is these psychopathologies that play a role in particular forms of crime that certain offenders typically perpetrate as well as the characteristics they commonly share.

The Validity and Utility of Criminal Profiling

Despite the wide renown which surrounds the topic of criminal profiling, there is a shortage of scientifically grounded research that attests to its validity. This deficit is largely attributable to a variety of methodological difficulties in objectively measuring the accuracy (ergo, the validity) of criminal profiling. For example, the largest source of readily available material that attempts to demonstrate the validity of criminal profiling comes from a variety of anecdotal accounts, such as case examples, concerning the use of the technique. While this type of material provides qualitatively rich demonstrations of the investigative applications of criminal profiling, these do not represent impartial empirical measurements and therefore cannot be warranted.

Likewise, the seemingly straightforward compilation and post hoc assessment of past cases using criminal profiling by police investigators is similarly unreliable. In this circumstance, any measurements concerning the accuracy of criminal profiles are compromised by the inability to reliably discount (and thus control for) any particular attributes inherent to the differing cases, which may account for the outcomes. Consequently, evidence supporting criminal profiles obtained via this methodology fails to demonstrate that any observed proficiency is unique to the circumstances of each case.

While there is a shortage of research attesting to the validity of criminal profiling, emerging data meant to rectify this consist of quasi-experimental designs using various groups of participants undertaking profiling exercises based on previously solved actual cases. The results of these exercises, then, in terms of their accuracy, can be objectively measured. The overall outcome of this research has been scientifically robust evidence

demonstrating that suitably qualified individuals (*profilers*) are capable of proficiently predicting the characteristics of unknown offenders in a host of differing crime modalities. While this research has shown great promise, however, it has thus far only been able to demonstrate validity in a generic capacity.

Akin to the issue of validity, a similar shortage of scientific research evidence also surrounds the utility of criminal profiles. Assuming that the information contained within criminal profiles is accurate (i.e., valid), the next logical issue is to consider to what extent such information contributes, in terms of improved efficacy, toward the resolution of crime and thus utility for police investigators. The available research evidence on this issue has, thus far, largely come from surveys of police personnel. The outcome of these surveys (and thus the generally held view) is that criminal profiles do feature a productive role in assisting police investigations. However, gauging precisely how this is commonly and consistently achieved has proven difficult to clearly ascertain.

Criminal Profiling as Expert Witness Evidence

Although originally intended as a tool to assist with police investigations, the analytical techniques inherent to criminal profiling have made a gradual transition into the domain of expert witness evidence for use during court proceedings. Most Western common law jurisdictions throughout the world share the view that criminal profiling as traditionally performed is inadmissible as a form of expert witness evidence. The basis for this rejection is its probabilistic foundations. A fundamental doctrine to the admission of evidence in legal proceedings is that submitted evidence possesses a probative nexus (i.e., directly related and thus relevant) with the facts being judged before a court. This principle necessitates that the probative value of any evidence submitted before a court must outweigh any prejudicial impact that evidence may also hold. Within this legal paradigm, the correspondence that, for example, an accused person may share with a criminal profile does not possess sufficient probative substance. That is, while this correspondence may exist between the nominated features in a profile and

those of the accused, the predictions contained in a profile only pertain to the *type* of person who may have committed the crime. Thus, the criminal profile is unable to demonstrate that the accused person is the specific individual who committed the offense being tried before the court. For these reasons, criminal profiling has been rejected as evidence by superior courts of law.

In view of these judicial determinations, alternative modes of behavioral analysis that are derivations of criminal profiling have been explored as potentially admissible forms of expert witness evidence. Fact-based analyses of crime scenes, for example, reflect a subcomponent of the overall analytical process typically undertaken in criminal profiling but does not make predictions about the likely offender who perpetrated the crime. Thus, the submitted expert witness evidence only pertains to the interpretation of crime scene features (e.g., interpretation of car accident crash sites, blood spatter patterns, or gunshot wounds) specific to the case before the court.

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See also Investigative Psychology; Violent Offenders

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CRIMINAL RESPONSIBILITY

This entry discusses the concept and attribution of criminal responsibility, the differences between criminal responsibility and moral responsibility, theoretical skepticism about the fairness of holding people responsible for their criminal behavior, and excuses in criminal law.

Murder, Manslaughter, Justification, and Excuse

Assume that your next-door neighbor, 25-year-old Bonnie, has been found dead. The police rule out suicide because there are multiple bullet wounds to Bonnie's head and chest. Somebody clearly killed her. Even if Bonnie was a bad person, most people think that whoever killed her needs to be punished. But why do they think this? And what, if anything, might change their minds?

Consider two further assumptions: Clyde was Bonnie's boyfriend, and an hour after arriving at her house, Clyde pulled out his gun, which he legally possessed, fired at Bonnie several times, and fled. Given these two additional assumptions, there are eight scenarios that might fill the gap between Clyde's arrival at Bonnie's house and the shooting.

Scenario 1: Bonnie broke up with Clyde, which enraged him.

Scenario 2: After drinking a lot of vodka, Bonnie and Clyde got into a heated political argument.

Scenario 3: After drinking a lot of vodka, Bonnie and Clyde got into a heated political argument. Clyde got so drunk that he blacked out. He genuinely does not remember either shooting Bonnie or fleeing her house.

Scenario 4: Clyde was a serial murderer. Bonnie was his 10th victim.

Scenario 5: Clyde found his conversation with Bonnie to be more boring than usual, so he decided that she no longer deserved to live.

Scenario 6: Clyde really did not want to kill Bonnie, but after a heated political argument, she pointed a gun at him. While she was firing at him, Clyde, trembling with fear, fired back.

Scenario 7: For the past year, Clyde periodically experienced paranoid delusions. At the time that Clyde shot Bonnie, he thought that she was an evil demon from another solar system who was planning to kill and eat little children.

Scenario 8: Clyde did not realize that death is permanent. He thought that Bonnie would—like Phil in the movie *Groundhog Day*—simply return from the dead the next day.

These scenarios can be grouped into five categories:

1. *Murder:* Scenario 1 (rage), Scenario 2 (drunken rage), Scenario 4 (psychopathic malice), and Scenario 5 (psychopathic indifference)
2. *Manslaughter:* Scenario 3 (blackout)
3. *Justified:* Scenario 6 (self-defense)
4. *Excused on the basis of insanity:* Scenario 7 (paranoid delusion)
5. *Excused on the basis of severe intellectual disability:* Scenario 8 (ignorance about death)

All five categories warrant different results. Category 1 warrants the highest sentencing range (long-term imprisonment or, in some states, the death penalty), Category 2 warrants a lower sentencing range, Category 3 warrants acquittal followed by release, and Categories 4 and 5 warrant acquittal followed by civil commitment.

Clyde is clearly *causally* responsible in all eight situations. But the fundamental question is whether he is *criminally* responsible. This latter kind of responsibility determination depends on *why* Clyde shot Bonnie, the psychological and external circumstances surrounding the shooting.

Responsibility Skepticism

The discussion so far has concerned only criminal responsibility, not moral responsibility. While the two kinds of responsibility are similar, they are not identical. A person (*P*) is morally responsible

for his or her action (A) when four conditions or elements are satisfied:

Element 1: P knew, or had a threshold capacity to know, both A's nature (what he or she was doing) and A's moral status (whether it was right or wrong).

Element 2: P had control, or a threshold capacity for control, over his or her A-ing.

Element 3: P could have refrained from A-ing.

Element 4: There is an absence of circumstances excusing P for A-ing—that is, an absence of circumstances making it unreasonable to expect P to have refrained from A-ing.

All four elements are satisfied in Scenarios 1–6 and therefore Categories 1, 2, and 3. (In Scenario 6, Clyde satisfied all four elements and is therefore *morally* responsible for killing Bonnie, but he is not *criminally* responsible because his action was justified under the circumstances.)

While most people accept the reality of moral responsibility—that is, they believe that Clyde is not only criminally responsible but also morally blameworthy for Bonnie's death in Categories 1 and 2—some philosophers, the *responsibility skeptics*, reject it. According to responsibility skeptics, moral responsibility is nothing more than a seductive, widespread illusion.

Responsibility skeptics deny the metaphysical possibility of moral responsibility on the basis of the powerful four-part *skeptical argument*. Part 1 of the skeptical argument says that there are only two logically possible alternatives: determinism and indeterminism. *Determinism* is the theory that the laws of nature plus initial conditions of the universe have necessitated every event, including every human's action. Conversely, *indeterminism* is the negation of determinism. If the world is indeterministic, then there are at least some events that are not determined; either they have no cause at all or they have a cause that does not necessitate—that is, *uniquely* determine or guarantee—them.

Part 2 says that determinism is incompatible with moral responsibility because it is incompatible with two conditions that are required for the latter: (a) the ability to do otherwise (i.e., the ability to have performed a different action) and

(b) ultimate self-causation (i.e., being the first or ultimate uncaused cause of one's actions). If determinism is true, then, despite appearances, individuals must always choose, decide, or act as they do, and they are never the ultimate—uncaused—causes of their actions. Instead, they are nothing more than *puppets* on the *strings* of whatever created the universe, whether the Big Bang or an eternal deity.

Part 3 says that indeterminism is equally incompatible with moral responsibility because indeterminism is not *self-determinism*. An *undetermined* choice, decision, or action is not a *self-determined* choice, decision, or action.

Part 4 wraps up the skeptical argument. Because determinism and indeterminism are the only two logically possible options, and because neither is compatible with moral responsibility, moral responsibility is logically impossible.

While one may have a strong intuition that Clyde *is* genuinely morally responsible in Scenarios 1–6—and genuinely morally *blameworthy* in Scenarios 1–5—the skeptical argument suggests that this intuition is simply wrong. Again, genuine moral responsibility or blameworthiness is equally incompatible with the only two logical possibilities, determinism and indeterminism.

What implications, then, for *criminal* responsibility? If Clyde is not genuinely *morally* responsible for killing Bonnie, then it seems grossly unfair to hold him *criminally* responsible—that is, to blame and punish him—in *any* scenario. Clyde is just as nonresponsible—and therefore should be just as immune from blame and punishment—in Scenarios 1–5 as he is in Scenarios 7 and 8.

This last point explains why some responsibility skeptics repudiate criminal punishment altogether. In place of *retributive justice* (i.e., intentionally inflicting suffering, hardship, or deprivation in response to prior criminal misconduct), they argue that the aim should be only for *restorative justice* (i.e., compensation by criminals to their victims, or victims' families, for the harms that they inflicted upon them). Their reason is that in addition to being more humane, restorative justice does not, like retributive justice, presuppose the highly contested concept of genuine moral responsibility. Instead, it assumes only causal responsibility plus an absence of force, coercion, or fraud.

Other responsibility skeptics, however, support *consequentialist* and *expressivist* justifications of criminal punishment. They suggest that the unfairness of pretending that criminals genuinely deserve blame and punishment is outweighed by society's need both to protect itself from them—through incapacitation, specific deterrence, and general deterrence—and to express its values through censure and stigmatization.

Social Causation

As noted earlier, discussions of moral responsibility and criminal responsibility tend to focus on the individual and his or her choices. For example, in evaluating Clyde, most would first determine which of the eight scenarios occurred, dig deeper into the circumstances and Clyde's psychology, and use this knowledge to arrive at a judgment about the extent, if any, to which Clyde was blameworthy for Bonnie's death.

What these analyses typically leave out are the external, mostly social, factors that (a) helped shape Clyde's psychology generally and (b) combined with this psychology to cause Clyde's violent behavior. Nobody lives in a vacuum; who we are—especially how we think and act—is largely, if not primarily, determined by environmental factors, including upbringing and culture (i.e., education, peers, social media, entertainment, and current events). The self is not an atom. It may have started that way (at conception or birth), but it increasingly and inexorably becomes part of a much larger molecule. While it retains its own distinct identity, personality, and life trajectory, these cannot be separated from the society into which this self was born. Each feeds into the other from birth to death. If any given person had been born into a different society, at least many of his or her beliefs, attitudes, values, decisions, and actions would be correspondingly different.

The idea that the self is partly determined and constituted by external factors arguably supplements the skeptical argument with yet another ground of universal exculpation. Now, Clyde can argue that society made him do it and that it was not really he, but rather society, who killed Bonnie.

There are, however, two assumptions underlying this argument, and both turn out to be false.

Assumption 1: Moral responsibility is a zero-sum game. If Clyde is morally responsible, then nobody else is; conversely, if society—the set of external influences on Clyde's beliefs, attitudes, values, decisions, and actions—is morally responsible, then Clyde is not.

Responsibility, however, is not a zero-sum game. Putting aside the skeptical argument, it seems perfectly possible that Clyde is fully morally responsible for Bonnie's death *and* that society is also at least partly morally responsible. Invisible in Scenarios 1–8 are all the values, norms, information, and experiences that helped to shape Clyde and to make him the kind of person who would carry a gun and kill Bonnie rather than refrain from engaging in such violence.

Assumption 2: *Tout comprendre, c'est tout pardonner.* (Rough translation: explanation is an excuse.) More precisely, the full causal or psychological explanation of a bad act necessarily amounts to a complete negation of moral responsibility for that act. Underlying this assumption are two deeper assumptions:

Assumption 2a: Fully explaining Clyde's act of killing Bonnie requires showing that Clyde's personality and circumstances uniquely determined it.

Assumption 2b: Both of these factors—personality and circumstances—are ultimately outside Clyde's control. He never freely chooses either of them.

From Assumptions 2a and 2b, it follows that

Assumption 2c: A full explanation of Clyde's act entails that Clyde could not have done otherwise; that, under the circumstances, he could not have refrained from killing Bonnie.

When a third assumption is added

Assumption 2d: The ability to do otherwise is necessary for moral responsibility.

one must conclude that Clyde is not morally responsible for killing Bonnie.

While both Assumptions 2b and 2d are seriously disputed by some philosophers, this entry (for the

sake of space) will discuss only the problem with Assumption 2a. Assumption 2a rests on its own deeper assumption that behavioral explanation requires the effect (action) to be uniquely determined by the cause (personality plus circumstances). But this deeper assumption does not reflect current practice. Behavioral explanation typically appeals to some combination of personal history, psychological states (i.e., reasons, beliefs, desires, intentions, plans, motives, attitudes, perceptions, and emotions), neurological conditions, use of mind-altering substances, and external circumstances. Whatever combination of these circumstances is assembled to explain a given action, it is not necessarily thought to *uniquely* determine the agent's behavior.

For example, in Scenario 1, the explanation of Clyde's behavior is that he flew into a rage after Bonnie ended their relationship. The rage explains the killing, and Clyde's personality in combination with Bonnie's ending the relationship helps to explain his rage, but it does not at all follow that these three factors—Clyde's personality, Bonnie's ending the relationship, and Clyde's rage—*uniquely* determined his homicidal response. One can easily hold constant these three factors and still imagine Clyde responding to his rage in different ways—for example, by yelling at Bonnie or storming out of the house. So here a causal explanation succeeds even though there is no demonstration that the cause *uniquely* determined the outcome.

Implications for Criminal Excuses

Applying the concepts of moral responsibility and criminal responsibility is especially difficult when the person is simultaneously a victim and a perpetrator. Consider criminal behavior caused in part by one of the following: (a) the *abuse excuse*: a plea for exculpation or mitigation based on a history of physical or sexual abuse or neglect; (b) post-traumatic stress disorder; (c) indoctrination into a violent ideology; (d) psychopathy, which is a neurological disorder resulting most notably in the inability to feel any compassion or concern for others; or (e) addiction or alcoholism.

Should any of these causes be considered exculpatory or mitigating? There are no easy answers to this question. The main reason for this difficulty is that most people's intuitions about how to

regard and treat perpetrators and how to regard and treat victims pull in directly opposite directions.

A secondary reason for this difficulty is that the perpetrator often causes significant harm, a fact that, rightly or wrongly, tends to override or diminish the weight one attaches to (a)–(e). In general, the more harmful the crime, the more sympathetic we are to the victims and the less sympathetic we are to the perpetrator. And the less sympathetic we are to the perpetrator, the less inclined we will be able to view whichever cause is operative as exculpatory or mitigating.

This point about the tension between responsibility attributions on the one hand and harm on the other explains why the excuses—automatism, duress, entrapment, infancy, insanity, involuntary intoxication, mistake of fact, and mistake of law—are often rejected. Each of these excuses says that, sympathetic as the judge or jury may be to the victims, they still cannot justifiably blame the defendant for the harm that he or she inflicted on these victims. This is a tough position for fact finders to be in. As a result, defendants who offer excuses for their criminal behavior are in a tough position as well. They have to persuade judges and juries that the unfairness of blaming or punishing them outweighs the unfairness of the harms that they inflicted on their victims. Given most people's retributivist sentiments—their strong sense that, one way or another, the defendant must pay for what he or she did—this plea is too often a lost cause.

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See also Criminal Culpability; Deterrence; Homicide; Mental Disorders and Violence; Offenders With Mental Illness; Psychopathy; Punishment, Effective Principles of; Restorative Justice

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CRIMINAL RISK ASSESSMENT, CLINICAL JUDGMENT OF

Clinical judgment in the assessment of offender risk contrasts with mechanical assessment. When clinical judgment is used, the assessment is based on clinical observations or experience, formal theory or informal hypotheses about criminal behavior, grasp of the current status of research on risk assessment, or similar intuitive understandings of risk. Clinical judgment can also be used following the completion of a mechanical or otherwise structured assessment of previously selected risk factors, commonly referred to in the criminal risk assessment field as *structured professional judgment*. This entry briefly compares unaided clinical risk assessment with mechanical risk assessment tools and considers the nature and role of structured clinical judgment in current risk assessment approaches.

Clinical Judgment Compared With Mechanical Assessment

Clinical judgment in the absence of a formal procedure or guide to conducting an assessment is known as *unstructured* or *unaided clinical judgment*. It maximizes the use of intuition, which itself may be influenced by the individual assessor's experience with similar cases as well as the assessor's attention to, memory for, and ability to integrate feedback from the outcome of previously assessed cases. In this way, the assessor inevitably draws upon a broad class of offenders to generalize to the individual case.

In contrast, mechanical risk assessment uses a preselected collection of risk factors and derives a total score based on the item scores. Alternatively, mechanical risk assessment might classify risk based on a cutoff score or the presence of certain items. The numeric or categorical result of a mechanical risk assessment tool is used, in the case of actuarial tools in particular, to refer to a chart of absolute (i.e., probability) and relative (i.e., percentile rank) risk of reoffending. These statistics are derived from follow-up studies of large samples of offenders and are used to inform decisions about risk management at the individual or policy level.

The Current Status of Unaided Clinical Judgment

Unaided clinical judgment is no longer considered an appropriate method of risk assessment because of its poor reliability and validity. Research indicates that assessors who use unaided clinical judgment do so inexpertly: They show little agreement with each other, they do not predict criminal outcomes well (especially when predicting that violence will occur), and even experienced and highly trained clinicians use the same kinds of information about an offender that educated laypersons use to assess offenders' risk of reoffending. In addition, unaided clinical judgment shows poor predictive validity. In 2001, John Monahan and colleagues decried the prospect of further research into the validity of unstructured clinical assessment, declaring "That horse was already dead" (p. 7).

Clinical Judgment in Structured Risk Assessment

Some offender risk assessment procedures combine a mechanical approach with a summary rating of risk based on overall clinical judgment. In these structured instruments that incorporate clinical assessment, the risk factors might be scored to derive a total that informs the clinical judgment, or the clinical judgment might be a more intuitive deduction of risk based on all the information previously considered. The final judgment is expressed in terms of a category such as *high risk*, *moderate risk*, or *low risk*. Depending on the type of assessment, the assessor might judge the risk of a specific outcome such as sexual violence or violence against an intimate partner. Clinical assessment might also be used to judge the severity or imminence of a criminal outcome. In any case, use of structured clinical judgment in criminal risk assessment results in the use of categorical, nonnumerical methods of risk communication.

Some risk factors on a mechanical risk instrument might themselves require clinical assessment skills. For example, it is common for instruments to include items pertaining to psychopathy or mental illness in offender risk assessment. These measures might require psychological testing and diagnostic skills. When clinical judgment is used to administer a mechanical risk assessment tool, it

only contributes to the evaluation of specific items and is not used to adjust the total score. Thus, assessment tools that incorporate clinical judgment differ from strictly mechanical risk assessment tools most substantially in the extent to which clinical judgment is used in deriving the final appraisal of an offender's risk.

Another key characteristic of tools that use structured clinical assessment is that they might incorporate risk factors on the basis that they are theoretically informed, rather than only items selected through their empirical relationship with criminal outcomes. Such tools may also encourage assessors to consider additional or unusual factors that are thought to contribute to offending behavior in the individual being assessed.

Using Clinical Judgment in Forensic Decision-Making

Following risk assessment, some professional judgment is necessary to determine how to intervene with criminogenic needs or take other steps toward risk management because no existing offender risk assessment tool indicates the decisions that must be taken to prevent offending. Treating an offender as higher risk than indicated by a structured risk assessment tool is acceptable in exceptional circumstances, such as a credible threat made by an offender to physically harm another person. Furthermore, when the predictive validity of a mechanical risk assessment is less than optimal, adding an overall clinical judgment has the potential to improve risk assessment. However, routine adjustment of structured risk assessment using clinical judgment is not supported because clinical overrides have been shown to reduce the accuracy of validated risk assessments in several studies.

N. Zoe Hilton

See also Criminal Risk Assessment, Structured Professional Judgment of; Criminal Risk Assessment, Generations of; Offender Risk Assessment: Risk Communication; Risk Assessment, Actuarial

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CRIMINAL RISK ASSESSMENT, COMBINED STATIC AND DYNAMIC APPROACHES TO

Mental health practitioners are often asked to provide an opinion on the likelihood that an individual will become aggressive or violent, as the criminal justice system aspires not just to punish past criminal behavior but also to reduce future criminal behavior. Formalized *criminal risk assessments* are one approach to determining and assessing relevant risk factors in order to estimate the probability of reoffending and developing plans to minimize risk. *Risk factors* refer to personal and environmental characteristics that are shown to be associated with an increased risk of future criminal behavior. *Static* risk factors are those that do not change over time, generally historical information or other factors unchanged by intervention, whereas *dynamic* risk factors are those that could possibly change, and they are generally considered more amenable to intervention.

Criminal risk assessment strategies are beneficial in a number of contexts including, but not limited to, informing courts, and assessing supervision and treatment needs. More specifically, the issue of criminal risk assessment commonly arises to aid the courts in making legal decisions such as whether to grant bail or parole, sentencing, and civil commitment. A high-risk individual, for example, may have different supervision requirements with regard to probation, parole, or possible civil commitment than someone deemed low risk of reoffending. The emphasis placed on

treatment involvement may also vary depending on presenting risk factors and level of risk.

Given the vast implications and significant impact, not only on the community but also on the individuals being assessed, accurate and efficient prediction remains the ultimate objective. Since 2005, there has been a significant increase in the amount of research dedicated to understanding theories of violence, predicting violence, and improving risk assessment procedures. Many instruments, some of which are discussed in this entry, have been created with the goal of improving accuracy in the process of violence and/or sexual risk prediction.

Static and Dynamic Risk Factors

Researchers and evaluators conceptualize risk factors in two groups: static and dynamic factors. Static, or fixed, risk factors include historical information that will remain constant across time. Dynamic, or changeable, risk factors are those that are modifiable with interventions. It is important for practitioners to keep both types of risk factors in mind when conducting a risk assessment (see Table 1).

Static Risk Factors

One static risk factor that is a strong predictor of future risk is a history of violence. Research suggests other relevant static risk factors include male gender, younger age, and an extensive criminal record. Some researchers argue that static risk factors are more useful for identifying long-term risk; however, static risk factors are often deficient in being able to predict or indicate when violence or aggression may occur. Furthermore, many researchers emphasize that static risk factors are not generally useful in determining potential change in risk over time.

Dynamic Risk Factors

It has been suggested that dynamic risk factors are vital to criminal risk assessment because they can assist in identifying those individuals who are the best candidates for intervention. Examples of dynamic risk factors include the following: interpersonal relationships at home, school, or work; level of association with delinquent peers or associates; and antisocial attitudes and/or personality.

Table 1 Common Risk Factors Associated With Greater Risk

Static Risk Factors	Dynamic Risk Factors
Younger age	Antisocial personality pattern
Male	Violent attitudes or thoughts
Criminal history	Antisocial associates
History of antisocial behavior	Family or marital instability
Younger age at index offense	School and/or work environment problems
Employment instability	Low participation in leisure and/or recreation activities
	Substance abuse
	Symptoms of mental illness
	Low participation in treatment
Additional Sexual Risk Factors	
Younger age of victim	
Male victim	
Unrelated victim	

Note. This list identifies the most common empirically-supported risk factors associated with a greater likelihood of violence and/or sexual recidivism.

Dynamic risk factors can further be differentiated into *stable dynamic* risk factors and *acute dynamic* risk factors. Stable dynamic factors are those risk factors that are generally enduring characteristics (e.g., problems related to substance abuse, antisocial personality). These are likely to remain unchanged for months or even years. It has been argued that interventions with the goal of creating lasting improvements should target stable dynamic risk factors. Acute dynamic factors are those risk factors that are more rapidly changing and might immediately precipitate the perpetration of an offense (e.g., intoxication, negative mood). These may last days, hours, or even minutes. While acute dynamic risk factors are specifically related to the timing of offending behavior, they may have little connection with long-term risk likelihood.

Some dynamic risk factors that show a negative relationship with reoffending are categorized as *protective factors*. In other words, the presence of these factors appears to reduce the risk of future violent behavior. These can be personal characteristics or environmental/situational characteristics. Some protective factors are conceptualized as the opposite of a known risk factor (e.g., impulsivity vs. self-control; stress vs. coping). Other risk factors are the absence of a behavior or characteristic, and therefore, the protective factor is the presence of the behavior or characteristic (e.g., intimate relationships, participating in prosocial leisure or recreational activities). Some protective factors (or, rather, the lack thereof) have been found to predict future violence even when risk level was controlled.

Risk Assessment Measures

Static-Only Measures

Violence Risk Appraisal Guide–Revised (VRAG-R)

The VRAG-R is a 12-item actuarial measure of static factors of violence risk. Items include those related to psychosocial history (i.e., elementary school maladjustment, lived with both parents, and marital status), criminal history (i.e., admission to corrections, failure on conditional release, nonviolent criminal history, violent criminal history, sexual offending, and age at index offense), and

psychopathology (i.e., antisociality, conduct disorder, and substance abuse). Each item is given a weighted value based on the item's ability to discriminate between those who recidivate and those who do not recidivate. Total scores on the VRAG-R range from -25 to $+27$; based on this score, offenders are placed into one of nine bins with higher numbered bins associated with a stronger likelihood of violence.

Psychopathy Checklist–Revised (PCL-R)

The PCL-R is a 20-item measure of static factors examining an individual's history of Interpersonal, Affective, Lifestyle, and Antisocial characteristics related to psychopathy. The PCL-R is measured on a 3-point scale (0–2) with a traditional cut score of 30, reflective of psychopathy. Although the PCL-R was not initially developed as a measure of violence risk, research has consistently linked the two concepts. In addition to the PCL-R, there is a shortened version and a version for adolescents, both of which are often used in violence risk assessments.

Static-99R

The Static-99R is a 10-item actuarial risk assessment measure of static risk factors related to sexual recidivism. Scores on the Static-99R range from -3 to 12 , which places the individual in one of four risk categories: low (-3 to 1), moderate-low (2 to 3), moderate-high (4 to 5), and high (6 or higher). Research suggests that the Static-99 is one of the most commonly utilized measures of sexual recidivism risk among mental health practitioners, particularly those who conduct sexually violent predator evaluations for civil commitment proceedings. There is an updated version of this measure, the Static-2002R, which has additional items and separates individuals into one of five categories. Research is contradictory, however, on whether the 2002 version has any improved accuracy compared with its predecessor.

Rapid Risk Assessment for Sex Offense Recidivism

The Rapid Risk Assessment for Sex Offense Recidivism is a 4-item assessment tool for determining sexual recidivism risk among adult males

who are known to have committed at minimum one sexual offense. The 4 items include the number of prior charges or convictions for sexual offenses, age upon release from prison or the anticipated opportunity to reoffend in the community, any unrelated victims (coded as yes or no), and any male victims (coded as yes or no). Scores on this measure range from 0 to 6.

Static and Dynamic Measures

Historical, Clinical, Risk Management-20 (HCR-20), Version 3

The HCR-20, Version 3 is a measure of violence risk that relies on structured professional judgment. It includes 20 items. Ten of these items (Historical) are static, and 10 (five Clinical and five Risk Management) are dynamic. The Historical variables examine characteristics of the individual that are stable and unchanging (e.g., having a history of violence or antisocial behavior, history of problems with employment, and history of substance abuse). The Clinical variables include information about the individual's current mental status (e.g., problems related to insight, symptoms of a major mental disorder, recent problems with violent ideation or instability) and the Risk Management variables examine environmental factors (e.g., problems related to their living situation, problems related to treatment or supervision). Each item is scored on a 3-point scale (0–2; *absent, partially present, definitely present*) with higher scores indicating the presence of the risk factor. A total score can be calculated (maximum score of 40), but the authors urge clinicians to integrate the variables into a final determination of violence risk (*low, moderate, high*).

Sexual Violence Risk-20 (SVR-20)

The Sexual Violence Risk-20 (SVR-20) is a 20-item checklist of both static and dynamic risk factors associated with future violence and SVR. Items on the Sexual Violence Risk-20 SVR-20 fall into one of three categories: Psychosocial Adjustment (i.e., sexual deviance, victim of child abuse, substance use problems, psychopathy, major mental illness, suicidal/homicidal ideation, and relationship problems), History of Sexual Offenses (i.e., high-density multiple types, physical harm,

weapons/threats, escalation in frequency or severity, extreme minimization/denial, attitudes that support or condone), and Future Plans (i.e., lacks realistic plans and negative attitude toward intervention). Clinicians rate each item based on degree of risk for this defendant as *low, moderate, or high*.

Minnesota Sex Offender Screening Tool–Revised (MnSOST-R)

The Minnesota Sex Offender Screening Tool–Revised includes 16 items related to both static (e.g., age, presence of adolescent antisocial behavior, nonsexual and sexual criminal history) and dynamic risk factors (e.g., current/recent employment instability, current/recent substance abuse, and current/recent sex offender treatment) for sexual recidivism. Scores on the MnSOST-R range from –14 to 30. The total score results in the assignment to one of three levels of risk: Level 1 (low risk, scores of 3 and lower), Level 2 (moderate risk, scores of 4 to 7), or Level 3 (high risk, scores of 8 or higher). The developers of the MnSOST-R also developed a subset of Level 3 (scores of 13 or higher), in which it is recommended individuals with these scores should be referred for commitment proceedings. The MnSOST-R is commonly used among mental health practitioners conducting sexually violent predator evaluations.

Dynamic Only Measures

Structured Assessment of Protective Factors

The Structured Assessment of Protective Factors for violence risk focuses on dynamic, protective factors affecting violence risk (only 2 items on the measure examine static factors). It was created as a complement to the HCR-20's risk factors and is used together with that measure. Similar to the scoring design of the HCR-20, the Structured Assessment of Protective Factors has 17 items that are scored on a 3-point scale (0–2) with higher scores indicating the presence of protective factor. These 17-items are categorized under one of three scales: Internal Factors, Motivational Factors, and External Factors. Clinicians can also score a Final Protection Judgment (*low, moderate, high*) based on an

integration of the protective factors. Furthermore, clinicians can examine an integrated Final Risk Judgment by integrating the Final Protection Judgment with the HCR-20 risk scores to determine a risk of future violent behavior.

Use of Static and Dynamic Risk Factors

The aforementioned measures are the most empirically supported and do not constitute every violence or sexual recidivism risk measure that exists. Based on available research, the HCR-20, VRAG-R, and the Static-99 appear to have the most empirical support. Other measures, such as the Classification of Violence Risk and the Short-Term Assessment of Risk and Treatability, exist but have less research support or have been validated using a limited sample population.

Meta-analyses have found few differences in violence risk prediction across measures. Overall, the aforementioned measures moderately predict violence risk. While this suggests that each of these measures is interchangeable, it is important for clinicians to keep in mind the individual and the situation when choosing a risk assessment measure. Furthermore, although research has not found differences between measures of only static factors versus measures that include dynamic factors, these measures serve differing purposes. Measures that include dynamic factors allow clinicians to assess for changes in risk level over time or based on situation, whereas measures using only static factors do not allow for change. In conducting comprehensive risk assessments, clinicians are on solid ground to rely on both historical and dynamic variables. Such an approach provides the most valid predictions of risk.

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See also Historical-Clinical-Risk Management-20 (HCR-20); Minnesota Sex Offender Screening Tool-Revised (MnSOST-R); Psychopathy Checklist-Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL: SV); Sexual Violence Risk-20 (SVR-20); Static-2002 and Static-2002R; Static-99 and Static-99R; Structured Assessment of Protective Factors (SAPROF); Violence Risk Appraisal Guide (VRAG) and the Violence Risk Appraisal Guide-Revised (VRAG-R)

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CRIMINAL RISK ASSESSMENT, DOMESTIC VIOLENCE

Domestic violence risk assessment is the evaluation of characteristics of an offender, offense, or other circumstances considered relevant to the risk that an offender will commit a domestic violence offense in the future. Whether information is considered relevant and how it is weighed depend on the approaches taken to risk assessment. In the two leading approaches, these decisions are based either on empirical research leading to actuarial data that permit individual risk to be estimated using the strongest predictors known for the offender population or on a broader assessment of the individual leading to an overall judgment of

risk or a clinical case formulation. Domestic violence risk assessment is important to the extent it aids the risk principle of the Risk-Need-Responsivity model to be carried out. All approaches to domestic violence risk assessment have in common the intention to identify priorities for responding to offender risk, whether in terms of criminal justice intervention, offender treatment, or other forms of risk management.

Domestic violence risk assessment is different from screening, which is used to identify individuals who might be experiencing abuse. It is also different from the function of risk management, in which attempts are made to mitigate the likelihood of an offense occurring among offenders identified at risk of domestic violence.

This entry provides a context for domestic violence in relation to other criminal behavior, describes the most widely researched specialized risk assessment instruments, and looks to future research avenues for further applications.

Domestic Violence and Other Criminal Behavior

Developments in the assessment of risk of domestic violence followed on the success of research constructing and validating tools to predict violent and sexual recidivism (reoffending). The two fields share certain challenges, including reliance on official charges or convictions (an exception being some research on the Danger Assessment, described in the next section, which was developed for its ability to assess risk of self-reported victimization). Criminal charges substantially underrepresent the actual occurrence of offending. In addition, the qualifier of *sexual* or *spousal* is often omitted or dropped from assault and similar charges, making it difficult to determine whether or not the outcome criteria have been met. When cases with ambiguous recidivism (e.g., the victim of a new offense cannot be determined from available evidence) are excluded from analysis, predictive accuracy increases. Another approach is to compare only offenders known to recidivate domestically with those who only reoffend against nonintimate partners. However, this approach might obscure domestic offenders' criminal diversity, for which there is growing empirical evidence that might be pertinent to assessing domestic violence risk.

Domestic Violence Risk Assessment Instruments

Danger Assessment

The first specialized domestic violence risk assessment to be published and evaluated was the Danger Assessment, which appeared in the mid-1980s. The intention in creating the Danger Assessment was to help women evaluate their risk of being killed by an abusive male partner. The instrument was designed to be used as part of a structured interview, combining a calendar-based assessment of the history of domestic violence with a 20-item risk assessment tool, revised from an original 15 items. The items cover information such as the history of violence, threats, and other abuse, weapons, substance use, and suicidal histories of the offender and victim. Scores on this tool are used to classify risk as variable, increased, severe, or extreme danger. Several studies have shown that scores on the Danger Assessment are associated with subsequent domestic violence recidivism as well as with the severity and type of abuse (e.g., intimate partner sexual assault). The Danger Assessment is also associated with victim outcomes, including depression, post-traumatic stress disorder, substance use, and taking precautions for safety from the violence. The Danger Assessment has been modified based on research for different populations, including immigrant women and women in same-sex relationships. In case-control research, the Danger Assessment score has been found to distinguish between women who were killed and women who were abused but not killed.

Spousal Assault Risk Assessment Guide (SARA)

The SARA, intended for assessing the risk of domestic violence perpetration, first appeared in the 1990s. This instrument was designed to be used after gathering information on the offender from official reports as well as offender and possibly victim interviews. The 20-item risk assessment tool covers information such as the offender's history of violence and criminal justice violations, childhood abuse, mental disorder, threats, weapons, substance use, and suicidal history. The assessor uses this tool, as well as items or other information determined to

be critical, to classify risk as low, moderate, or high. The SARA has been validated as a predictor of domestic violence recidivism in several studies using the total score or the summary risk judgment. In 2015, a revision was released that added items pertaining to victim vulnerability and omitted the item scoring procedure in favor of a clinical case formulation approach. In this SARA-V3, assessors are encouraged to identify factors that might motivate, disinhibit, or destabilize violent behavior as well as the scenarios under which violence might occur. Opinions are then offered as to management plans, case prioritization, and the risk of violence or other outcomes. This theoretical conceptualization approach requires more expertise and analysis than might be practicable for frontline policing or other first responders such as those working in shelters or emergency departments.

Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER)

Related to the SARA is the B-SAFER that was designed for frontline use in the criminal justice section. The original 10-item risk assessment tool covers information such as the offender's history of violence and criminal justice violations, mental disorder, threats, substance use, and employment; 5 items were later added concerning victim vulnerability. Initial research showed that scores on the B-SAFER can predict subsequent domestic violence.

Ontario Domestic Assault Risk Assessment (ODARA)

The first specialized domestic violence risk assessment tool to be developed using statistical methods was the ODARA. This instrument was designed to be used by police officers during a domestic violence investigation and as a guide to conducting a victim interview to obtain the information that was subsequently developed for use in victim support services. The 13-item risk assessment tool covers information such as the offender's history of violence and criminal justice involvement, threats, weapons, substance use, and victim barriers to support. Each item is scored 0 or 1, and the total score is used to compare an offender with others in terms of risk of domestic

violence recidivism, using an actuarial table that contains statistical data from a large follow-up study of outcomes. Several validation studies have been conducted that support the ODARA's ability to assess domestic violence recidivism risk in police and correctional cases. Some research has found that the ODARA score is also associated with co-occurring child abuse and with nonviolent, nondomestic violence, and other criminal outcomes by domestic offenders.

Domestic Violence Risk Appraisal Guide

Related to the ODARA is the Domestic Violence Risk Appraisal Guide that was designed for use when greater time and resources are available. It was created through research revealing that predictive accuracy could be improved by combining the ODARA items with the Psychopathy Checklist-Revised. In cross-validation research, the Domestic Violence Risk Appraisal Guide was associated with domestic violence recidivism and with the subsequent number of incidents, victim injury, severity, and seriousness of criminal charges.

Domestic Violence Screening Instrument-Revised (DVSI-R)

The algorithmic and professional judgment methods of assessing risk are combined in the DVSI-R. This instrument was designed to be used by probation officers. The original 12-item risk assessment tool was developed using large-scale empirical research identifying characteristics of offenders with a history of domestic violence; these characteristics were selected as items if they were also associated with repeated domestic violence in a literature review. It was revised to 11 items following further empirical research. The resulting DVSI-R covers information such as the offender's history and current violence, arrests and convictions, criminal justice violations, weapons, substance use, and employment status. Items are scored on a 3- or 4-point scale and summed for a total score. The assessor also uses this tool to classify risk as low, moderate, or high. Validation research has replicated the predictive effect of the DVSI-R for family violence and other domestic incidents, and the score has yielded a

significantly larger effect size than the professional judgment.

A Different Approach to Domestic Violence Risk

There is a growing capacity for criminal justice systems to develop risk assessment procedures based on their offender processing and tracking databases. Richard Berk and colleagues reported in 2016 that data from over 28,000 cases involving arrest for domestic violence were used to generate an algorithm to forecast those who would have no further detected domestic violence incidents in a 2-year follow-up. Most offenders met the criterion for nonrecidivism, and they could be identified with nearly 90% accuracy. The tool is used to classify, at the time of arraignment, offenders who can be swiftly processed for bail in order to allow more resources to be allocated to further assessment or intervention for offenders who pose a risk of recidivism. This approach permits the use of statistical modeling techniques more robust than those typically used to develop actuarial risk assessment tools, and the big data set also means that the process can be continually refined. Because it is constructed using data from the intended population and used to inform decisions in that same population, this approach is a good example of implementing the Risk-Need-Responsivity risk principle.

Cross-Validation and Generalization of Domestic Violence Risk Assessment

Empirically derived risk assessment instruments are sometimes criticized for the expected loss of predictive accuracy between construction and cross-validation. Nonalgorithmic assessments have been opposed for their inclination toward unstructured clinical opinion. For any risk assessment approach, there is a need to evaluate and replicate the extent to which a measure is related to the outcome of interest. Research has been conducted to demonstrate the generalizability of most of the major published domestic violence risk assessment instruments for male offenders. Research with some of the tools described in this entry has shown that they are associated with police decision-making, but field-testing of

domestic violence risk assessment remains in its infancy.

Limited research, in contrast, has been conducted with female offenders. One study of police using the B-SAFER found that fewer than 10% of women were judged to be high risk. Research with women in same-sex relationships led to a revision of the Danger Assessment to improve predictive accuracy for this group. A small study of the ODARA and a large study of the DVSI-R found that these instruments predicted women's domestic violence recidivism, but their overall reoffense rates were lower than men's.

Risk assessment for victims has been particularly concerned with their risk of homicide by an intimate partner. Both the Danger Assessment and ODARA have been reported to yield relatively high scores in domestic homicide cases. However, statistical modeling of homicide risk is impeded by the low base rate of such cases. Cooperation among sectors responding to domestic violence, and the sharing of information from validated domestic violence risk assessment, has been recommended as the most promising approach.

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See also Criminal Risk Assessment, Generations of; Intimate Partner Violence; Ontario Domestic Assault Risk Assessment (ODARA); Risk Principle; Risk-Need-Responsivity, Principles of; Spousal Assault Risk Assessment (SARA)

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CRIMINAL RISK ASSESSMENT, GENDER-RESPONSIVE

In correctional settings, risk assessment serves to classify offenders by their likelihood of future offense-related behavior and misconduct by identifying predictive factors. These risk factors are often also referred to as *criminogenic needs* and can be static (i.e., stable over time) or dynamic (i.e., change over time). Dynamic criminogenic needs present an opportunity for treatment to reduce the risk of reoffending. A large body of literature has identified a number of valid predictive factors based largely on research with male offender samples; however, research also shows that women's criminogenic needs are different than those of male offenders and require variation of priority in treatment. Using gender-responsive risk assessments that address risk factors and criminogenic needs that are particularly crucial among female populations is key to developing appropriate treatment targets for women offenders and ultimately to reduce recidivism (reoffending). Risk factors particularly relevant to women offenders and the policy implications of women's criminogenic needs and risk levels are discussed in this entry, along with the theoretical background leading to the emergence of this research and the development of a gender-responsive risk assessment tool.

Risk Factors and Policy Implications

As suggested by the well-known Risk-Need-Responsivity model of correctional intervention put forth by D. A. Andrews and James Bonta, once dynamic need factors (e.g., antisocial personality, attitudes, and associates) become recognized as measures of risk, and they can become targets of criminal justice or mental health treatment interventions in an attempt to reduce the likelihood of reoffending. However, critics argue that existing gender-neutral (those based on male samples but applied to women as well) risk-need assessment tools such as the Level of Service-Revised and Level of Service/Case Management Inventory that were developed by using gender-neutral social learning, behavioral, and personality theories, and primarily male samples do not adequately account for women's distinct criminogenic risk and needs. Consequently, factors that can actually enhance

efforts to predict recidivism among female offenders were overlooked or categorized as lower priority-specific responsivity-related needs.

In contrast to the *big four* predictive factors (criminal history, antisocial attitudes, personality, and associates) well-known in risk assessment research using largely male samples, research focused on women offenders identifies the most important criminogenic needs as substance abuse, mental health, housing, education, employment, and financial issues (in terms of more traditional gender-neutral factors). Furthermore, this research has not found criminal attitudes to be a consistent predictor of offense-related outcomes for women. This suggests a different set of priority areas to be targeted for the reduction of further offending.

Some widely known criminogenic needs have been found to affect women differently than men and, thus, must be identified and targeted for intervention through modified methods. Additionally, gender-responsive criminogenic needs vary slightly by setting. For instance, factors predictive of institutional misconduct include family and relationship factors, childhood victimization, and mental health. On the other hand, factors predictive of outcomes in community settings while including similar factors extended to adult victimization and issues of safe housing, self-esteem, and self-efficacy.

Similar to changes in prioritization of criminogenic needs among female offenders, a shift in the prioritization of treatment targets must also occur. Treatment of women offenders should focus on unhealthy relationships, relevant services for substance abuse, mental health (including trauma), and improving socioeconomic status and should facilitate community connections to services. This requires well-coordinated provision of wraparound services, which involves case management with multiple resources at all stages of correctional processing (incarceration, prerelease, and in the community).

Another important revelation brought about by recent advances in the development of gender-responsive assessment is that women's risk of institutional misconduct and reoffending is lower than that of men in general, commonly referred to as the *gender-ratio problem*. Furthermore, the seriousness of misconduct and offenses committed by women is lower as well. Consideration of these differences in women's correctional environments and treatment plans would thus be appropriate

under the Risk-Need-Responsivity model of correctional intervention.

Theoretical Background

In addition to the Risk-Need-Responsivity model, the foundation of gender-responsive assessments lies in the theoretical and empirical implications within the gendered pathways perspective. Stemming from the work of feminist scholars and criminologists, such as Joanne Belknap, Meda Chesney-Lind, Kathleen Daly, Barbara Bloom, Barbara Owen, and Stephanie Covington, the pathways perspective stresses the importance of focusing on female offenders' distinct *pathways to crime*, which are not accounted for by mainstream criminological theories. Thus, the foundation of the pathways' perspective lies in theories addressing social and psychological issues distinctive to female offenders including trauma theory, relational theory, holistic addiction theory, and social capital theory. Gendered pathways research highlights life histories of female offenders that often entail physical and sexual abuse, trauma, mental illness (e.g., depression, anxiety, borderline personality disorder, and post-traumatic stress disorder), self-medication through substance abuse, unhealthy relationships, parental stress, economic marginality, and low levels of self-esteem and self-efficacy.

Women's Risk-Need Assessment (WRNA)

With compiled evidence of differential needs for women offenders, the National Institute of Corrections partnered with University of Cincinnati to develop a gender-informed risk and need assessment tool, the WRNA, to advance treatment of dynamic risk factors for women with a gender-responsive model of service provision. In addition to producing a trailer version (WRNA-T) to function as an adjunct to existing risk-need assessment tools such as the Level of Service-Revised and Correctional Offender Management Profiling for Alternative Sanctions, a full stand-alone version was also developed with options for institutional and community settings.

The WRNA instrument measures criminogenic needs that are more prevalent among women offenders, in addition to gender-neutral items framed upon women's experiences. The

instrument focuses on abuse and related trauma, parental stress, unhealthy relationships, anxiety and depression, personal safety, and personal strengths. Gender-neutral items include substance abuse, housing (including personal safety at home), mental health (including mood disorders), and family relationships (including parental stress, family background, and intimate relationships). Antisocial attitudes and cognitions were reframed as measures that include self-esteem and self-efficacy. Several factors (self-esteem, self-efficacy, educational assets, and support from others) are also measured as strengths to indicate sources of leverage to be utilized in treatment plans.

The WRNA is a reflection of a growing body of evidence that demonstrates that the nature of offending behavior and rehabilitation is different between women and men. This knowledge can better inform research and practices within the criminal justice system and improve behavioral outcomes for justice involved women and girls.

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See also Correctional Rehabilitation Services, Best Practices for; Criminogenic Needs, Targeting; Reentry, Best Practices for; Risk Principle; Risk-Need-Responsivity, Application to Female Offenders

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CRIMINAL RISK ASSESSMENT, GENERAL OFFENDING

Criminal risk assessment refers to the process of predicting an individual's risk of future criminal activity. The purposes of criminal risk assessment

are to identify those individuals at higher risk of future offending and inform interventions designed to reduce an individual's risk of future offending. Risk assessment is utilized in a variety of contexts, both criminal and noncriminal. In criminal contexts, criminal risk assessment is used to inform legal and correctional decisions across the criminal justice spectrum, including during pretrial detention/bail, juvenile transfer, and sentencing (state, federal, and capital); determining security levels for prisoners; determining appropriate probation/parole supervision conditions; and reentry planning. In noncriminal (civil) settings, risk assessments are used to predict an individual's potential for violence in the workplace, determine whether a sex offender is a sexually violent predator, and determine whether someone should be civilly committed. This entry provides a history of risk assessment and a detailed examination of its four major approaches developed across time: unstructured clinical judgment, anamnestic assessment, actuarial assessment, and structured professional judgment (SPJ).

The process of criminal risk assessment involves identifying and weighing both factors that increase the likelihood that someone will commit future criminal activity (risk factors) and factors that reduce the likelihood that someone will commit future criminal activity (protective factors). Both risk and protective factors can be either static (unchangeable) or dynamic (can be modified through targeted interventions). For example, criminal history is a static risk factor because it cannot be changed, while substance use and making poor use of leisure time are dynamic risk factors because they can be addressed through appropriate interventions. Intelligence is an example of a static protective factor; conceivably, barring some type of brain injury or neurodegeneration, an individual's level of intelligence is stable across the life span. By contrast, social support is a dynamic protective factor because individuals can increase their levels of social support.

Risk and protective factors can be biological, psychological, or sociological in nature. Examples of biological risk factors include chemical deficiencies in enzymes such as monoamine oxidase, which is associated with increased aggression, or dysfunction in neurochemicals such as serotonin, which is linked to aggression and impulsivity.

Examples of psychological risk factors include the presence of certain personality disorders or constructs associated with antisocial behavior, such as psychopathy, conduct disorder, or antisocial personality disorder. Examples of sociological risk factors include poverty or exposure to negative peers. In contrast, examples of biological protective factors include strong executive functioning capabilities, psychological protective factors include high self-esteem or interpersonal warmth, and sociological protective factors include participation in prosocial activities, such as community-based sports or religious services.

Approaches to Risk Assessment

Across the history of criminal risk assessment, four approaches to risk assessment have predominated: unstructured clinical judgment, anamnestic assessment, actuarial assessment, and SPJ. Understanding these various methods provides an informative mapping of the evidence-based evolution of risk assessment and the benefits and challenges of each approach. Current trends advocate for a blend of these approaches, along with choosing a risk assessment tool based on the goals of the assessment (e.g., risk prediction vs. risk reduction) and the individual being assessed. The various methods of conducting risk assessments have been debated, scrutinized, and studied, so there is a large body of scholarly and empirical literature on risk assessment. Moreover, the legal field is paying increased attention to risk assessment in both criminal and civil contexts.

Unstructured Clinical Judgment

The unstructured clinical judgment approach consists of a mental health professional's use of clinical judgment without the assistance of risk assessment tools or measures. Using clinical judgment that has been developed through experience, practitioners reach an opinion regarding an individual's risk of committing future criminal activity. Of the four approaches to risk assessment, the unstructured clinical judgment approach has the least amount of empirical support in terms of accurately predicting future offending behavior. Specifically, unstructured clinical judgment tends to lead to Type I errors (false positives). Thus,

when utilizing their discretion, clinicians will tend to inaccurately conclude that an individual has a higher risk of committing a criminal act in the future than is actually warranted. Unstructured clinical judgment is significantly less effective at predicting risk-relevant outcomes than the other approaches to risk assessment. As such, best practices suggest avoiding this type of criminal risk assessment.

Actuarial Assessment

Actuarial risk assessment involves using equations, formulas, or other actuarial methods to arrive at a probability that an individual will engage in future criminal activity. As it pertains to offending generally, the risk assessment literature has highlighted certain factors that are empirically associated with specific outcomes. For example, factors such as history of violence, certain personality traits or disorders, and substance abuse are robustly related to future offending. In actuarial risk assessment, combinations of risk factors are used to determine an individual's risk level (e.g., low, medium, high, very high). One such instrument is the Level of Service Inventory-Revised, which measures the presence of risk factors across 10 domains to derive a risk estimate. By comparing the risk scores in each domain and the total risk score to those of the Level of Service Inventory-Revised normative sample, individuals can be categorized into a risk level that is associated with a percentage likelihood of offending. Although substantially more reliable than risk assessment using unstructured clinical judgment, actuarial risk assessment has been subject to criticism for its lack of attention to individual considerations when drawing risk conclusions. In addition, evidence suggests that all actuarial measures are roughly equivalent in predicting future criminal behavior as long as the measure is empirically supported and provides guidance on score differentiation and risk-level categorization.

Anamnestic Assessment

Whereas actuarial assessment provides key domains as risk factors in predicting the probability of future offending behavior, the anamnestic approach to risk assessment provides risk factor

domains using an individual's history. Under the anamnestic approach, forensic mental health professionals review the individual's history of previous antisocial behavior to derive risk factors specific to that individual. Due to its individualized nature, the predictive accuracy of the anamnestic approach is difficult to examine empirically. The anamnestic approach allows forensic mental health professionals to navigate potential legal concerns over basing risk assessment on predominantly nomothetic data (group-based) as opposed to idiographic data (individual-specific), and it can be a powerful tool when developing treatment plans.

SPJ

SPJ tools use risk-relevant domains similar to the ones included in actuarial assessment tools, but they require the professional using the tool to consider all available information when reaching a decision about an individual's risk level. Rather than relying exclusively on statistics and algorithms, as is done with actuarial risk assessment approaches, SPJ tools permit the clinician to exercise some discretion or judgment in deriving a risk estimate. Studies suggest that this additional component—allowing the professional to use some clinical judgment when estimating risk—provides greater flexibility and allows for the consideration of situational factors relevant to risk prediction. While actuarial assessment tools have been criticized for not allowing individualized consideration, SPJ tools allow for individual consideration; research suggests this is a necessary component in risk assessment. An example of an SPJ tool is the Historical-Clinical-Risk Management-20, which is a 20-item checklist of relevant historical risk factors (e.g., history of unemployment), clinical risk factors (e.g., current symptoms of serious mental illness), and risk management risk factors (e.g., noncompliance with intervention) that are associated with future criminal offending.

Risk Assessment and Risk Management: The Risk- Need-Responsivity (RNR) Framework

The advent of the RNR framework was a significant development for risk prediction and management. The RNR framework focuses not

only on the identification of an individual's risk factors for future criminal behavior but also on identifying and implementing targeted interventions to help mitigate this risk. The RNR framework is predicated on three principles. The *risk* principle states that the level of service provided to an individual should be commensurate with that of individual's risk level—the higher the risk level, the greater the intensity and duration of the interventions. The *need* principle focuses on identifying an individual's dynamic risk factors for antisocial behavior, which are referred to as *criminogenic needs*, and then tailoring risk-reducing interventions to address those needs. The *responsivity* principle focuses on maximizing the benefits an individual derives from an intervention by matching the intervention to a particular offender's characteristics, including learning style, ability level, and motivation.

The RNR framework posits the existence of eight major risk domains: criminal history, education/employment, family/marital, leisure/recreation, companions, drug/alcohol, procriminal attitudes, and antisocial pattern. All of these risk domains have considerable empirical support in terms of being associated with and predictive of future offending behavior. The RNR framework designates individuals as being at higher risk of criminal activity when they have committed previous criminal offenses or exhibited antisocial behavior while under court supervision, have poor employment prospects and a poor employment history, do not enjoy strong support from family members, make poor use of leisure time, associate with antisocial individuals or do not associate with prosocial individuals, exhibit significant past or current problems with substance use, hold attitudes supportive of criminal or antisocial behavior, and have exhibited a pattern of antisocial behavior across their lifetime. An individual's risk level can be reduced by targeting criminogenic needs through appropriate interventions (with the exception of criminal history, which is a static risk factor). Such interventions may include educational and vocational training, strengthening family relationships, engaging in organized and prosocial activities, discontinuing association with negative peers and expansion of a prosocial peer network, desisting from substance use, deconstructing

criminal attitudes and encouraging prosocial thinking, and the development of anger management and problem-solving skills.

Concluding Thoughts

Criminal risk assessment is concerned with predicting and managing an individual's risk of future criminal behavior. This is accomplished by identifying and weighing risk and protective factors related to antisocial behavior. Despite being a relatively new field of study, criminal risk assessment has evolved substantially over the years. At its inception, criminal risk assessment was based almost exclusively on clinical judgment, which often resulted in inaccurate risk predictions. However, the creation and utilization of the actuarial and SPJ approaches to risk assessment have substantially improved the ability of forensic mental health professionals to accurately predict an individual's risk of future criminal behavior. Also, criminal risk assessment is no longer exclusively focused on predicting the likelihood that an individual will engage in future criminal behavior; the current focus is 2-fold and includes assessing the likelihood of future criminal behavior and informing interventions that can be used to reduce an individual's risk level. This dual focus is exemplified by the RNR framework, which has considerable empirical support. The RNR model yields an estimate of an individual's risk level based on the identification of risk factors, and it also can be used to inform interventions that may reduce an offender's risk by addressing criminogenic needs (dynamic risk factors) and promoting protective factors.

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See also Criminal Risk Assessment, Clinical Judgment of; Criminal Risk Assessment, Structured Professional Judgment of; Criminal Risk Assessment, Violence; Criminal Risk Assessment, Generations of; Risk Assessment, Actuarial; Risk-Need-Responsivity, Principles of

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CRIMINAL RISK ASSESSMENT, GENERATIONS OF

Offender risk assessment is the foundation of many interventions in the criminal justice system that affects public safety and the offender's liberty. The risk of crime that the offender presents influences arrest and sentencing decisions, parole release, how closely the offender is supervised in the community or in prison, and even who receives treatment and what kind of treatment. Treatment within the criminal justice context has the goal of reducing recidivism, and it may or may not involve mental health treatment depending on its link to criminal behavior. There are different approaches to assessing offender risk, and they have been described as generations of risk assessment, ranging from assessments that are the least valid to assessments that are more predictive of criminal behavior and more useful for managing offenders. The four generations are summarized and their key features are highlighted. The entry ends with some emerging issues and an observation of what may soon form fifth-generation assessments.

First Generation: Professional Judgment

First-generation assessment involves a professional who makes a judgment as to the offender's risk to reoffend and the type of treatment required to reduce the risk. Information about the offender

is typically gathered through interviews with the offender, file reviews, and perhaps interviews with people who know the offender. The important characteristic of first generation risk assessment is that the information is collected in an unstructured manner. Although the professional may gather some information that is common to all offenders, the interviewer may deviate and seek information that may be specific to the offender and his or her situation and influenced by the professional's own training and experience. For example, a psychologist may administer some psychological tests, but the tests chosen are guided by the psychologist's experience and expertise with particular tests. After collating the information, the professional arrives at a judgment regarding the offender's risk to the public and the treatment that the offender requires. In other words, this first generation, professional/clinical approach is highly subjective and dependent upon the professional's training and experience.

Research shows that compared to more structured, empirically validated risk instruments, professional judgments of risk perform no better than chance. One problem with this approach is that using informal, unobservable criteria for making decisions makes it difficult to replicate. For example, clinical experts often disagree on what are the critical factors in a case and, therefore, reach differing judgments on offender risk. Another problem is that the professional may attend to offender characteristics that are unrelated to criminal behavior and ignore the factors that are related to criminal behavior. Because of the poor predictive accuracy of first-generation assessments, this approach has largely been abandoned in favor of second- to fourth-generation assessments.

Second Generation: Actuarial, Static Risk Assessment

Second-generation assessments are actuarial in that the factors assessed are empirically predictive of future criminal behavior. One of the earliest second-generation risk assessment (1928) consisted of 21 items to predict parole failure. Items included factors common to today's instruments (e.g., drug addiction, prior criminal record) and items that are strange by today's standards (e.g., hobo, ne'er-do-well). In second-generation risk

scales, items are typically assigned a score of 0 for its absence or 1 for its presence. This is called the *Burgess method*. Another scoring method uses various statistical methods to assign weights to the item. For example, drug addiction may receive a score of 5 and unemployment a score of 2, reflecting the importance of the specific risk factor. Neither scoring approach has demonstrated superiority. Thus, the Burgess 0–1 scoring method is more common because of its ease of use. Essentially, as scores increase then the likelihood of recidivism increases.

Second-generation risk instruments predict criminal outcomes reasonably well and as well as third- and fourth-generation instruments. However, because they consist almost entirely of static historical items, these instruments fail to accommodate offender change and have little use in case planning and risk reduction. For example, someone who scores high on a second-generation assessment early in life will remain high-risk years later even if the person has adopted a prosocial lifestyle and has stopped all criminal activity. The offender who improves his or her life receives little credit for his or her effort. In addition, these assessments do not tell the criminal justice professional what can be done to reduce the offender's level of risk.

Third Generation: Risk/Need Scales

Second-generation risk scales are used for security, release, and supervision decisions, but the public also expects the criminal justice system to lower the offender's risk and to reintegrate offenders into society. The lack of risk reduction utility in second-generation assessments is overcome with the introduction of dynamic, changeable risk factors referred to as *criminogenic needs*. The third-generation risk instruments are known as *risk/need scales*.

Criminogenic needs are offender needs that are associated with criminal behavior. Examples are substance abuse, procriminal attitudes, and employment problems. Offenders also have non-criminogenic needs (e.g., poor self-esteem, vague feelings of emotional discomfort). The third-generation offender assessments include both static criminal history items and criminogenic need factors. What further distinguishes third-generation assessments from second-generation assessments is that the majority of the items in

third-generation offender instruments consist of dynamic, criminogenic need items.

The most widely used risk/need instrument is the Level of Service Inventory–Revised (LSI-R). Approximately two thirds of the 54 items are dynamic and organized into subcomponents that measure many of the major criminogenic needs of offenders (e.g., education/employment, companions, family/marital). The scoring of the LSI-R uses the Burgess 0–1 method. One of the advantages of the LSI-R, as with all third generation risk assessments, is that it can be used to formulate an offender management plan. By identifying the offender's criminogenic needs (high scores on the subcomponent), the supervising staff can target reductions in the criminogenic needs and achieve an overall reduction in recidivism. Another advantage is that reassessments can be used to monitor offender changes over time and lead to readjustments in the case plan.

Fourth Generation: Risk/Need Case Management

As just noted, a major feature of third-generation assessments over second-generation instruments is that they offer the promise of guiding offender case management. However, there are a few studies showing that despite administering a risk/need instrument staff fail to use the assessment findings in case planning. More often than not, case plans have not incorporated strategies for addressing the offender's criminogenic needs. Consequently, when staff behavior is directly observed (e.g., via audio recordings or video tapes), researchers have found staff failing to focus on the criminogenic needs identified by the assessment.

Recognizing the disconnect between administering a validated risk/need instrument and actually using the findings in the day-to-day supervision of offenders has led to the development of a more structured way of linking the assessment and the case management plan. The best validated fourth-generation instrument is the Level of Service/Case Management Inventory (LS/CMI). The LS/CMI evolved from the LSI-R and has added features to better align the instrument to the Risk-Need-Responsivity model of offender classification and treatment. For this reason, the LS/CMI will serve as an illustration of fourth-generation assessment instruments.

The LS/CMI has a number of sections with the first section basically reflecting the LSI-R but reconfigured to represent the eight major risk/need factors. Section 1 of the LS/CMI provides the overall offender risk score. Section 2 has 21 items that have the potential of being criminogenic for a particular offender (e.g., sexual offense with a child victim, stalking behavior). Section 2 does not produce a total score for risk classification. It is intended to ensure that the test administrator has a comprehensive assessment and does not miss aspects of the offender and his or her situation that could affect supervision. Section 5 assesses responsivity factors. Responsivity refers to individual characteristics that may influence how correctional staff engages the offender during supervision and treatment. For example, supervising an offender with a mental disorder would require a different strategy compared to an offender with no mental disorder. The assessment of responsivity factors is relatively cursory with only 10 items (e.g., poor motivation, low intelligence).

The most important feature of the LS/CMI, and what makes it truly a fourth-generation instrument, is the integration of the assessment with case management. In Section 9, the test administrator rank orders the criminogenic needs of the offender, sets treatment targets, and outlines the steps and interventions needed to reach these goals. This is the case management plan. Section 10 records progress and documents whether the goals are reached (the remaining sections focus on the prison experience and other noncriminogenic factors that may influence treatment and supervision). Furthermore, all of the information from risk/need assessment to case planning and monitoring are presented in one booklet. This is done to ensure that staff focuses their activity on addressing the offender's risk and needs in a structured manner. In summary, fourth-generation offender assessment includes a comprehensive sampling of offender risk, needs, and responsivity factors along with the integration of these factors into a case management plan.

Outstanding Issues and Future Directions

Although second-generation risk assessments predict recidivism, they lack the advantages of the later risk/need instruments. One would expect that

second-generation instruments would have been replaced with the newer instruments, but they remain in widespread use. The reasons for their continued use are 2-fold. First, because second-generation scales have fewer items than third- and fourth-generation risk scales they are easier to use, more efficient, and less costly. However, second-generation instruments fail to assess criminogenic needs. This failure then relates to the second reason for the continued use of the static risk scales: the belief that offenders cannot be rehabilitated. If one accepts this view or the view that it is not the business of corrections to *correct* except through the application of punishment, then third- and fourth-generation assessments add little value.

Another issue is the increasing popularity of what is called *structured professional judgment* (SPJ). SPJ instruments such as the Historical-Clinical-Risk Management-20 structure the factors to be considered but do not link actuarially scores to outcomes. For example, a test administrator may be given guidelines to evaluate substance abuse problems; relationship instability; and attitudes in terms of low, medium, or high risk, but there is no scoring of items or adding them to produce a total score that is associated with a probability of recidivism. SPJ has elements of first-generation (clinical judgment), second-generation (structure), and third-generation (criminogenic needs) assessments. The research on the predictive validity of SPJ has found SPJ to perform better than first-generation professional judgment. However, one review has found it to not predict as well as actuarial assessments for sex offenders. Other reviews of SPJ have mostly focused on the Historical-Clinical-Risk Management-20 where the effect size estimates have ranged from moderate to high. The reason why the Historical-Clinical-Risk Management-20 and its variants may do reasonably well in predicting recidivism is that those completing the instrument have a high level of professional expertise in assessment technologies to begin with and thus are more committed to the assessment process. The SPJ instruments are highly appealing to psychologists, psychiatrists, and other forensic workers because they fit well with a professional training that highly values clinical decision-making.

Related to the continued use of professional judgment is the issue of *professional override* in third- and fourth-generation risk assessments. A

professional override alters the risk level calculated by the instrument. Sometimes a professional override is dictated by policy (e.g., all sex offenders are considered high risk even if they score low risk), or the test administrator is given personal discretion to override the test results. The third- and fourth-generation instruments that have an override feature advise to use the override sparingly and with justification. However, research on the application of overrides has found that they are excessively used and that they increase prediction error.

Progress in offender assessment will continue and, just as each successive generation of offender assessment is replaced by more comprehensive and useful assessment instruments, fourth-generation assessments will eventually lead to a fifth generation. What exactly will fifth-generation instruments look like is difficult to predict. Two possibilities exist. First, there may be an insertion of acute, fast-changing dynamic risk factors such as the sudden loss of employment or intoxication into fourth-generation assessment instruments. Second, considerable research has accrued on the neurophysiological correlates of criminal behavior, particularly violent behavior. The results from these studies could also be added to the present risk/need tool kit. The important lesson is that offender assessment development must be guided by empirical research.

James Bonta

See also Criminal Risk Assessment, General Offending; Criminogenic Needs, Targeting; Historical-Clinical-Risk Management-20 (HCR-20); Level of Service/Case Management Inventory (LS/CMI); Psychology of Criminal Conduct

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CRIMINAL RISK ASSESSMENT, JUVENILE OFFENDING

Evaluating risk of reoffending for a young person who has come into conflict with the law serves several important functions. At the most basic level, a risk assessment can inform judicial decisions such as whether the youth can be released to community under supervision while awaiting a court date or if the youth should be detained in custody. Similarly, risk assessments can help inform sentencing after a young person has been convicted of a crime; for instance, high-risk youth committing more serious crimes may receive a longer sentence or perhaps a period of custody in a secure youth institution, while lower risk youth may be candidates for a community-based sentence. Perhaps most importantly, a risk assessment can identify those areas in which a young person may need the most help, the dosage of treatment required, and the level of supervision and monitoring in the community. Ultimately, the goal of risk assessment with juvenile offenders should be to inform strategies to prevent recidivism (reoffending) and thus to prevent the young person from becoming an adult offender.

With this primary goal, criminal risk assessments should be organized around the principles of risk, need, and responsivity. Briefly, a risk assessment should assess likelihood of recidivism in terms of assigning risk level, which then informs the intensity of risk management services; for instance, high-risk youth receive high-intensity treatment and supervision, while lower risk youth would require fewer services (risk principle).

Moreover, it is important that risk assessments identify risk factors linked to criminal behavior that have the potential to change, known as *dynamic risk factors* or *criminogenic needs*; these areas can be prioritized for risk management interventions to lower or reduce risk (need principle). Finally, risk assessments should identify unique characteristics in the youth (e.g., motivation, learning style, cultural heritage) that can impact response to risk management (responsivity principle).

The assessment of risk for reoffending in young people who come into contact with the law brings with it many challenges and responsibilities. This entry reviews considerations unique to the assessment of youth and provides a brief overview of structured tools and recommended practices. A comprehensive risk assessment can be used to assess risk to inform the intensity of services (risk principle), identify areas to intervene linked to risk (need principle), and special considerations to adapt services to promote youth engagement (responsivity principle) to help prevent juvenile offenders from entering the adult justice system.

Factors Unique to Juvenile Offender Populations

The terms *youth* or *juvenile* typically refer to the developmental stage of adolescence and, specifically, to someone who is under the age of majority (18 years in Canada and the United States) but who may have begun the physical, social, and emotional process of maturation. The minimum age of criminal responsibility varies from one country to the next. For example, in the United States, most states do not have a minimum age with which a young person can be charged with a crime while the remainder (13 states) range from 6 to 12 years. In the United Kingdom, the minimum age of criminal responsibility ranges from 8 (Scotland) to 10 (England and Wales) years; in Canada, the age is 12 years; and in most European countries, the ages range from 12 to 15 years.

There are several factors that make juvenile offenders different from adult offenders. First, one important consideration is neurological development; for instance, development of the prefrontal cortex, which is responsible for planning, decision-making, ethical reasoning, monitoring,

and inhibiting behavior, continues until the mid-20s and thus is not fully developed in youth. Second and relatedly, young people have greater difficulty controlling strong emotions and the behaviors associated with those emotions. They may act out impulsively without adequately considering the consequences and have a sense of invulnerability. With time, youth develop greater behavioral and emotional control and become increasingly socially and emotionally mature.

Third, since youth tend to live at home with their parents or other caregivers, the family plays a critical role. The parents are responsible for supervision, monitoring behavior, serving as role models, and providing consequences for misbehavior; when this system falls short on any of the aforementioned areas, or condones criminal behavior, the youth is placed at increasing risk for contact with the law. Fourth, the peer system is extremely influential in the life of an adolescent. The opinions and impressions of one's peer group (e.g., attitudes toward criminal behavior) often rival those of the parents; negative peers are thus a potent risk factor for juvenile offending. Finally, the school system is also an important socializing agent, providing opportunities for structured pro-social activity, to learn life skills, and to develop positive relationships.

A Brief Overview of Youth Risk Instruments

Youth risk instruments tend to be downward extensions of the adult tools in which the item content is modified to reflect developmental considerations unique to adolescence. This practice reflects the fact that there are a number of risk factors for reoffending that are common to both youth and adults; however, youth are not mini-adults and differ in important ways as discussed earlier, which needs to be taken into consideration. For instance, special consideration may be given to items that concern school functioning (e.g., poor achievement, disruptive conduct) or parental relationships (e.g., lack of parental monitoring, volatile relations with one or more caregivers). Several risk assessment instruments have been developed to evaluate risk for reoffending in juvenile offenders. These measures tend to be clinical rating scales that are completed by

trained justice system professionals (e.g., psychologists, youth probation officers, or treatment service providers). Such scales are a collection of markers shown by theory or research to predict reoffending (e.g., criminal history, negative peer group), usually organized in the form of a checklist of items that can be rated as present or absent or by degree of seriousness. Such checklists are usually a combination of static or stable (generally, historical unchanging) and dynamic (able to change, such as one's peer group or attitudes) items. Scores on constituent items may be summed to yield a total score that often corresponds to risk levels of differing severity, usually a variation of low, medium, or high; there may be a specific cut-off, or depending on the scale, the assessor may derive a risk level through analysis of the pattern or configuration of items.

Some examples of well-known youth risk tools include the Youth Level of Service/Case Management Inventory, Structured Assessment of Violence Risk for Youth (SAVRY), and the Violence Risk Scale–Youth Version. There is also a clinical checklist of problematic personal, emotional, and behavioral characteristics associated with antisocial behavior known as the *Psychopathy Checklist: Youth Version*, which is commonly used in juvenile risk assessment, although it was not developed to assess risk but rather features associated with psychopathy, so it is not a risk assessment tool per se. There is also a class of tools designed to assess risk for sexual reoffending among youths who have come in contact with the law for sexually intrusive behaviors (e.g., sexual assault of a younger child or peer, inappropriate sexual touching). Some examples of these include the Estimate of Risk for Adolescent Sexual Offense Recidivism and the Juvenile Sexual Offender Assessment Protocol–Second Version.

So, how do we know if these risk measures accurately assess risk? How do we know if youth who are actually at the greatest risk to reoffend are accurately identified by these assessments? These questions all pertain to a particularly important property of youth risk instruments (and risk instruments in general) referred to as *predictive accuracy*; that is, higher scores or higher risk ratings of the tool, indicating a more serious collection of risk factors and greater likelihood of reoffending, are associated with increased rates of reoffending.

There are a number of statistics used to evaluate predictive accuracy; some examples include the correlation coefficient and the area under the curve (AUC). Correlations range in value from -1.0 to $+1.0$; the higher the number, the stronger the association. Positive correlations indicate that increasing scores on the youth tool are associated with higher rates of reoffending. In the risk assessment field, one set of guidelines proposed that correlations of .10 be considered low or small, .24 moderate/medium, and .37 or greater large or high. The AUC statistic ranges from 0 to 1.0 with higher values indicating more accurate ability to discriminate recidivists from nonrecidivists; for instance, an AUC value of .70 indicates that there is a 70% chance that a random recidivist has a higher score on a risk tool than a randomly selected nonrecidivist. The interpretation guidelines mentioned earlier characterize AUC values of .56 to be low/small, .64 medium/moderate, and .71 or greater to be large or high.

With all of this said, a quantitative review of 49 youth recidivism studies that featured the SAVRY, Youth Level of Service/Case Management Inventory (and other variations of this tool), and Psychopathy Checklist: Youth Version found that each tool predicted reoffending with moderate- to high-predictive accuracy. No single instrument was superior to the others in the prediction of recidivism, whether this was violent recidivism or general (i.e., any criminal behavior) recidivism. A further quantitative review of youth sexual offending risk instruments also found that tools such as the Estimate of Risk for Adolescent Sexual Offense Recidivism and Juvenile Sexual Offender Assessment Protocol second version had moderate-predictive accuracy for youth sexual offending.

Considerations in Selecting a Youth Risk Instrument

If the major youth risk instruments seem to predict recidivism equally well, how do we decide on which one to use? There are several factors to consider. First, there needs to be evidence that the instrument can predict the outcome of interest with at least reasonable accuracy, and thus validation research on youth samples, preferably with replication, is needed. When this has been achieved, a primary consideration becomes the general

purpose of the risk assessment. For instance, if the goal of the assessment is to assess risk for general recidivism, the Youth Level of Service/Case Management Inventory may be particularly appropriate; if the outcome is future violence, then the SAVRY or Violence Risk Scale–Youth Version might be appropriate; or if the young person happens to have committed a sexual offense, then the Juvenile Sexual Offender Assessment Protocol–Second Version or Estimate of Risk for Adolescent Sexual Offense Recidivism would be appropriate. Oftentimes, multiple instruments may be used (e.g., a general and a specific measure).

A further consideration is to remember the primary purpose of risk assessment: It is not about predicting whether or not a youth will reoffend in a certain way. Rather, risk assessment should be used to inform the nature and intensity of efforts that need to be taken to manage the youth's risk so that the youth can be helped not to reoffend. What this means is youth with high scores should have more treatment, closer supervision in the community, stricter conditions (e.g., curfew) to help promote compliance, and engagement with multiple systems (e.g., supports for the school, family, and broader community) to help them remain offense-free if possible. Tools with dynamic factors can be critical in identifying problem areas that youth need to change, how much treatment they require, and what types of interventions to use.

Finally, all youths have positive qualities and assets to build, and it is important, wherever possible, to identify these and draw upon them in an effort to manage risk. Some of the tools mentioned earlier take strengths or protective factors into consideration (e.g., SAVRY). There are also special tools designed to assess protective factors directly such as the Structured Assessment of Protective Factors: Youth Version. Other tools such as the Psychopathy Checklist: Youth Version can be helpful in identifying special responsivity issues with which youth may present (e.g., tendency toward manipulation, lacking empathy) and can alert service providers to modify their treatment as needed to maximize gain.

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See also Estimate of Risk for Adolescent Sexual Offense Recidivism (ERASOR); Juvenile Sex Offender Risk

Assessment Protocol-II (J-SOAP-II); Psychopathy Checklist: Youth Version (PVL: YV); Structured Assessment of Violence Risk in Youth (SAVRY); Violence Risk Scale–Youth Version (VRS-YV); Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI 2.0)

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CRIMINAL RISK ASSESSMENT, PSYCHOPATHY

Predicting violence and criminal behavior is a particularly challenging endeavor for the criminal justice system and forensic mental health clinicians alike. Psychopathy, which is sometimes referred to as the *psychopathic personality*, is a psychological construct that has been extensively examined with respect to its utility to predict violence and crime. Psychopathy is a personality disorder characterized by a set of maladaptive traits that impact emotional and interpersonal functioning and behavior. These traits can include callousness and lack of empathy, interpersonal antagonism, fearlessness and lack of anxiety, impulsivity, irresponsibility, and criminal and aggressive behavior (among others). These traits, collectively labeled psychopathy, appear to have significant implications in the criminal justice system. Research has repeatedly shown that mock juries rate individuals described as psychopathic as much more dangerous. Consequently, the use of the term *psychopath* or *psychopathy* carries significant weight in how an offender is viewed by the criminal justice

system with respect to sentencing and amenability for treatment interventions. Interestingly, the construct has been argued by both prosecuting and defense attorneys as an aggravating and mitigating factor for the court to consider prior to sentencing. Prosecutors have argued that criminal defendants labeled psychopaths, or exhibiting strong psychopathic traits, pose a danger to society and therefore should be subjected to longer and harsher sentences (including ineligibility for parole and the death penalty). Conversely, defense attorneys have pointed to the intractable nature of psychopathy as a neurologically based disorder outside the control of the offender.

Assessment of Psychopathy

Several assessment tools have been developed to assess psychopathy. The most popular and widely studied assessment instrument is the Psychopathy Checklist–Revised (PCL-R), developed by Canadian psychologist Robert Hare. Originally developed in the 1980s, the PCL-R was published in 1991 and has been the subject of extensive scientific evaluation. The PCL-R is a clinician rating consisting of 20 characteristics related to the construct of psychopathy. Ratings for these characteristics are assigned with information gathered during a semistructured interview with the individual and a review of records. Scores on the PCL-R have been examined in a number of ways, including a total score as a reflection of global level of psychopathic traits as well as various factor analyses that have predominately focused on interpersonal and affective traits (e.g., callousness, manipulateness, superficial charm, deceitfulness) as a marker of *primary psychopathy* and behavioral and social deviance as the *secondary psychopathy* (e.g., poor behavioral controls, criminal behaviors, history of juvenile delinquency). Hare and his colleagues developed a self-report variant of the PCL-R called the *Self-Report Psychopathy Scale* (SRP), its fourth edition (SRP-4) published in 2016. The SRP-4 has the same underlying structure as the PCL-R.

Another widely researched assessment measure, the Psychopathic Personality Inventory (PPI), was developed by Scott Lilienfeld. Like the SRP-4, the PPI is a self-report instrument that assesses underlying traits of psychopathy, such as rebellious

nonconformity, fearlessness, stress immunity, and blame externalization (among others). The PPI has been examined in correctional, community, and university settings. The eight primary scales of the PPI have been examined through factor analyses, wherein three factors emerge: Fearless Dominance, Self-Centered Impulsivity, and Coldheartedness. *Fearless Dominance* reflects a tendency to remain calm in intense (and potentially dangerous) situations, a bold interpersonal style, and increased ability to recover from stress and anxiety. *Self-Centered Impulsivity* captures tendencies to act in a rebellious, impulsive manner without regard for social standards. *Coldheartedness*, as the term implies, is linked to deficiencies in empathy and interpersonal affiliation. It should be noted that there are other self-report measures of psychopathy aside from the tools already mentioned, such as the Levenson SRP, the Triarchic Psychopathy Measure, and the Dark Triad measure. These measures are primarily used in research and generally have not been utilized in forensic psychological evaluations aimed at assessing risk for violence and criminal behavior. The SRP and PPI are commercially available for psychologists to use in psychological evaluations, which make them more admissible in court and much more likely to be utilized in forensic mental health assessments.

Risk Assessment

Predicting future behavior is a difficult task, given the complex interplay between internal (e.g., personality, cognitive abilities) and situational factors. When the target of prediction is violence and criminal behavior, the task becomes even more challenging, given the consequences for both false positives (e.g., restrictions on personal freedoms and liberties) and false negatives (e.g., future victims of violence). The fields of forensic psychology and psychiatry have identified a number of factors that are empirically associated with future criminal and violent behavior. Many of these factors are historical in nature and include things such as a history of violence, antisocial and criminal behaviors, severe mental illness, substance abuse, and previous poor outcomes while under community supervision (e.g., rearrested while on probation or parole). Forensic mental health evaluations that

target risk for violence and criminal behavior often assess these factors. Psychological factors are also considered, such as a history of maladaptive functioning and current symptoms of mental illness, including personality psychopathology. Along these lines, many psychological evaluations aimed at predicting risk for criminal behavior and violence include an assessment of psychopathic traits. Whether considered globally (i.e., overall degree of psychopathy displayed by the individual) or as underlying constituent traits associated with psychopathy (e.g., callousness, impulsivity, irresponsibility), assessment of psychopathy is often a central component of a criminal risk evaluation. There is much debate in the field of psychology about what exactly constitutes the construct of psychopathy. The field has generally moved away from considering psychopathy as a homogeneous construct, instead focusing on various factors of psychopathy as well as the underlying traits that make up this disorder. For instance, some operationalizations of psychopathy emphasize antagonism and lack of conscientiousness (i.e., disinhibition), whereas others also include a focus on a bold and fearless temperament.

Research examining the utility of psychopathy as a predictor of violence and criminal behavior has generally focused on three questions:

1. To what extent is psychopathy predictive of violence and crime?
2. Are specific facets or traits of psychopathy particularly predictive of violence and crime?
3. How do psychopathy measures (e.g., PCL-R, PPI-Revised) compare to other violence risk measures in the prediction of violence?

Is Psychopathy Predictive of Violence and Crime?

Regarding the first point, a number of empirical studies have directly examined the ability of psychopathy, often conceptualized with the PCL-R (and to some extent, the PPI), to predict violence and criminal behavior. Research clearly shows that the PCL-R is at least moderately linked with violence, criminal recidivism (reoffending), and institutional behavioral problems for incarcerated offenders and forensic psychiatric patients. One of

the most extensive examinations of violence risk assessment was the MacArthur Study of Mental Disorder and Violence by John Monahan and colleagues. They captured the construct of psychopathy with a Screening Version of the PCL and found that it was a robust predictor of violence among forensic inpatients who had been discharged back into the community, even after controlling for other various risk factors. Given the vast amount of research that has examined the relationship between psychopathy and various antisocial outcomes (e.g., crime, violence), meta-analytic reviews are helpful to consider in summarizing the findings from various studies. Anne-Marie Leistico, Randall Salekin, Jamie DeCoster, and Richard Rogers completed a meta-analytic review of 95 studies investigating the PCL in relation to antisocial behavior. They found that the total score of the PCL-R was a significant predictor of violence and antisocial behavior.

However, the PCL-R has been the subject of controversy with respect to its use in risk assessments. All psychological tests and measures are subject to psychometric evaluation, which generally involves examination of the test's reliability and validity. In this respect, the PCL-R is generally considered to be a reliable instrument and one that has amassed an incredible amount of validation. However, one particular form of reliability, known as *field reliability*, is focused on examining how reliable the instrument is *outside the lab* when it is used in the field, such as for forensic mental health assessments. Specifically, this form of reliability assesses whether a test is reliable in the hands of clinicians in various clinical circumstances rather than in the strictly controlled nature of the lab, where most validation research is conducted. The issue of field reliability became a focus of the PCL-R in a series of studies by Marcus Boccaccini, Daniel Murrie, and John Edens (and others), who examined the use of the measure in various types of risk assessments. Boccaccini and Murrie and their colleagues examined sexual offender risk evaluations in Texas, which provides a unique opportunity to evaluate field reliability since the state of Texas required that every convicted sexual offender's risk for recidivism (which includes the PCL-R) be evaluated by a forensic expert retained by the state and one retained by the defense. They found that

differences between state-appointed experts (who generally reported higher PCL-R scores) and defense-appointed experts (who generally reported lower PCL-R scores) for the same defendant exceeded what would be expected based on the reliability of the measure (the standard error of measurement). These authors examined their findings within the framework of a particular bias called *adversarial allegiance*, which implies that an evaluator may be biased to form an opinion in line with the side that retained the expert. Thus, defense-retained experts may be more likely to report lower levels of psychopathy, and prosecution-retained experts may be more likely to find higher levels of psychopathy. Contrary to these findings, a number of studies in Canada suggest that the field reliability of the PCL-R is good in Canadian criminal proceedings.

Regardless of its underlying cause (e.g., adversarial allegiance), the issue of field reliability is gaining a lot of attention in the research literature and continues to be an important topic in risk assessment. It should be noted that the issue of field reliability and adversarial allegiance are not unique to the PCL-R and psychopathy and has been examined in other forensic instruments (e.g., Static-99) and contexts (e.g., sexual offender evaluations). Researchers examining the utility of the PCL-R in forensic mental health assessment of violence risk have suggested that forensic examiners obtain certifications of their competency before completing assessments for the courts. Moreover, forensic examiners should be mindful of the reliability of their findings and note this for the court to consider in light of a risk assessment.

For a variety of practical reasons, self-report measures of psychopathy are increasingly being used in forensic mental health evaluations. While there is not as much research examining the utility of self-report measures in predicting violence and criminal behavior (in comparison to the PCL-R), there are some preliminary findings that suggest they may have utility in this area. Michael Vitacco, Craig Neumann, and Dustin Pardini examined an earlier version of the SRP (SRP-III) in a moderately sized sample of community-residing males. Utilizing official criminal records, criminal offending was assessed on an average of 3.5 years after the SRP-III was administered. Scores on the

SRP-III were able to predict charges for violent and serious criminal charges, even after controlling for other risk factors for violence and antisocial behavior.

Are Particular Facets or Traits of Psychopathy Particularly Predictive of Violence?

Research has shown that most of the predictive ability of psychopathy measures, such as the PCL-R and PPI, are due to their components that capture behavioral deviance and antisocial behavior. On the PCL-R, the second factor, labeled *Social Deviance*, comprises items that assess a history of poor behavioral control, criminal versatility (i.e., how many types of criminal activities engaged in by the offender), juvenile delinquency, and poor outcomes when previously placed on community control (e.g., probation). This factor of the PCL-R largely accounts for a history of externalizing behavior. The PCL-R meta-analysis mentioned earlier found that the social deviance component of psychopathy (i.e., Factor 2) was a stronger predictor of antisocial behavior for psychiatric inpatients than incarcerated offenders, whereas the interpersonal and affective components of psychopathy (i.e., Factor 1) were stronger predictors of antisocial conduct in samples containing a higher percentage of females. Factor 2 scores on the PCL-R were also better at predicting antisocial conduct at longer follow-up periods.

Studies examining the PPI in relation to the prediction of violence have generally found that *Self-Centered Impulsivity*, the factor of the PPI that captures an individual's tendency to act impulsively without consideration of others, accounts for most of the predictive capacity of the measure to predict violence. Edens and Barbara McDermott, for example, found that scores on the PPI Self-Centered Impulsivity scale were significantly associated with two measures of violence risk in a sample of forensic inpatients: the Violence Risk Appraisal Guide and the Historical-Clinical-Risk Management-20. Other research has found that PPI Self-Centered Impulsivity was significantly related to numerous markers of antisocial behaviors, including domestic violence and drug and alcohol use (among others).

Although some have argued that the bold or fearless dominance component found in the PPI may not be as central to the psychopathy construct as interpersonal antagonism and impulsivity, recent research has found that the former component is associated with criminal recidivism and treatment failure in a sample of domestic violence batterers. This research by Martin Sellbom and his colleagues found that fearless dominance moderated the relationship between poor impulse control and failure of domestic violence treatment. This means that the combination of PPI Fearless Dominance and Self-Centered Impulsivity increased treatment failure. Conceptually, it makes sense that perpetrators of domestic violence who show traits such as boldness and fearless dominance (which is linked to traits such as pathological narcissism) are more likely to reject the idea that they need intervention.

Some studies have found that the presence of primary psychopathic traits, such as callousness and lack of remorse, is related to one's risk for future violence, particularly interpersonal and relational violence and instrumental aggression (i.e., violence directed toward obtaining a goal). For instance, sexual offenders who commit aggressive and violent rapes often exhibit significant primary psychopathic traits. Moreover, these offenders tend to show higher rates of sexual and general recidivism among sexual offenders as a whole.

How Does Psychopathy Compare to Other Violence Risk Measures in the Prediction of Violence?

Psychopathy assessed by the PCL-R and other instruments has been compared with other, violence-specific risk measures in a variety of settings. The results have generally been mixed, with some studies showing equivalent predictive capacity for PCL-R scores and other violence risk instruments. Other studies have shown lower predictive ability for the PCL-R in relation to specific risk assessment instruments. The most comprehensive meta-analytic review of the PCL-R in relation to other risk assessment instruments was completed by Min Yang, Stephen Wong, and Jeremy Coid. These authors found little difference between the PCL-R (particularly

Factor 2) and eight other violence risk measures (e.g., Historical-Clinical-Risk Management-20, Violence Risk Appraisal Guide) in the prediction of violence. Similar to findings discussed earlier, they found that Factor 1 generally did not contribute to the prediction of violence risk, although the authors noted that it may play a role in moderating the risk of sexual violence among moderate- to high-risk sexual offenders.

Psychopathy and Response to Violence Interventions

Criminal risk assessments typically involve consideration of an individual's likelihood for violence and/or recidivism. Frequently, those assessments include consideration of efforts that might be employed by mental health professionals to mitigate, or lower, one's risk. Part of that consideration involves assessing the individual's amenability for intervention. In this respect, the assessment of psychopathy can play an important role. In addition to examining its role as a predictor of violence and risk for criminal behavior, psychopathy is also considered in terms of its impact in treatment settings. Following adjudication in criminal cases, many offenders are referred to mandatory treatment programs. These are most prevalent with respect to domestic violence and batterer's interventions and sexual offender treatment. Consequently, the role that psychopathy plays in relation to treatment and interventions for violence and criminal behavior is important to consider in a risk assessment. Psychopathic traits have the potential to impact the offender's participation in and response to treatment. For example, the interpersonal components of psychopathy (e.g., manipulateness, conning, inflated ego) can interfere with efforts in treatment. Participants in these settings with strong psychopathic traits can manipulate the treatment provider and other members of the group. Indeed, positive impression management through the use of charm, conning, and manipulation can leave treatment providers questioning the need for intervention.

A major component of offender-based interventions (such as batterer's interventions and sexual offender treatment programs) is the development of empathy. Many of these programs focus on

improving offenders' ability to appreciate the impact they have on their victims. Psychopathic traits can interfere with these treatment goals because psychopathic offenders often lack the capacity for moral reasoning and empathy.

Ongoing Role of Psychopathy in Risk Assessment

While the specific role that psychopathy plays in violence risk assessment continues to be debated and studied, it is clear that this construct will remain an important topic in the violence risk literature. Future assessment of psychopathy will include greater contributions from neuroscience and neuroimaging techniques. The criminal justice system will have to find ways to incorporate these types of data and findings in light of the burgeoning neuroscience in the area of psychopathy. Moreover, the criminal justice system will have to contend with adversarial arguments about the aggravating and mitigating nature of psychopathy as a factor to consider in sentencing convicted offenders. Regardless, it is clear that psychopathy will continue to play a significant role in violence risk assessment.

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See also Psychopathic Offenders, Treatment of; Psychopathic Traits, Structure of; Psychopathy; Psychopathy Checklist (PCL); Psychopathy Versus Antisocial Personality Disorder; Risk Assessment, Actuarial; Violent Offenders

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CRIMINAL RISK ASSESSMENT, SEXUAL OFFENDING

Although legal definitions of sexual offenses vary, the term *sexual offending* typically denotes offenses whereby an individual engages in unwanted sexual acts with another person who does not give, or is unable to provide, consent. Given the impact such acts have on survivors, sexual offenses receive considerable attention from the media, policy makers, and the criminal justice system. These concerns highlight the need for accurately assessing the likelihood that those who have offended sexually will recidivate or commit future sexual offenses. After reviewing factors associated with risk of sexual reoffending, this entry describes assessment techniques commonly used by those conducting risk assessments for sexual offending and outlines the components of a sex offender risk assessment.

Factors Associated With Risk of Sexual Reoffending

When conducting sex offender risk assessments, evaluators utilize both static and dynamic risk factors. Static risk factors remain constant or cannot be changed by treatment (e.g., the offender's prior offense history), whereas those factors that may fluctuate are referred to as *dynamic risk factors*. Some dynamic factors may also be referred to as *long-term vulnerabilities* or *risk-relevant propensities* as these factors, while relatively stable, are oftentimes the focus of sex offender treatment programs designed to lessen the offender's overall risk. See Table 1 for a list of static and dynamic risk factors for sexual risk.

One of the most useful predictors of future behavior is previous behavior, and the same is true when predicting risk of sexual reoffense. Offenders who have previously committed sexual offenses are at a greater risk of sexual recidivism compared to those with nonsexual prior offenses. Additionally, the younger one was at the time of his or her first sexual offense, the greater the risk of future sexual offending. The time span of sexual offending is also associated with risk, with offenders who have a longer sexual offending history being

Table 1 Static and Dynamic Sexual Risk Factors

Static Risk Factors	Dynamic Risk Factors
Prior sexual offense	Sexually deviant interests
Young age	Impulsivity
Male victim	Attitudes supportive of sexual assault
Prepubescent victim	Sexual preoccupation
History of substance use	
Prior failure on conditional release	
No prior stable, adult, intimate relationships	
Two or more paraphilic diagnoses	
Psychopathy	

at an increased risk of sexual recidivism. For example, a 30-year-old offender who has been offending sexually since the age of 16 has greater risk of continued offending compared to a 30-year-old offender whose sexual offending history has spanned 5 years.

The offender's current age is also a determinant of risk of sexual recidivism. Adult offenders under the age of 30 typically have the highest rates of sexual reoffense compared to older offenders. Although the risk of sexual recidivism declines with age, those who offend against children tend to have a slower decline in risk of sexual reoffense over time compared to other types of sexual offenders.

An additional dynamic risk factor for sexual recidivism is the presence of deviant sexual interests. There is some debate regarding how to define sexual deviance, but those who display sexual attraction to prepubescent children are often categorized as demonstrating sexually deviant interests and are thus viewed as having a greater risk of sexual recidivism. Additionally, individuals who derive sexual pleasure from torturing or humiliating their victim or prefer sex that includes force or violence to consensual sex are also considered to be demonstrating deviant sexual interests.

Offenders who derive sexual pleasure from torturing or humiliating a nonconsenting individual may meet diagnostic criteria for the paraphilia sexual sadism. Paraphilias involve fantasizing about, or acting on, sexual interests that are generally considered atypical. Individuals diagnosed

with a paraphilia may experience distress or impairment in functioning as a result of their sexual interests. In addition to some paraphilias being reflective of deviant sexual interests, research suggests that offenders diagnosed with two or more paraphilias are at increased risk of reoffending sexually.

Offenders who display attitudes that are supportive of sexual assault, such as the belief that one is entitled to sex, are at an increased risk of sexual offending. Being preoccupied with sex is also associated with an increased risk of sexual offending. Indicators of preoccupation with sex include the belief that one has a stronger sexual drive than others and placing an inflated level of importance on sexual behavior compared to other parts of one's life. How frequently one views pornographic material, engages in sexual behavior, or fanaticizes about sexual acts can also be indicators of sexual preoccupation. Sexual preoccupation may also negatively impact an offender's personal relationships, with research indicating that those who have no current or prior intimate relationships with another adult are at an increased risk of sexual reoffense.

Sexual offenders who display antisocial traits, such as impulsivity and a disregard for social norms, are also at an increased risk of sexual recidivism. Failure to adhere to treatment or supervision requirements is oftentimes indicative of antisocial tendencies, with offenders who leave treatment prematurely or fail to abide by supervisory requirements being at an increased risk of sexual

recidivism. Although the relevance of antisocial tendencies to risk of reoffense is true for sex offenders in general, those who sexually offend against adults are more likely to exhibit antisocial traits than those who offend against children.

Another risk factor for sexual reoffense, psychopathy, is also more prevalent in those who offend against adults versus those who offend against children. Psychopathy constitutes a personality construct that includes interpersonal, emotional, and behavioral traits. Individuals classified as psychopathic may show traits such as lack of remorse or empathy, poor behavioral controls, and sexual promiscuity. In addition to being associated with risk of violent offending, those who are classified as psychopathic are also more likely to engage in sexual recidivism compared to those who are not considered psychopathic. A final risk factor more commonly seen in those who offend against adults is substance use diagnoses, with those who have a history of abusing substances being at a greater risk of sexual recidivism.

Victim demographics are also associated with risk of sexual recidivism. Sexual offenders who offend against males or unrelated victims pose a greater risk of sexual recidivism than those who offend against females or those known to them. Additionally, individuals who offend against various types of victims (e.g., males and females, adolescents and adults) pose a greater threat for reoffense compared to offenders who only offend against a singular type of victim.

Sexual Recidivism Risk Assessment Instruments

Various instruments have been designed to assess the risk of sexual recidivism and provide evaluators with more objective methods of assessing risk of sexual recidivism. Although these measures differ with regard to how risk is conceptualized and measured, a 2009 meta-analysis by R. Karl Hanson and Kelley E. Morton-Bourgon suggested that sex offender risk assessment instruments have similar levels of predictive accuracy. Given findings of similar predictive accuracy across leading measures, the decision regarding which instrument to employ often rests on selecting an approach to estimating sexual recidivism that best fits with the purpose of the evaluation.

For example, evaluators seeking to identify changes in an offender's risk over time may choose a structured professional judgment instrument that includes static and dynamic factors. Structured professional judgments may also include protective factors, or those that reduce an offender's overall risk, and identify relevant risk factors to consider while allowing for professional judgment when making the final risk determination. The Sexual Violence Risk-20 is considered a structured professional judgment and includes 20 items that address the offender's criminal history, psychosocial functioning, and future plans. This instrument allows evaluators to classify the offender's overall risk and prioritize the types of interventions for the offender.

The STATIC-2002R is an example of an actuarial instrument or instrument that arrives at a final risk score and risk estimate based on a mathematical formula. The current version of the instrument contains 14 items that cover information about the offender's age, sexual offending and general criminal history, deviant sexual interests, and victim characteristics. The scores from the individual items are summed to obtain a final score of risk that corresponds to a risk classification level ranging from low to high in likelihood for sexual reoffense over 7 and 10 years. Although this instrument provides long-term recidivism estimates and relies on empirically supported items, some express concern that the instrument does not show changes in risk of sexual reoffense given the sole reliance on static variables.

A final group of risk assessment instruments is referred to as *mechanical instruments* and is similar to actuarials in that instructions are provided for what risk items to consider and how to combine the factors to arrive at a risk estimate. Unlike actuarials, mechanical instruments do not provide information for how the final risk estimates relate to recidivism rates. An example of a mechanical instrument is the Sex Offender Treatment Intervention and Progress Scale, which includes 16 dynamic risk items related to the offender's sexual deviance, general criminal behavior, and interpersonal relationships. Total scores are categorized into three levels of risk, with research suggesting that the instrument is reliable and moderately predicts risk of sexual recidivism.

Additional Assessment Measures

Evaluators may also utilize assessment procedures, such as the penile plethysmograph (PPG), that measure physical responses to stimuli as a strategy to evaluate sexual risk. Although a version is available for use with females, the version designed for use with males has been researched extensively and is the focus of the description that follows. The PPG is administered by having the male place an apparatus on his penis, termed a *circumferential strain gauge*, that measures fluctuations in penile circumference or volume in response to audio or visual sexual stimuli (e.g., narratives, images) that depict male and female adults and children. Fluctuations in penile volume or circumference are purported to be indices of sexual arousal that are associated with sexual recidivism. For example, an offender who displays arousal in response to images of female children can be inferred to be at greater risk of offending against female children than an offender who does not display a pattern of arousal in response to these stimuli.

Although some research suggests that the PPG effectively assesses risk for those who offend against children, there are several concerns regarding the use of the instrument. First, the obvious nature of how the instrument assesses risk can result in offenders distorting their results. Individuals could deliberately imagine stimuli other than the images presented to interfere with the validity of test results. Additionally, research suggests that males can control penile volume so that the presence, or absence, of arousal may be unrelated to the images that the individual is viewing. Because of these concerns, and the intrusiveness of the procedure, evaluators may opt to utilize another physiological measure when assessing sexual risk.

Gene Abel and associates developed the Abel Assessment for Sexual Interest to assess sexual preference. The Abel Assessment requires individuals to first complete a questionnaire regarding deviant sexual interests, sexual history, and criminal history. They then view a series of 160 digital images depicting individuals who are clothed in bathing suits and vary with regard to age, gender, and ethnicity. Offenders are asked to initially view each image and then go through the images a second time to rate their level of sexual arousal in response to each picture. In addition to obtaining

a measure of the individual's reported arousal to each image, the amount of time spent viewing each image is recorded.

The assumption behind the Abel Assessment is that the length of time spent viewing stimuli is indicative of the level of sexual arousal one experiences in response to the images. Although this instrument has been shown to have similar predictive utility as the PPG when detecting those who offend against children, there is concern that without a direct measure of sexual arousal, one cannot assume that the length of interest shown in a type of image is necessarily indicative of sexual arousal.

Conducting the Evaluation

Evaluations of sexual risk often assist in determining an appropriate sentence, whether an offender meets criteria to be labeled as a sexually violent predator, and to inform treatment recommendations or management strategies to prevent continued sexual violence. When evaluating risk of sexual recidivism, evaluators should be aware of the limitations of certain assessment methods and applicability of specific assessment instruments to ensure selecting the best assessment approach for a given evaluation. For example, some assessment procedures (e.g., PPG) work more effectively with those who offend against children and, thus, may be less suitable for evaluating those with no known history of offending against children. Demographic characteristics may also influence which instrument is appropriate as many risk assessment instruments were designed for use with males, which limits their applicability when evaluating risk of a female sexual offender. There is also concern that the more commonly used sex offender risk assessments may not accurately assess risk for offenders who display symptoms of a major mental illness or diagnosis of intellectual disability, and it is important that evaluators convey any limitations to their assessment strategy within their report.

Review of Available Records and Collateral Sources

Records are considered to be the cornerstone of any forensic evaluation and the same is true of evaluations for sexual violence risk. An offender's criminal history, including police reports, should

be obtained as these documents provide information regarding the offender's offense history, prior compliance with supervision requirements, and victims' demographic information. If an offender is currently incarcerated or in a psychiatric facility, records from the facility can assist in determining whether the offender is displaying active mental health symptoms and whether he or she has complied with supervision requirements.

Mental health records are also used to determine the presence of psychiatric diagnoses related to risk of reoffense and whether the offender has complied with, or benefited from, previous attempts to manage mental health symptoms. Evaluators should obtain previous risk assessments, if available, as these records may contain additional information regarding the offender's offending patterns and responsivity to treatment as well as serve as a comparison point to determine any fluctuations in risk of sexual recidivism. Additional records, or collateral sources, may include school records, child protective agency records, interviews with family members, or interviews with previous treatment providers. It is preferable to review records before interviewing the offender as information contained in the records can assist the evaluator select relevant lines of inquiry and provide the necessary knowledge for asking follow-up questions should an offender provide information that contradicts available records.

Interview

The types of questions asked during the interview may depend on the reason for the evaluation. For example, if conducting a sexually violent predator evaluation, the evaluator must address factors outlined in statutes, which influences the degree to which certain areas are covered during an interview. Although the information emphasized during an interview may vary depending on the reason for the evaluation, evaluators typically gather information regarding the offender's background, mental health history, and criminal history. An offender's background can aid in identifying patterns of behavior as well as the onset of mental health diagnoses or substance use. Evaluators question offenders about mental health symptoms to determine whether there is evidence to warrant a mental health diagnosis that has been previously undiagnosed. Questions regarding the offender's sexual offending history and their history of sexual

functioning in general is relevant, as it can provide information about the potential for sexual preoccupation or a preference for nonconsensual sex.

Utility of Standardized Risk Assessment Instruments

Evaluators should utilize a standardized risk assessment instrument, such as those reviewed herein. Although the record review and interview provide important information about the presence of risk factors, a standardized risk assessment instrument provides a more objective evaluation of risk of sexual recidivism and is considered necessary during a risk assessment. There is a large number of instruments available to assess risk of sexual recidivism, and it is important that evaluators weigh relevant factors to determine which instrument is most appropriate for the evaluation.

Future Research

Although significant advances have been made in predicting risk of sexual recidivism, additional research is required to determine whether current practice accurately predicts risk of sexual violence for specific groups (e.g., female sex offenders) and the extent to which available instruments accurately predict risk of sexual recidivism. This research will help ensure that evaluators are conducting evaluations that align with ethical guidelines and standards of practice as well as to maximize the chance predictions of risk of sexual violence are both reliable and accurate.

Karen M. Davis and Michael B. Lister

See also Criminal Risk Assessment, Clinical Judgment of; Criminal Risk Assessment, Combined Static and Dynamic Approaches to; Criminal Risk Assessment, Psychopathy; Sex Offender Risk Appraisal Guide (SORAG); Sexual Offender Civil Commitment Statutes; Sexual Offenders; Sexual Violence Risk-20 (SVR-20)

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CRIMINAL RISK ASSESSMENT, STALKING

Stalking can be defined as a pattern of targeted, repeated, and unwanted intrusive acts that can be reasonably expected to cause apprehension, distress, or fear. Stalking victims frequently experience a significant psychological harm, and approximately one third are physically assaulted. Given the damage associated with prolonged or violent stalking, key concerns for criminal justice agencies are accurate assessment and identification of those stalkers most likely to continue to stalk, stalk again in the future, or become physically violent. Risk assessment has therefore been a key focus of stalking research, and two structured risk assessment instruments for stalking now exist. This entry describes the development of the stalking risk assessment literature, identifies challenges when assessing stalking risks, and reviews risk factors that have been empirically linked to stalking recidivism (reoffending) and stalking-related violence.

Stalking Risk Assessment Research

Identifying risk factors that can be used to predict stalking-related violence has been a central goal of stalking research since the field began in the early

1990s. It was such a focus that in 2007 the prominent stalking researcher, Reid Meloy, described it as the *current quest for the Holy Grail*. The stalking risk assessment literature developed as the broader literatures on violence, sexual, and general offending risk assessment were flourishing, influencing how stalking risk assessment was investigated and understood. However, it quickly became apparent that there were characteristics unique to stalking that meant existing risk assessment research and instruments were not appropriate for all stalking cases. It took some years to develop a body of research that could inform the development of structured risk assessment instruments specifically for stalking, with the first instruments published in the late 2000s (the *Guidelines for Stalking Assessment and Management* in 2008 and the *Stalking Risk Profile* in 2009).

Challenges of Assessing Stalking Risk

There are a range of factors that make stalking risk assessment a particular challenge for researchers and practitioners. The first, and most obvious, difficulty is the diversity of both stalking behaviors and the contexts in which stalking arises. Stalking occurs between former intimates, between neighbors, workmates, strangers, and family members. It can be amorous in intent, or vengeful and aggressive, or both. This makes it extremely difficult, if not impossible, to derive the kinds of algorithmic actuarial risk assessment instruments that were successfully developed for violence, sexual offending, and general offending during the 1990s. Even if large enough samples of stalkers could be collected, it would be impossible to identify a single algorithm, or set of risk factors, among the variations in stalkers and their behaviors.

In addition to its diversity, stalking differs from violent, sexual, and general offending in other important ways:

- Stalking is targeted, and the nature of the prior relationship between the victim and the perpetrator plays a central role in the stalking and likely outcomes.
- The majority of stalkers are not physically violent, but can still cause significant harm to the victim through their intrusive and relentless behavior, meaning that stalking risk goes beyond physical violence.

- Stalking involves behaviors that would otherwise be considered nonthreatening and nonviolent, possibly rendering risk factors for physical violence unrelated to future stalking.
- Stalking is by definition persistent with risk toward a specific victim possibly fluctuating over time, even while risk to other people is low.

In their seminal 2002 article, Canadian psychologists Randall Kropp, Stephen Hart, and David Lyon noted that these characteristics were inconsistent with most of the extant literature of violence risk assessment. This literature ignored the relationship between the victim and the perpetrator, examined only the likelihood of physical harm, and followed up discrete outcomes over a relatively limited period. They recommended that given the unique nature of stalking risk, structured professional judgment approaches would be useful and went on to develop the Stalking Assessment and Management with this in mind.

A subsequent 2006 article published by a group of Australian researchers and clinicians elaborated further on these issues. This group of authors suggested that one way of dealing with some of these challenges was to change how stalking risk was conceptualized. Rather than assessing the *risk of stalking* in a particular case, they suggested that it is more useful to think of stalking as a behavior that presents different kinds of risk to the victim, including psychological, social, or physical harm if the stalking continues or recurs and/or escalates to physical or sexual assault. With this framework, each type of outcome could be investigated and specific risk factors identified. This perspective strongly influenced the same authors' subsequent development of the Stalking Risk Profile.

Stalking Risk Assessment Research

There are now dozens of studies examining risk factors for a wide variety of different outcomes in stalking cases. Nevertheless, in comparison with the general violence or sexual offending risk assessment literature, research on stalking risk remains relatively limited, meaning that conclusions must be drawn cautiously. Moreover, the majority of risk factors identified in existing studies are static, or unchangeable, historical characteristics such as *past violence*, which are not

particularly helpful to risk management. Future research examining more nuanced risk factors is needed to better target treatment that can reduce the risk of future stalking or stalking-related violence.

Examining Risk Factors for Future Stalking

Future stalking may involve continued stalking of the current victim (or if the stalking has ceased, recommenced stalking of the same victim) or the risk of future stalking of a different victim. Due to the lack of research, however, the empirical evidence for risk factors for these outcomes is relatively weak.

Unlike research related to stalking risk factors, some information about relevant risk factors can be gleaned from the small body of research examining stalking recidivism. The first study of this kind was published in 2003 and used a sample of 148 U.S. stalkers who were followed up between 2.5 and 12 years after a court assessment, predominantly using criminal justice records. In total, 49% of the same reoffended with further stalking, 80% within a year of the initial assessment. The strongest predictor of stalking recidivism was the presence of a personality disorder, particularly the presence of antisocial, narcissistic, or borderline personality traits. The combination of a personality disorder and substance abuse at the time of the original assessment also contributed significantly to recidivism, as did having a prior intimate relationship with the original victim. Aspects of these findings have been replicated in other studies: Personality disorder or problematic traits were also linked to multiple stalking episodes in two Australian studies (2012 and 2017), each involving a sample of approximately 150 forensically involved stalkers. Other risk factors for future stalking include the nature of the prior relationship between victim and stalker and the perpetrator's criminal history. A large study of over 1,000 stalkers from North America reported that former intimates were more likely to reoffend than those with other kinds of relationships to the index victim. The presence of a criminal history was linked to stalking recidivism in two studies, the first a 2009 Dutch study and the second from Canada in 2011, using quite different forensically involved samples. The Canadian study also identified a

history of mental health diagnosis as a risk factor, although the relationship was weak and requires further investigation.

Only one Australian study (published as a thesis in 2015) has been able to differentiate between risk factors for future stalking of the same versus a different victim. Information from police records of 160 Australian stalkers showed that 28% were charged with further stalking offenses over an average 5.5-year follow-up period. Of these, 56% reoffended against the original victim and 56% against a new victim (6% stalked both the same and a new victim), with significantly shorter time to reoffending involving the same victim (estimated mean time of 40 weeks vs. 108 weeks). When examining any stalking recidivism, personality disorder or problematic traits were again related to recidivism, as was a history of stalking prior to the episode that led to their assessment for the research (the index episode). Duration of the index episode was also linked to subsequent stalking charges, with stalkers who had already persisted for more than 6 months having almost 3 times greater odds of reoffending.

This 2015 Australian study also examined risk factors for reoffending against specific stalking victims, with marked differences in the predictors identified. Stalkers who reoffended against the same victim were significantly more likely to be male, to have problematic personality traits or disorder, an index stalking duration of greater than 6 months, and to have approached the victim during the index stalking episode. In subsequent multivariate models, major mental illness was also shown to be important to predicting this outcome. None of these risk factors were related to reoffending against a different victim. Instead, a history of prior stalking, a criminal history, and being a stranger to the stalking victim were significant predictors. These findings suggest that different risk factors may, in fact, be related to future stalking of the same, versus a different, victim. Further research and replication of these results are required to provide evidence-based risk assessments of future stalking.

Examining Risk Factors for Stalking-Related Violence

In contrast to the limited literature on the risk of future stalking, by 2000, there were more than a

dozen published studies investigating risk factors for physical violence during a stalking episode. A meta-analysis of 13 studies involving 1,159 individuals was published in 2004, with an overall rate of physical violence by stalkers of 38.7%. The presence of threats, substance use by the stalker, the absence of a psychotic disorder, a history of violence, and a prior intimate relationship between victim and stalker were all positively correlated with physical violence during the stalking episode.

These findings were replicated a decade later in an expanded meta-analysis of 25 studies with over 5,000 participants. The overall rate of physical violence in this larger sample was similar, 35%. Strengthening and expanding the findings of the earlier review, the newer analysis identified prior intimate relationship, threats, perpetrator substance use, absence of psychosis in the stalker, and stalker history of violence as risk factors for perpetrating stalking violence. In addition, stalker personality disorder, criminal history, and male gender were identified as risk factors. These meta-analyses provide strong evidence that stalking-related violence is most commonly committed by former intimates who have a broader range of antisocial characteristics and engage in a range of problematic and criminal behaviors in addition to stalking.

Risk factors such as those identified in the meta-analyses, while useful for prediction at the group level, are not always useful for assessing risk in individual cases or designing clinical interventions to reduce risk. Stranger and acquaintance stalkers are occasionally violent, as are psychotic stalkers, making risk assessment a nuanced and challenging task. The two structured risk assessment instruments developed to assess the risk of stalking-related violence attempt to assist with this process. They both include a range of other, more dynamic, risk factors such as the presence and intensity of anger toward the victim, irrationality or distress on the part of the stalker, and consideration of the pattern of stalking behavior. While they are drawn from the broader stalking and violence risk assessment literatures, the empirical relationship of these risk factors to stalking violence is yet to be specifically evaluated and should be the focus of future research.

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See also Criminal Risk Assessment, Stalking; Cyberstalking; Screening Assessment for Stalking and Harassment (SASH); Stalking Assessment and Management (SAM), Guidelines for; Stalking Risk Profile (SRP)

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CRIMINAL RISK ASSESSMENT, STRUCTURED PROFESSIONAL JUDGMENT OF

Structured professional judgment (SPJ) is a formal method of evaluating the risk of future violence. Such evaluations are required in numerous contexts, such as parole decisions, release from forensic hospitals, civil commitment, when violence threatens the workplace, among others. Originating in the mid-1990s, the SPJ approach consists of a family of risk assessment measures devoted to specific types of violence. This entry reviews the following topics: brief description of the SPJ approach, SPJ instruments, core assumptions of SPJ, use of the SPJ model in practice, and research support for SPJ.

Description of the SPJ Approach

The SPJ approach is a comprehensive approach to violence risk assessment. It structures the decision-making process from the gathering of information necessary to complete a risk assessment, to rating risk factors, formulating risk, specifying future scenarios of violence, suggesting risk management strategies, and facilitating risk estimates of the likelihood of future violence. It is a method of decision-making that is founded upon empirically supported violence risk factors and well-supported criminological and psychological theories devoted to understanding why people decide to act violently (collectively called *decision theory*, specific examples of which include situational action theory and rational choice theory). It helps evaluators determine the presence of risk factors, which risk factors are most relevant or important in a given case, why a person has chosen to act violently (what motivates, disinhibits, or destabilizes the person's decision-making), what the person might do in the future, what risk reduction strategies make most sense in a given case, and the level of risk a person poses.

The SPJ approach, though structured and comprehensive, does not use equations, formulas, or algorithms to produce numeric estimates of future risk of violence. Some approaches propose to do so, but the developers of the SPJ approach have noted shortcomings in these attempts. For instance, they have argued that actuarial estimates are often based on single samples or a small number of samples; that they often omit important risk factors due to sample dependence; and that their numeric estimates vary across samples and settings. The authors have also asserted that actuarial estimates tend to weight risk factors in a manner that assumes equal weights for all people, which could force evaluators to provide higher weight to certain factors that, in their judgment, had little to do with a person's violence compared with factors that were essential to understanding a person's violence. In addition, according to the authors, actuarial estimates are less geared toward risk management and capturing change over time, and they do not facilitate formulation or scenario planning.

SPJ Instruments

There are a number of SPJ instruments, each containing between 20 and 30 violence risk factors.

The most general, and most widely used, instrument is called the *Historical-Clinical-Risk Management-20* (HCR-20), which is applicable to all forms of violence. The HCR-20 contains 20 risk factors dealing with historical factors (personality disorder, mental illness, past violence, substance use problems, and past noncompliance), recent functioning (violent ideation and instability), and future functioning (adequacy of professional plans, personal support, and stress and coping). In a survey of over 2,000 clinicians, the HCR-20 was found to be the most commonly used violence risk assessment instrument across more than 40 countries. It has been translated into 20 languages and has had several hundred empirical evaluations conducted on it.

There are also SPJ instruments that deal with specific forms of violence, including sexual violence (Risk for Sexual Violence Protocol [RSVP] and Sexual Violence Risk-20 [SVR-20]), stalking (Guidelines for Stalking Assessment and Management [SAM]), intimate partner violence (Spousal Assault Risk Assessment [SARA]), group-based violence (Multi-Level Guidelines [MLG]), honor-based violence (the PATRIARCH), violence screening (the TRIAGE), short-term violence (Short-term Assessment of Risk and Treatability [START]), violence among children (Early Assessment Risk List-20, for Boys [EARL-20B]; Early Assessment Risk List-21, for Girls [EARL-21G]), and violence among adolescents (Structured Assessment of Violence Risk in Youth [SAVRY]).

Core Assumptions of SPJ

The SPJ model makes some basic assumptions. These assumptions are as follows: (a) professionals with appropriate training, education, and experience can make reliable decisions about risk; (b) there are changeable, or dynamic, risk factors that must be included on any risk assessment instrument for the purposes of risk reduction; (c) when dynamic risk factors change, the likelihood of future violence changes in kind; (d) dynamic risk factors must be monitored over time; (e) in general, the more risk factors present in a case, the higher the risk, but that risk is not solely determined by a linear combination of risk factors (i.e., a small number of highly salient risk factors can lead to violence).

Using SPJ in Practice

SPJ instruments share a fundamentally common approach to the violence risk assessment task. There are some slight differences across measures depending on the date of publication. For all measures, evaluators rely on interview information (when possible and not contraindicated) and file-based information (e.g., correctional or psychiatric records; employment records). Supplemental sources of information include collateral interviews (e.g., with family members, victims, or coworkers, when appropriate), observation (e.g., when a patient resides on an inpatient unit), and medical or psychological testing.

In addition to determining which risk factors are present, evaluators are guided through several assessment steps that facilitate answers to the following questions:

- Of the risk factors that are present, which are the most important to understanding why a person has been violent?
- How can the risk factors be integrated to produce a formulation of risk (essentially, why has the person done what he or she has done)?
- What is the evaluator worried the person might do in the future?
- What can be done to prevent the violence?
- What level of risk does the person pose?

These are basic questions that any good risk assessment must address. The SPJ approach simply provides a structure to help evaluators address these questions. It is reflective of a larger principle—supported by theory and research—that human beings make better decisions about complex matters involving many pieces of information within a structure than without structure.

To illustrate the typical SPJ decision-making process, HCR-20 Version 3 will be used as an example. To be clear, all other SPJ instruments use a similar logic. Steps 1 and 2 are simply gathering information and rating risk factors. Risk factors on SPJ instruments are rated based on operational definitions and coding notes. Risk factors are rated as *absent*, *present*, or *possibly/partially present*. No risk factors are deemed, a priori, as definitively more important than others in any given case. That is the work of the evaluator to determine. Nomothetic data (support for a risk factor

at the sample or population level) are treated as support for hypotheses to explore at the case, or idiographic, level. In one case, substance use problems might be more important than child abuse; in a different case, the opposite might be true. Evaluators must have the discretion to determine this.

To facilitate evaluators' judgments of the importance of risk factors within individual cases, SPJ instruments have introduced the concept of idiographic relevance. On the HCR-20 Version 3, this is Step 3. Idiographic relevance of a risk factor is different from its risk-enhancing status in the population. Rather, it refers to the risk-enhancing property at the case level. Just because a person has a risk factor that is supported at the population level does not necessarily mean that it is associated with violence equally strongly, or at all, for any given person. The evaluator's job is to determine how important a given risk factor is for understanding a given person's violence.

This issue of relevance is central to the next step within SPJ, represented in Step 4 on the HCR-20 Version 3, formulation. Formulation is a core competency in most mental health fields. Its essence is to explain why something happened. For example, if a therapist sees a new client who is claiming to be depressed, that therapist needs to know why the person is depressed. What sorts of thoughts lead to her depression? Does she have negative self-evaluations? How does she interpret significant others' opinions of her? Risk formulation is not different. The evaluator needs to know why a person has been violent in order to make decisions about risk and make suggestions for how to prevent future violence.

The SPJ approach allows a variety of conceptually and theoretically meaningful methods of formulation. It generally promotes the integration of risk factors into conceptually meaningful clusters with root causes. Then, it promotes ascertaining how such risk factors influence a person's decision-making about violence. Why does a person think violence can achieve some goal? Why is he not worried about the negative consequences of violence? One of its major recommendations draws from decision theory, an approach with a broad support in criminology and psychology. Essentially, this approach recommends that evaluators consider how risk factors influence a person's decisions to act violently. It describes motivations (i.e., factors

that increase the perceived benefit of violence, such as gaining status, control, or dominance), disinhibitions (i.e., factors that decrease the perceived cost of violence, such as lack of empathy, negative attitudes, or nihilism), and destabilization (i.e., factors that impair careful decision-making, such as impaired cognition, perception, or attention). It should be noted that this approach is also highly consistent with the assumptions of empirically validated risk reduction techniques that focus on offender thinking, such as cognitive skills training or problem-solving skills training.

After formulation, evaluators turn their attention to the future. In essence, this step (Step 5 of the HCR-20 Version 3) asks evaluators to specify what forms of violence they are worried the person might commit in the future, if the person were to be violent, as well as the likelihood of those scenarios. For example, will a person rob a bank, sexually assault a child, beat someone up in a bar, or punch his mother? Scenario planning is used in numerous fields, including military planning, emergency preparedness, health-care planning, and business. It helps people plan in a context of uncertainty, which describes the risk assessment context. In crafting scenarios, evaluators are mindful of the motivations of violence, who might be future victims, and how serious the violence might be. They draw on a person's past acts of violence, but also think about whether any twists or exacerbations of violence might occur.

Next, the evaluator specifies what might be done to reduce the risk of violence. This step (Step 6 on the HCR-20 Version 3) takes into account previous steps (why has a person acted violently and what might she do in the future?) to put plans into place or recommend to others to do so. Evaluators first specify what the warning signs for an escalation of risk would be based on the person's history and future context (e.g., resuming drinking, dropping out of treatment, and getting into arguments with a spouse). Then, they recommend strategies and tactics for monitoring (frequency and method of observation), supervision (its strictness and method), intervention (types of rehabilitation), and victim safety planning (how prospective victims might spot warning signs and cope with stressors).

Finally, based on the preceding, the evaluator can offer summary risk ratings about the likelihood of future violence, how serious it might be, and its

imminence. This is Step 7 on the HCR-20 Version 3. These are narrative, categorical judgments, framed in terms of low, moderate, and high. For reasons discussed earlier, they do not depend on numeric cutoffs or algorithms. This is a principled method for risk communication that is intended to summarize previous steps. A judgment of high risk means that the evaluator has a high level of concern that the person will be violent in the coming 6–12 months, that a high degree or intensity of intervention will be required to mitigate risk, and therefore that the person is at a high priority for the receipt of services and resources.

This method has been criticized by some commentators because it does not involve algorithms or numeric cutoffs, and it does not produce numeric probability estimates of future violence (although these are routinely published in academic articles). Despite the criticism, this method has also been shown across roughly four dozen studies to be as or more accurate than algorithmic approaches to risk estimation. Indeed, as reviewed in the next section, the judgments of low, moderate, or high risk tend to add incremental validity to optimized, numeric (i.e., actuarial) combinations of risk factors.

The Nature of Research Support for the SPJ Model

There have been several hundred empirical evaluations of the SPJ approach as of 2017. The research has occurred across more than two dozen countries. Meta-analyses show that this approach is at least as accurate as the actuarial approach in terms of the predictive validity of risk factors, if not more so. Moreover, changes in risk factors over time have been shown to predict changes in violence in the future. That is, there is support for the dynamic risk of SPJ measures.

Nonalgorithmic judgments of low, moderate, or high risk have routinely been found to add incremental predictive validity to the summing of the risk factors or to other risk assessment measures, including actuarial ones. There are several possible reasons why this might be the case. First, actuarial measures treat all persons the same and presume that all risk factors should have the same weighting across people, whereas SPJ measures do not. They require the evaluator to specify which risk factors are the most important in any given

case. Second, most actuarial measures presume that a simple linear combination of risk factors is the optimal method of determining risk. The SPJ agrees that, in general, the more the risk factors are, the greater the risk. However, it specifically allows for deviations from a linear model. For instance, if a given person were to have an acute psychotic break, be heavily intoxicated, and be experiencing violent ideation, it could be reasonable to conclude that he or she is at high risk of violence. Most actuarial methods would classify such a person as at low risk because there are only three risk factors present. Third, as referred to earlier, putatively precise numeric estimates produced by actuarial methods have yet to be shown to be consistently robust across samples. That is, they change across samples, likely due to the inherent uncertainty and complexity involved in risk assessment. It is difficult to anticipate future factors that affect risk—SPJ methods such as the HCR-20 Version 3 attempt to do so through the inclusion of forward-looking decision aids (e.g., the Risk Management Scale, scenario planning).

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See also Criminal Risk Assessment, Violence; Historical-Clinical-Risk Management-20 (HCR-20); Intimate Partner Violence; Criminal Risk Assessment, Generations of

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CRIMINAL RISK ASSESSMENT, VIOLENCE

Violence risk assessment is a professional task that is required in numerous legal and clinical settings. It has as its most basic premise the identification of persons who pose higher versus lower levels of risk of future violent behavior. More comprehensive approaches also facilitate decisions about why persons have acted violently, why they might do so in the future, and what risk management efforts can be put into place to reduce risk. Such decisions are made daily, thousands of times, across myriad contexts, pan-globally. Common settings include parole decisions, sentencing determinations, discharge from forensic hospitalization, civil commitment, workplace health and safety determinations, immigration hearings, law enforcement case management, community risk management of patients and offenders, bail decisions, and sexually violent predator and other indeterminate sentencing proceedings. Many different professional groups are involved in violence risk assessment: clinical psychologists, psychiatrists, psychiatric nurses, social workers, occupational health and safety workers, law enforcement officers, judges, and immigration officials. In this entry, the following topics are reviewed: a descriptive overview of the task of violence risk assessment; the landscape of the most common applications of violence risk assessment; the evolution of the violence risk assessment

field, including landmark legal events that spurred its growth; major approaches to the task of violence risk assessment; the essential applied tasks involved in carrying out violence risk assessments; the fundamental state of the field in terms of its empirical evaluation; and core gaps to consider moving forward.

Descriptive Overview of Violence Risk Assessment

The essence of violence risk assessment is to make decisions about another person's future behavior. To predict the future behavior of a single individual—the task required within risk assessment contexts—is a complex endeavor. There are numerous pitfalls that can detract from its accuracy and reliability. Most prominent among these is simply the fact that the future is unknown, and there are many unknown future events and circumstances that can elevate or decrease a person's risk for violence. Nonetheless, predictive decisions must be made for legal and ethical reasons.

Credible approaches to violence risk assessment require evaluators (e.g., clinical psychologists, social workers, law enforcement officers) to consider a set of factors that are known through research to increase the risk of violence, on average, across people. These factors are called *risk factors*. Typically, they are assembled together in a manual or a test, with instructions to evaluators on how to rate or code them. Such manuals or tests are called *violence risk assessment instruments or measures*. The tests or measures also have instructions and explanations for evaluators to produce estimates of the likelihood of future violence. Some such measures produce numeric probability estimates, whereas others produce principled, narrative categorical estimates. Regardless of this, evaluators use these measures to guide their judgments about the nature and level of risk posed by a given individual. Researchers evaluate these in terms of their reliability (i.e., Do different evaluators reach the same, or nearly the same, decisions based upon them?) and validity (i.e., To what extent do the measures help to differentiate those who go on to be violent from those who do not?).

The results of a violence risk assessment are then used directly by the evaluator or reported to a

different decision maker (e.g., a judge, a parole board member, a review board member in a forensic setting), to inform any one of a number of vitally important dispositions for which the issue of risk posed by future violent behavior, or threat to public safety, is critical. For example, risk assessment decisions are considered in determining whether a person is sentenced to prison or probation, is granted parole or must remain in prison, is allowed out of the forensic hospital (and whether this must be with an escort or not), and is classified as maximum, medium, or minimum security within correctional facilities; whether a child should be taken away from his or her family in a child protection case; whether an individual with mental disorder can be civilly committed against his or her will; whether a person can be fired from a job; whether a young offender should be tried as an adult; whether a person who has committed a capital offense should be sentenced to death; or whether a person applying for immigration status within a country poses a risk to the public.

Common Applications of Violence Risk Assessment

As noted earlier, there are many settings in which violence risk assessment is required. Here, just a few major ones are described. In mental health law, a person can be involuntarily hospitalized (and hence deprived of liberty) if that person is mentally ill and poses a risk of violence to others (or self). This has been one of the most contentious legal arenas in the risk assessment field. Criticism of the mental health field as state agent spurred the evaluation of the accuracy with which mental health professionals can estimate future risk of violence. Despite legal attacks, most states, provinces, and countries permit involuntary hospitalization of a person due to mental illness in combination with the risk of violence to others (or self). The strictness of requirements varies greatly across jurisdictions. In some, risk of violence must be imminent, and the violence under consideration must be serious and must be against an identifiable person. In others, the risk must not be so clear. Under U.S. law, civil commitment law has been broadened to allow postsentence detention of sex offenders who pose a risk to the public of continued sexual violence (the so-called sexually

violent predator laws). However in traditional civil commitment, the length of stay in hospital is short (often days or weeks); in the sexually violent predator context, most detainees are hospitalized for many years.

Another common application of violence risk assessment is discharge from prison or from forensic hospitalization. In most cases, a person will have been imprisoned or hospitalized for years and becomes eligible for potential release into the community. Partial releases are also possible (e.g., day parole, supervised day leave, unsupervised day leave). In such contexts, parole board members (in the prison context) or review board members (in the forensic release context) must follow guiding legislation to determine whether the release would pose an undue risk to society. For this, they often receive risk assessment reports from psychologists, psychiatrists, or related professionals. They then integrate these reports into their own risk assessments to determine whether release poses an undue risk as defined by statute.

In such contexts, if a person is released, he or she typically will be supervised in the community by a parole officer or by a forensic mental health team. These professionals then engage in an ongoing risk assessment and management role. That is, they adjust and revise the risk assessment over time to ensure that the person under supervision does not pose an undue risk. They have the authority to send a person back to the prison or to the forensic hospital if conditions of supervision are violated or if they deem that the person poses an undue risk to the public. Risk assessment approaches that are used in these contexts must facilitate the tracking of change in risk over time, which is called *dynamic risk*. Some risk assessment approaches do not permit this and hence are of limited utility in these settings.

Another common application is presentence reports to court. Judges often need to know whether a person is safe to serve his or her sentence in the community (e.g., probation) or must be incarcerated to protect the public. Judges have limits placed on them (e.g., first-degree murderers will not receive community sentences, regardless of future risk). However, in some cases, they have discretion about whether a person should receive a custodial or community sentence. In such cases, violence risk assessments play an important role.

Finally, workplaces have a legal duty to protect the safety of their workers. Such threats to safety might stem from asbestos exposure, electrocution risk, or heavy machinery—or they might come from coworkers. This setting has been subjected to much less empirical scrutiny, likely because companies generally are not interested in publicizing the extent of violence perpetrated by their workers. Yet, all companies are subject to occupational health and safety law.

Evolution of the Violence Risk Assessment Field and Major Approaches to Violence Risk Assessment

Johnnie Baxstrom changed the world—that is, the risk assessment world. He also changed the lives of nearly 1,000 people in the same situation he was in. He was serving a sentence for violent crimes including robbery, and he also had a mental disorder. Once his sentence expired, New York state classified him as a dangerous mentally disordered accused, an option available to it in the 1950s and 1960s. This meant that he would be indeterminately imprisoned due to his dangerousness, despite having served his sentence. In essence, he had been predicted to be violent in the future and, despite having served his sentence, was therefore detained. Ultimately, the U.S. Supreme Court deemed that such treatment was unfair and ordered that he and close to 1,000 people in the same situation be released outright or transferred to less secure facilities.

In the mid-1960s, the sociologist Henry J. (Hank) Steadman decided to follow up these so-called dangerous mentally ill offenders to see how many of the 967 went on to commit crimes of violence against others. All 967 had been deemed to be dangerous, that is, likely to commit a serious act of violence in the future if they were released into the community. Steadman and his colleagues found, and published in a series of articles and books, that only a small minority went on to be violent. Indeed, the vast majority of these *predictions of violence* were simply wrong.

This observation shook the academic and mental health fields. Some argued that mental health professionals were incapable of predicting violence. People had been detained arbitrarily, and rights had been violated. At times, psychiatrists

and other mental health professionals had been presumed to be able to accurately predict future violence. Yet, the Baxstrom case changed everything for the concept of *dangerousness*, as it was commonly referred to, and led to the modern era of violence risk assessment.

Sharp criticism of the mental health field followed. Legal commentators derided mental health professionals' abilities in such cases. Along with critical scholarly comment and debate, numerous lawsuits called into question the ability of mental health professionals to forecast future violence with any degree of accuracy. Yet, courts generally dismissed arguments that such a feat was beyond the ken of psychiatry or other mental health fields. By the early to mid-1980s, mental health professionals or their employers were being successfully sued for not taking appropriate action to prevent foreseeable violence against third parties (see the jurisprudentially watershed case, *Tarasoff v. the Regents of the University of California*).

The works of Steadman and a handful of other scholars led John Monahan to declare in his 1981 book *Predicting Violent Behavior: An Assessment of Clinical Techniques* that only “one in three predictions were accurate.” Yet, shortly after this assertion, Monahan himself in 1984 tried to stem the flow of caustic aspersion hurled upon the mental health field. He reminded the field that although only one in three predictions of future violence was accurate, nine in 10 predictions of nonviolence were accurate. That is, although positive predictions were of questionable accuracy, negative predictions fared much better. He opined that perhaps accurate shorter term predictions were possible. He argued that a focus on validated risk factors for violence might bear fruit.

What followed was an acute increase in scholarly interest and activity about how to improve violence risk assessment. Researchers focused on which risk factors were related to violence. For instance, by the mid- to late 1980s, there were dozens of studies on the role that mental illness and psychopathy might play in understanding violence. Shortly after this risk factor stage, scholars developed and evaluated the efficacy of combining risk factors into the so-called violence risk assessment instruments.

In 1993, a 12-item violence risk assessment instrument called the *Violence Risk Appraisal*

Guide (VRAG) demonstrated strong predictive effects in a sample of forensic patients. Estimates of future violence came in the form of numeric probability estimates (e.g., that the patient X has a 72% chance of being violent in the coming 7 or 10 years). This finding spurred the modern *clinical versus actuarial* debate in the violence risk assessment field that had been taken up by Paul Meehl decades earlier. The argument was that formulas (and, generally, actuarial procedures) were better able to make decisions than were human decision makers. Human decision makers, it was argued, were too susceptible to biases and heuristics to make reliable decisions about future violence (or any future behavior, for that matter).

Yet, some scholars questioned whether the VRAG was the long sought-after panacea for the ills that plagued the risk assessment field. For instance, it was developed based on a certain method (i.e., file review without interviews of patients), within a certain setting (i.e., forensic patients), using a single sample, a certain follow-up period, and a particular definition of violence that excluded, for instance, robbery. It was noted that certain potentially important risk factors were not included in the VRAG—previous violence and drug use problems, for instance. Were clinicians really going to ignore past violence and drug use when conducting a violence risk assessment? Numerous other studies suggested that these risk factors were related to violence and hence should be considered in a violence risk assessment. What if the issue was violence in the coming days to weeks rather than 7 or 10 years? And, given that the VRAG was based just on Canadian men, what about women and people outside of Canada?

Shortly after the VRAG was published, another approach to violence risk assessment emerged: the Structured Professional Judgment (SPJ) model. The most commonly used exemplar of this model is called the *Historical, Clinical, Risk Management-20*, the first version of which was published in 1995. According to a large survey of over 2,000 clinicians published in 2014 by Jay Singh, the VRAG is the most commonly used actuarial violence risk assessment instrument across more than 40 countries, whereas the *Historical, Clinical, Risk Management-20* is the most commonly used violence risk assessment instrument of any type across these 40+ countries.

SPJ instruments such as the *Historical, Clinical, Risk Management-20*, like actuarial instruments, include a set of risk factors and a method of determining level of risk. However, they do not limit risk factors to those found to be important in just one study, but rather draw on the larger scientific violence literature. They also do not use equations or algorithms because such equations have yet (as of 2017) to be shown to produce generalizable findings across different samples. SPJ instruments also tend to focus more than actuarial approaches on issues such as risk management and monitoring risk over time.

Interestingly, one of the major developments was the Level of Service approach to risk assessment. This approach was never quite woven into the debates and controversies cited earlier, perhaps because its genesis was within provincial corrections in Canada and because the initial aim of the Level of Service approach was to determine the level of risk for any sort of correctional violation, not violence per se. The legal precedents and controversies unfolding in the United States were mainly within the mental health context, not within the correctional context. Nonetheless, the Level of Service system represents probably the first empirically based risk assessment process with widespread adoption. However, historically, it has not focused on violence as an outcome but, rather, any type of criminality or breach of conditions.

It should be noted that both actuarial and SPJ approaches, despite their differences, are improvements in what preceded them, which was essentially unstructured approaches that depended almost entirely on the skill and experience of the evaluator. Large discrepancies across evaluators existed. It has been demonstrated that structured approaches such as the actuarial and SPJ approaches are more reliable and valid than unstructured approaches.

Carrying Out Violence Risk Assessments

Fundamentally, when carrying out violence risk assessments, evaluators need to consider and collect information from a variety of sources, including an interview with the person of interest (if not contraindicated as in some law enforcement or workplace contexts); a thorough review of any

official files (e.g., criminal history, treatment history, institutional files, employment records); observation (in the case of professionals working on inpatient units where the person of interest resides); psychological testing, if available; and interviews with collateral sources (e.g., family members, coworkers, victims).

Areas of functioning that should be covered within a risk assessment include, but are not limited to, a person's history of violence and violent ideation, plans for the future, health and mental health history, past criminal involvement, history of incarceration, substance use history, relationships, educational and employment functioning, peer network, use of leisure time, personality and attitudes, and gang involvement. With respect to a history of violence, evaluators are interested in a variety of factors, including its frequency, severity, pattern, trajectory, victims, weapon use, who the victims are, and the ostensible motivations for violence. It is also important for evaluators to ascertain how the person felt before, during, and after any past violent incidents because there are important differences between people who enjoy being violent and those who are anxious while being violent.

Then, the evaluator collates all the information, completes one or more violence risk assessment instruments, and makes recommendations to decision makers about the level of risk and, depending on the referral question, a formulation of violence, scenarios of future violence, and risk management and reduction strategies. As mentioned previously, this is not a simple task, and the responsibility for such decisions ultimately rests with the evaluator and not with the measures he or she used. Tests and measures are just aids that professionals use.

State of the Field of the Empirical Evaluation of Violence Risk Assessment

There are numerous books, chapters, and articles that review the empirical findings on violence risk assessment. Before the 1990s, there were few published studies on the reliability and validity of violence risk assessment. As of 2017, there are hundreds of such studies. Despite some variability in findings, most research indicates that risk assessments can be conducted with a reasonable degree of reliability (i.e., agreement between

raters) and produce moderate to large effect sizes with future violence. That is, they are much better than chance, but far from perfect. There is also some research demonstrating that the nonnumerical summary risk ratings produced by SPJ instruments are as or more accurate than actuarial methods. Moreover, studies also indicate that instruments designed to capture change in risk factors over time are able to do so and that such changes are associated with concomitant changes in future violence.

Core Gaps to Consider Moving Forward

As with any field, despite considerable progress, there is always more to do. For instance, there remain some contexts, such as workplace violence, where the reliability and validity of traditional measures have been subjected to much less evaluation. Research tends to suggest that risk assessment instruments perform comparably for men and women, although there is much less research with women and girls relative to men and boys. Research has also shown that most contemporary risk assessment instruments perform comparably well across different countries. However, within countries, more research is needed among ethnic minority groups. Finally, the field is in need of implementation research. Despite hundreds of studies showing reasonable reliability and validity, there are many fewer evaluations of the success of agencies to implement risk assessment approaches. Although many agencies do so well, as of 2017, the evidence remains rather anecdotal.

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See also Criminal Risk Assessment, Structured Professional Judgment of; Historical-Clinical-Risk Management-20 (HCR-20); Intimate Partner Violence; Criminal Risk Assessment, Generations of

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CRIMINAL STIGMA

Stigma has been studied in multiple disciplines (e.g., psychology, sociology, anthropology, and criminology) and conceptualized in various ways. In general, stigma is defined as a measure of shame or disgrace brought on by physical and/or mental qualities differentiating individuals from

the broader population. Sociology further refines this definition by adding a discounting feature—*normal* individuals use stigma to discredit accomplishments and stereotype those deemed different. Stigma may be visually obvious (overt), such as race and individuals with physical disabilities, or a concealable identity (covert), such as criminal status. However, this *criminal* or *offender* identity is no longer concealable when individuals are required to disclose their status for community engagement. *Criminal stigma* intersects psychology and criminology to explain how the label *offender* or *criminal* negatively impacts an individual's life upon release. Ex-offenders in many states are unable to vote and face financial and residential restrictions. Most notably, criminal stigma decreases the ability of ex-offenders to find legal employment. This entry focuses on the development of stigma, its impact on ex-offenders, and how it interacts with racial stigma to limit successful reintegration into society.

Development of Stigma

Erving Goffman outlined three types of stigma people may encounter: (1) physical deformities (e.g., cerebral palsy, hearing impairment), (2) mental deformities (e.g., depression, schizophrenia), and (3) tribal stigma (e.g., religion, race). For stigma to have a negative impact, individuals not only need to be aware they are stigmatized but also need to anticipate how others will perceive them because of it. Bruce Link and Jo Phelan further developed Goffman's concept by framing stigma as a convergence of five components: labeling, stereotyping, discrimination, loss of status, and disconnection from the broader population. An important feature of stigma is the negative reaction of others.

Criminal stigma has received the most attention in labeling theory. This theory describes the process through which offenders internalize negative labels and attitudes. Societal reaction to initial criminal deviance (primary deviance) transforms the way in which an offender views himself or herself and thus leads to additional and repeated deviance (secondary deviance). Secondary deviance, or rather the adoption of a deviant identity, only develops if the offender is caught. Once this occurs, the acceptance of the criminal label as truth will activate criminal stigma.

Individuals labeled as offenders are more likely to recidivate than those who avoided the official *offender* label. One possible reason for this relationship is that people labeled as offenders will anticipate discrimination in the future due to their criminal status and therefore see no reason to adhere to conventional standards. According to modified labeling theory, labeling and societal stereotypes may lead to identity changes and negative views of self. These individuals tend to believe that they will be seen as criminal regardless of prosocial community engagement.

Negative Mental Consequences of Stigma

Stigma has been linked to negative self-esteem and self-efficacy. When individuals are low in these qualities, it hinders their ability to cope positively in future situations and can lead to detrimental outcomes such as depression and anxiety. It has also been linked to increased risk-taking behaviors. With regard to ex-offenders, perception of stigma has been correlated with withdrawal from society and increased probation violations and other maladaptive behaviors. Although not all stigmas lead to maladaptive coping strategies, it may still negatively affect those closest to the stigmatized individual. For example, having a criminal parent may stigmatize a child as someone whose genetic pool is morally bankrupt and should be avoided.

Criminal Stigma and Limits to Reintegration

Ex-offenders are stigmatized by the label *ex-offender* which makes it difficult for them to engage prosocially in society. Positive interactions between ex-offenders and nonoffenders in the community help reduce stereotypes associated with prior incarceration. Community engagement includes many qualities such as owning a home, residential stability, having a license, and employment. This section focuses on three domains: employment, civic engagement, and residential restrictions.

Employment

Legal employment is an important step to reducing recidivism and successfully reintegrating

into society. However, out of all stigmatized groups, ex-offenders are least likely to get hired. Employers tend to be risk-averse and indicate that they view ex-offenders as more unreliable, prone to drug- and alcohol-related issues, and expect negative reactions of other employees. These reactions, in addition to the gap in employment history while incarcerated and a lack of prior experience, make it nearly impossible for offenders to secure legal employment. Even when legal employment is secured, they make 10–30% less than comparably placed nonoffenders. The ex-convict label outweighs any good characteristics an individual may possess.

Civic Engagement

Political involvement is an effective mechanism for reducing the stigma of incarceration. Denial of civic participation, which includes the right to vote, run for office, and serve on juries, reminds offenders that they are not valued members of the community. This further highlights their outcast status and hinders reintegration. Ex-offenders are denied these benefits because they are viewed as morally incompetent. People fear that allowing ex-offenders to vote would change the political process. Of the 50 U.S. states, 48 have some form of sanction on voting rights for ex-offenders. In general, ex-offenders acknowledge the importance of civic participation with desistance. However, if they feel they will be rejected regardless of their prosocial engagement in the community, they lose incentives to obtain a *law-abiding* status.

Residential Restrictions

Residential restrictions were created with the idea of minimizing the risk of releasing offenders. Law-abiding citizens fear the encroachment of ex-offenders in their community as they believe ex-offenders will bring crime and decrease property values. This limits the ability of many ex-offenders to leave highly disadvantaged areas likely contributing to their involvement in crime in the first place.

Dual Stigma: Crime and Race

Race is also an attribute that is highly stigmatized, and it exponentially increases the negative impact

of criminal stigma. Therefore, having both a racial and a criminal stigma is highly detrimental. For example, being both African American and an ex-offender makes it nearly impossible for individuals to secure legal employment. Stigma is similar to stereotyping as it produces an expectation of how someone will behave. These stereotypes may lead employers to perceive African Americans and Hispanics as more dangerous, deviant, lazy, and criminal than European Americans.

Devah Pager found that having a criminal record is one of the worst qualities a person can have on a job application. However, minority status appears to be just as, if not more, detrimental. Pager conducted a study of race and crime on employment. Job applications with identical qualifications were sent to several employers with changes only made regarding race and criminal status. Four groups were assessed: noncriminal African American, criminal African American, noncriminal Caucasian, and criminal Caucasian. Across all groups, having a criminal record reduced the likelihood of receiving a callback. However, race showed a more significant impact. African Americans without criminal records were less likely to receive callbacks than Caucasians with a criminal record.

As Pager noted, individuals may soften the impact of criminal stigma with personal contact. An in-person or over-the-phone interview allows the ex-offender to explain his or her charge. However, this process also showed racial bias. For Caucasians, the effect of criminal stigma diminished when they were given an opportunity to defend themselves. However, for African Americans, personal contact exacerbated the effects of the criminal record because it likely confirmed the employers' previously held beliefs that they are more prone to criminality.

The issue of race also permeates other aspects of criminal stigma. African Americans are disproportionately involved in the criminal justice system. This results in a high percentage being disenfranchised or disqualified from services such as welfare, financial aid, and public housing. Minorities are also more likely to be in communities characterized as high in disadvantage, poverty, and crime. It becomes a cycle of stigma. Minorities, already stigmatized by their race, are stereotyped as more prone to crime. As a result, they are policed more and generate more arrests. This

leaves them with an additional criminal stigma that further limits their ability for success in the community.

Reducing the Effects of Stigma

It is evident that current policy is ineffective in reducing the number of people reoffending, with roughly two-thirds of ex-offenders returning to prison. Not only is it detrimental to public safety, prison is becoming increasingly costly. It is no longer affordable to incapacitate offenders. Addressing the barriers to reentry and reducing stigma are becoming imperative as more and more offenders are released into the community.

Stigma has detrimental effects on the way people expect to be treated and thus how they feel about themselves. Research has shown that stigmatized individuals may be more prone to mental health deficits and maladaptive behaviors. However, there are ways to reduce stigma. Men who have strong family ties while in prison are more likely to succeed once released. They are also more likely to succeed if they are married or take on parenting roles.

Employment is one of the most effective ways to reduce recidivism. It is not only beneficial for reducing crime by reducing opportunities but helps change the offenders' negative identity and gives meaning to their lives. Therefore, it would be beneficial to both the ex-offender and the community to consider policies that reduce criminal stigma. Some current government programs provide employers tax breaks and other financial incentives to hire ex-offenders. In addition to these programs, many civil rights organizations are pushing for a *ban the box* policy that would give offenders a fairer chance in the employment process. This policy calls for the removal of prior conviction information on the job application, allowing offenders to be judged on their qualifications before having to divulge their prior criminal record.

Desistence research finds that social ties to family are beneficial to reentry success. For example, good-quality social ties to family may lead to ex-offenders acquiring a job through personal connections. Families are more likely to forgive an offender's criminal history. This helps reduce stigma and build social bonds. Familial ties are also beneficial because they produce a controlling effect on

the offender, provide emotional support, and help facilitate changes in antisocial attitudes or identity.

Research shows that the most critical period for failure is within the first 6 months of release. After 7–10 years without criminal incidents, very few people reoffend. Therefore, sealing records of low-risk offenders after 7 years without a reoffense might also be a minimally controversial option. In Canada, most offenders have the opportunity to seal their records by applying for a pardon (although some are excluded, e.g., sex offenders). To request a pardon, misdemeanor applicants must demonstrate good behavior in the community for 3 years. Felony applicants are required to wait 5 years. Committing a crime within that period makes the offender ineligible. This pardoning process provides offenders with incentives for good behavior. The United States could benefit from an incentive program as it could lift the residential, financial, and voting restrictions that leave an individual disenfranchised and disengaged from the community.

Implications

Stigma reduces the quality of life for all those affected. It generates feelings of shame and self-consciousness that leave people feeling isolated. Stigmatized individuals are often dehumanized, devalued, and viewed as outcasts. The stigma of criminals is perpetuated by the idea that offenders choose to commit crime and therefore are undeserving of resources. However, noting the detrimental effects of stigma and its negative impact on crime, it could be beneficial for all individuals and the broader society to address these issues.

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See also Incarceration, Effects of; Race, Racism, and Crime; Reentry

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CRIMINALIZATION HYPOTHESIS

The term *criminalization* typically refers to a process in which behaviors once not defined as illegal become so through a legislative process. The world of substance use and abuse includes numerous such examples. In the United States, the use and possession of LSD, for example, was not illegal until the mid-1960s. Alcohol production and consumption in the United States was criminalized at one point and then *de-criminalized* when the legislation supporting it was repealed. What has come to be called the *criminalization of mental illness*, or the *criminalization hypothesis*, has a

somewhat different narrative. While having a psychiatric illness itself is not *criminal*, some of the behaviors that may stem from an individual's illness are defined as illegal, opening up the individual to arrest. This entry provides background and highlights the effects of criminalizing mental illness, which has resulted in large numbers of individuals with mental illness being held in prisons and jails rather than in mental health facilities. Federal approaches in the United States that began in the 1990s, such as the enactment of the Mentally Ill Offender and Crime Reduction Act as well as funding strategies of the Bureau of Justice Administration and the Substance Abuse and Mental Health Services Agency, have encouraged collaboration between local criminal justice systems and mental health agencies to help offset this problem.

The term *criminalization* was first applied to mental illness in a 1972 article by California psychiatrist Marc Abramson. He observed that, following passage of highly restrictive laws governing the use of civil commitment by the California legislature, increasing numbers of persons with mental illness were being arrested, often charged with low-level misdemeanors, because they were seen as not meeting the new, stricter criterion of involuntary commitment to a psychiatric facility. The Lanterman–Petris–Short Act of 1969 was the first law of its kind in the United States to impose strict new guidelines for involuntary confinement of persons with mental illness. Replacing the rather liberal and often quite vague language of previous laws, the Lanterman–Petris–Short statute imposed strict guidelines that required an individual to be deemed a danger to himself or herself, or others, or be grave disabled—that is, unable to meet basic necessities of life (i.e., food, clothing, and shelter) due to mental illness. In the years following its passage, the Lanterman–Petris–Short statute became a model for reformed civil commitment laws across the 50 states. These new restrictions greatly reduced the number of persons who were committed to state hospitals, sometimes leaving them at risk of engaging in deviant behaviors that would come to the attention of police.

Civil commitment reform was but one factor that drove this process. The deinstitutionalization process, which resulted in the discharge from and

denial of admission to state hospitals of hundreds of thousands of individuals, left many individuals without the treatment and support they needed and community-based mental health services that were intended to replace hospital-based services failed to provide.

Prior to the passage of these new laws, persons with known mental illnesses whose behavior was annoying, disorderly, or threatening could be transported to a psychiatric hospital and confined there until they were deemed to have improved. In the post-reform era, however, police officers who were summoned to manage such individuals discovered that many failed to meet the new criteria for involuntary admission. Faced with the need to manage such situations, officers increasingly used arrest, often on low-level charges such as shoplifting, disorderly conduct, trespassing, and other misdemeanors, as a means of managing the problems posed by persons with mental illness. In the following decades, it became clear that behavior that was, in reality, the result of serious mental illness was causing an increasing number of persons to be confined in the nation's prisons and jails, with the result that, by the 1990s, large urban jails, such as the Los Angeles County jail system, Rikers Island in New York City, and Chicago's Cook County Jail, each housed more individuals with mental illness than any psychiatric hospital in the nation.

That such would be the case was predictable based on what has come to be called the *hydraulic* or *balloon* model of social control, which argues that the social control of deviance may be shared by a variety of specialized systems, such as the mental health and criminal justice system, but that if one system reduces the number of persons it detains, another system's population will increase. Thus, if the mental health system incapacitates fewer individuals, as it has in the postdeinstitutionalization and commitment reform era, the criminal justice system's population is likely to increase.

While there is a substantial body of research demonstrating the excessive number of persons with mental illness in the criminal justice system, the notion that most of the individuals with mental illness are detained or convicted on low-level misdemeanors has not been borne out by data. In fact, data on arrest among public mental health systems' clientele indicate that many are arrested

on serious charges, including felony property crimes, crimes against persons, and drug crimes. These data are not consistent with the criminalization paradigm as originally advanced. Studies of police management of episodes involving persons affected by mental illnesses likewise fail to show that a significant criminalization process is at work. Alternative formulations have been developed emphasizing criminogenic risk factors such as poor housing and unemployment, exposure to social networks populated by persons who engage in substance abuse, and other factors known to promote criminality in the general population. It has been argued that reduction in the incapacitating effects of institutionalization, rather than the overuse of the criminal justice system, can explain some of what appears to be excessive justice system involvement in this population.

Despite numerous critiques of the criminalization hypothesis, most actors involved with this population, including the police, mental health officials and advocates, and judges and other officials from the correctional system, agree that the current prevalence of mental illness in the justice system is too high and that steps need to be taken to reduce that involvement. At the federal level, the Mentally Ill Offender and Crime Reduction Act and the Bureau of Justice Administration have provided support for programs that encourage collaboration between local criminal justice and mental health agencies to divert the offenders described by the criminalization model (i.e., low-level, nonviolent misdemeanants) from the justice system to mental health services. These have taken the form of police-based diversion programs, mental health courts, and other services. These programs, which began in the 1990s, have shown reductions in the number of arrests and jail days experienced by persons with mental illness in the jurisdictions where they have been enacted.

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See also Mental Disorders and Violence; Offenders With Mental Illness

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CRIMINALNESS

Criminalness has been defined as a nonprosocial behavior that breaks from social conventions and violates the rights and well-being of others. It includes unlawful behavior; however, criminalness may or may not lead to arrestable offenses. Examples of criminalness include abuse of sick leave, taking office supplies for out-of-office use, drug possession, property crime, and/or person and violent crimes.

Criminal behaviors are usually produced from complex interactions among personalities, relationship with others, living environments, and other crime-related factors. Likewise, recidivism, or reoffending, can be influenced by many of these factors. Criminalness is a concept encompassing the factors that lead individuals to offending or reoffending. Without relying on a specific criminological theory, it can be an effective construct in rehabilitation, referring to individuals' crime-related problem separately from ethics, morals, or a strong negative connotation such as *bad* or *wrong*. Thus, the conceptual advantages lie in its comprehensiveness and its independence of specific theories, ethical judgments, and particular theories.

This entry defines and describes concepts related to criminalness with a particular focus on individuals involved in the justice system. Exploring criminalness including its quantitative and qualitative aspects, internal and external expressions, and its relationship to personality and psychopathy, effective treatment plans can be designed and a reduction of criminalness is possible.

Concepts

Conceptually, criminalness is not explicitly an explanatory concept. The argument that one became criminal because of his or her high criminalness is no longer a tautology. The range which the concept covers is broad, and it can vary depending on the context and those who use the term. A conceptualization of criminalness has been put forward by Robert Morgan and colleagues. Their conceptualization refers to violating the rights and well-being of others and may lead to arrestable offenses. In terms of retribution and restitution, seriousness of offense and damages to victims and society are emphasized. From a rehabilitation and crime-prevention viewpoint, the risk of recidivism stands out as an essential issue. Having a broad context, it can also include some misconducts of inmates that are not criminal in nature, such as refusing to take medicine when they know the medical treatment may contribute to better functioning.

Quantitative and Qualitative Aspects of Criminalness

Broadly speaking, criminalness can vary in quantity and quality. The quantity of criminalness involves comparing criminals in a rank order and identifying the severity of a particular case. It can be indicated by criminal history, damage caused by their criminal behaviors, beliefs or attitudes that support or neutralize criminal behavior, relationship with antisocial associates, intention or motivation to desist from their antisocial lifestyles, and risk levels derived from risk assessment tools. From the viewpoint of treatment, it is similar to how much criminogenic needs (i.e., dynamic variables that contribute to crime) a criminal has and how much resources are assigned to deal with them.

The quality of criminalness refers to the factors involving criminal behaviors but does not contribute to ranking criminals along a *seriousness* spectrum. Rather, these factors can help with planning appropriate treatment interventions. It is sometimes difficult to divide quantitative and qualitative aspects of criminalness. Crime type, for instance, does not necessarily tell the seriousness of the offender (i.e., It is difficult to compare a sex offender with a drug offender.). Diversified patterns of crime type, however, can be interpreted as an indicator of serious criminalness. Another factor of criminalness is gender, though again whether the offender is male or female cannot be paired with the seriousness of crime. Additionally, density rates of criminal behavior, whether the offender committed a number of crimes during a short time period or has committed crimes intermittently for a longer period, are also difficult to convert to seriousness of criminalness. Another factor, motivation—what those exhibiting criminal behavior want, what they expect, and what they actually get from their criminal activities—helps define criminalness and is generally informative when planning treatment intervention. Motivation to desist from crimes is also important and the reasons for it are diverse, whereas they may not directly lead to decision-making about how intensive interventions should be assigned.

Internal Expression of Criminalness

Cognitive Components

Criminal thinking, characterized by particular attitudes, beliefs, and rationalizations offenders use to justify their criminal behavior, is regarded as an internal expression of criminalness. Offenders more likely stop consideration or try to find shortcuts in order to avoid problems, distract themselves by getting involved in other activities, tend to misidentify their own wants as needs, underestimate the likelihood of being arrested, and justify their criminal actions afterward. Another cognitive characteristic that can be related to criminalness includes traditionalism. Criminals are less favorable toward conservative social environments, paying less attention to moral standards. In the practice of correctional rehabilitation, these tendencies are accompanied

with distrust in correctional organizations, staff, and programs that hinders successful rehabilitation. In addition, most criminals are characterized by egocentricity, or giving priority to their own benefits over others. These factors are not measured by criminal behaviors; therefore, it can be used as an explanatory factor of crime.

Affective Components

Criminalness is also expressed in affective or emotional aspects. Some criminals are characterized by their sensitivity against emotional stimuli. For instance, some of them are so nervous, sensitive, and vulnerable that they easily feel mistreated, discriminated against, disregarded, victimized, or betrayed. These tendencies make them frustrated and stressed, at times responding with criminal behaviors. On the other hand, some types of offenders are impervious to emotional stimuli. Not only do they hardly empathize with others, but they have difficulty in identifying their own feelings, making it difficult for these individuals to explain the motivation or reasons for their underlying criminal behaviors.

External Expression

External expressions overlap strongly with behavioral expressions. Apart from criminal behavior itself, there are other representing features. Two common features are impulsivity and recklessness. Most offenders take actions thoughtlessly without caution or plans. Furthermore, many dislike tediousness activities and prefer excitement without avoiding danger and harm. These tendencies are associated with binge drinking, speeding, drug abuse, or indiscriminate sex lives. Another significant external expression is aggression, which can take various forms such as physical violence, sexual harassment, depriving property, or verbal abuse.

Criminalness is reflected in patterns of interpersonal relationships. As for choice of associates, offenders are inclined to associate with persons who have antisocial attitude, antisocial personality, and criminal records. Those relationships can give opportunities to learn further criminal behaviors, attract them to crime-provoking situations, and reinforce their antisocial attitudes.

In the field of criminal justice, offenders' disobedience or resistance can also be seen as an expression of criminalness. Police officers tend to see disobedient suspects as more serious cases, and correctional officers are more likely to expect cooperative participants to be successful after their release. Although some studies revealed that offenders' misbehaviors are not necessarily predictive of recidivism, if the offending behavior hinders successful completion of treatment programs whose effects are supported by empirical evidence, the offending behavior is an indirect factor contributing to criminalness.

Comparing to Other Concepts

Principles of Risk-Need-Responsivity

As criminalness is a practice-based concept that is used in terms of offenders' rehabilitation, it overlaps with the principles of the Risk-Need-Responsivity model. The Risk principle aims to match the intensity of service with risk levels so that higher risk offenders receive more intensive treatment. The word *risk* here is used as an equivalence of likelihood of reoffending. The Need principle targets criminogenic needs, instead of focusing on noncriminogenic needs, asserting that identifying offenders' individual needs (e.g., work performance, alcohol use, engagement in leisure, and recreational activities) leads to effective treatments. The Responsivity principle refers to the benefit of adapting the delivery of service according to the setting of service and to relevant characteristics of individual offenders, such as their motivations, preferences, learning styles, and personalities.

Much about one's criminalness can be described in terms of risk, needs, and responsivity. In a way, risk can be understood as a vertical axis or weight of criminalness. More serious criminalness requires more careful assessments and more intensive interventions. Similarly, needs and responsivity do not directly determine the amount of interventions but can help direct contents and delivery of interventions.

Psychopathy

Psychopathic personality (psychopathy) is defined as a set of particular personality traits

such as callousness, grandiosity, and pathological lying that may occur in the context of crime or socially deviant lifestyle. It is usually operationalized by the Psychopathy Checklist–Revised and applied to the correctional practice. It overlaps with the diagnosis of antisocial personality disorder, which is characterized by antagonism (manipulativeness, deceitfulness, callousness, and hostility) and disinhibition (irresponsibility, impulsivity, and risk-taking).

These concepts and criminalness overlap. Criminalness is conceptually aimed to cover a broader range of factors leading to crime, whereas both antisocial personality and psychopathy place an emphasis on personality traits concerning affective and interpersonal functioning. It is neither that all with criminalness have psychopathic personalities nor that all psychopaths have criminalness. However, criminalness developed by those with psychopathic personality tends to be more serious and more difficult to engage in treatment.

Criminalness and Personality

Although criminalness is not a personality trait by definition, some traits can increase the likelihood that one develops criminalness. To name a few, hostility, negative emotion, impulsiveness, and egocentricity have been studied in criminology. More general personality theories also shed light in understanding criminalness. The five-factor model identifies basic components of personality: openness, conscientiousness, extraversion, agreeableness, and neuroticism. Among them, agreeableness, conscientiousness, and neuroticism are known to demonstrate consistent relationships with antisocial and aggressive behaviors. However, it should be noted that these traits do not necessarily cause criminalness. More likely, they interact with environmental factors. For example, those with lower conscientiousness and lower agreeableness tend to have difficulty in developing relationships with prosocial associates, remaining in their secure jobs, and refraining from transient pleasures. These tendencies presumably push them into situations with higher risk of committing crime. In addition, they also make it difficult for treatment providers to implement interventions effectively, contributed by their greater criminalness.

Changing Criminalness

According to official rates of crime, rates for prevalence and incidence of offending appear highest during adolescence with the peak around 17 years of age. The majority of criminal offenders are teenagers, and most of them desist from offending by the late 20s. This tendency is observed among males and females, for most types of crimes, and in many nations. However, some offenders demonstrate life-course-persistent antisocial behavior.

External events can contribute to a reduction in criminalness. Studies on desistance pointed out the importance of situations that provide supervision, new opportunities of social support/growth, the opportunity for identity transformation, and a change in routine activities. To be specific, marriage/spouses, military service, reform school, work, and residential change can redirect individuals toward prosocial lives.

Incarceration in correctional facilities can impact one's criminalness. On the one hand, it provides offenders with opportunities to leave their antisocial associates such as gang groups. In addition, they are encouraged to reflect on their lives, recognize their responsibilities, and develop relationships with family members. Through various treatment programs in institutions, a reduction in criminalness is possible. On the other hand, incarceration can increase criminalness in several ways. Through interactions with other inmates, offenders might learn more sophisticated methods to commit crimes, come to justify their crimes, detach from their prosocial relationships, or become more indifferent to the outside world.

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See also Desistance; Psychopathy; Risk-Need-Responsivity, Principles of

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CRIMINOGENIC NEEDS

Offenders have many needs. They may have mental health issues, physical complaints, and substance abuse, to name a few. Treatment providers often attempt to address and alleviate these needs. For high-risk offenders, the needs are many, and the ability to meet these needs often outstrips the supply of available services. Criminogenic needs are those needs that are amenable to change, predict offender criminal behavior, and are possibly causal. This entry begins with a description of criminogenic needs and describes research findings in support of this concept to give service providers a beacon to which to direct their treatment efforts and make more efficient and effective uses of their resources.

Development of the Concept of Criminogenic Needs

The period between 1950 and the mid-1970s was arguably the zenith of the offender rehabilitation movement with rehabilitation widely accepted as a legitimate goal for corrections. Then, in 1974, a review of the treatment literature by Robert Martinson and his colleagues cast doubt on the effectiveness of rehabilitation services to reduce offender recidivism. They reviewed 231 controlled studies of various interventions designed to *treat* offenders. This included studies on system interventions, such as probation and prisons, typically not what most therapists would call *treatment*. When only psychosocial-type treatments that measured recidivism outcomes were examined (83 studies), 48% showed a reduction in recidivism. Because less than half of treatments were effective, critics of rehabilitation concluded that *nothing works*.

Advocates of rehabilitation, however, took up the challenge of investigating why treatment was not more effective. In 1990, D. A. Andrews, James Bonta, and Robert Hoge conducted a narrative review of the offender treatment literature. It was not a systematic and comprehensive review, but one that sampled the literature. They noted that programs targeted a variety of offender needs, and the ones that were most effective had certain treatment goals. Andrews and his colleagues

differentiated between two kinds of offender needs: criminogenic and noncriminogenic. Criminogenic needs were offender needs that, when successfully addressed by treatment, were associated with reductions in recidivism. Noncriminogenic needs that were targeted by programs showed little association with recidivism reduction. From this observation, the need principle of effective offender rehabilitation was formulated: target criminogenic needs in treatment.

Dynamic Nature of Criminogenic Needs

Criminogenic needs are a particular subset of factors that measure the risk of criminal behavior. There are two sets of risk factors: static and dynamic. For example, the number of prior arrests or a history of drug abuse as assessed in a moment is fixed and unchangeable. Static risk factors predict criminal behavior, but they cannot serve as treatment targets. Once someone is arrested or uses an illegal drug, that fact remains. Any possibility of change can only be unidirectional (e.g., the number of prior arrests can increase).

The second set of risk factors is *dynamic* and bidirectional and is labeled as criminogenic needs. Because of the dynamic quality of these risk factors, they can serve as targets for treatment interventions. An example is *current* substance abuse. An offender may present with a cocaine addiction, but it is possible that with the right rehabilitation program the offender can learn to lead a drug-free life and also decrease the probability of future criminal behavior. The bidirectional nature of criminogenic needs also implies that risk can increase. Thus, to extend the example, someone who is drug-free and then becomes addicted to cocaine increases his or her risk of criminal behavior.

In order to demonstrate a criminogenic need's dynamic validity, assessments of the need must be conducted at least two points in time to yield a measure of change. This change measure from assessment to reassessment can then be examined to see whether the changes predict future criminal behavior. For example, if an offender stops abusing drugs, then does the probability of recidivism decrease? Or, does the likelihood of recidivism increase when the person becomes addicted to an illegal drug? A static risk factor requires only one assessment of the variable of interest that is then

examined to see whether it predicts future behavior. Static risk validity requires a simple longitudinal research design, while dynamic risk validity requires a multiwave longitudinal design.

A multiwave study of pro-criminal attitudes provides an illustration of the dynamic validity of this criminogenic need. Probationers were administered a paper-and-pencil measure of criminal attitudes at intake and 6 months later, with recidivism measured 1 year after the reassessment. Those probationers who initially scored in the moderate range in pro-criminal attitudes but then showed a decrease at the second assessment had a 10% recidivism rate. Probationers who showed no change in their attitudes demonstrated a recidivism rate of 38%, while the probationers who showed an increase in their pro-criminal attitude scores had a rate of 57%.

Major Criminogenic Needs

The Psychology of Criminal Conduct perspective of criminal behavior forwarded by Bonta and Andrews includes a description of the major risk/need correlates of criminal behavior called *the Central Eight*. The first risk/need factor, criminal history, is a static risk factor. The other seven risk/need factors are criminogenic needs. The seven criminogenic needs are pro-criminal attitudes, antisocial personality pattern (APP), education/employment, family/marital, leisure/recreation, substance abuse, and companions. All of them are modifiable and can change through deliberate intervention.

APP is the most complex of the criminogenic needs. APP consists of more discrete, dynamic factors such as impulsiveness, adventurousness, pleasure-seeking, negative emotionality, and a callous disregard for others. Each of these characteristics by themselves is insufficient to explain criminal behavior. There are many people who have poor self-control, are risk-takers, or are simply disagreeable persons who do not violate the law. However, combine these characteristics and a criminal lifestyle emerges. From a treatment perspective, addressing APP means having subtargets such as improving self-control or empathy.

There are a number of needs not found in the Central Eight that has traditionally been, and in some circles is still viewed as, important for

offender rehabilitation. One major set of needs are indicators of psychological health. Service providers in correctional and forensic settings up to the turn of the 21st century highly favored treating, for example, poor self-esteem, anxiety, and feelings of alienation and depression. However, evidence from meta-analytic reviews of the prediction and treatment literature has found these needs to show little association with recidivism. That is, they are *non*criminogenic needs. Although a small portion of offenders with mental illness do commit offenses because of their symptoms, for the vast majority of offenders even severe mental health disorders do not predict general or violent recidivism. Important exceptions include problems with impulse control, callous and hostile emotions, and reckless risk-taking. However, this constellation of psychological problems is captured in the Central Eight's APP.

Another set of variables missing in the Central Eight are sociologically based factors. In criminological theorizing, an individual's position in society is often seen as a cause of crime. More specifically, being in a disadvantaged social position is associated with criminal behavior. Those most likely to engage in crime are individuals who are poor, young, or from a minority group. Furthermore, the solution to the crime problem is to correct social injustice and inequality. As research on this explanation of crime accumulates, showing only small associations with criminal behavior, this perspective of criminal conduct has become more difficult to defend.

Evidence on the Importance of the Central Eight's Criminogenic Needs

Evidence in support of the Central Eight's criminogenic needs comes from two important sources: the effectiveness of treatment literature and the development and application of offender risk/need assessment instruments. Offender rehabilitation programs attempt to address the needs of offenders, and these programs have, as already noted, targeted a variety of offender needs. The simple question is whether alleviating certain offender needs (criminogenic) is more likely to result in reduced offender recidivism than other offender needs (*non*criminogenic). Reviews of the offender treatment literature clearly show that there is an

important distinction related to needs that is to be made.

Table 1 summarizes the importance of targeting the criminogenic needs described by the Central Eight risk/need factors. The table is based on a number of meta-analytic reviews of the literature. Also shown in the table are the mean effect sizes when noncriminogenic needs are the focus of treatment. Treatment programs that target criminogenic needs show modest to moderate reductions in recidivism. For example, a mean effect size of $r = .11$ for leisure/recreation translates into a recidivism rate of 55.5% for the control group and 44.5% for the treated group. At the high end of effect sizes, an r of .29 for addressing family/marital issues in treatment corresponds to a rate of 64.5% for the control group and 35.5% for the treatment group. Programs with the goal of addressing noncriminogenic needs show small effects and even negative effects (i.e., recidivism increases with programs intended to instill fear such as Scared Straight).

Offender assessment has two important functions. First, it should reliably predict and differentiate offenders in their likelihood to reoffend. That is, the assessment should be able to

classify offenders into a category of risk (e.g., low, medium, high) or along a scale where offenders can be situated relative to each other in terms of risk. The second important function, and this use only emerged in the late 1970s, is to guide interventions that are intended to reduce recidivism. Predicting recidivism can easily be accomplished by using assessment instruments that consist of mainly criminal history, static items. However, to use assessments for treatment purposes necessitates the inclusion of dynamic risk factors (i.e., criminogenic needs). Research indicates that many dynamic risk factors (e.g., current drug abuse, associating with criminals) predict as well as static criminal history factors (e.g., number of prior convictions, arrested as a juvenile).

Offender risk instruments that almost wholly comprise static risk factors are referred to as *second generation risk assessments*. Risk instruments with a majority dynamic risk items are referred to as *third generation* or *risk/need assessment instruments*. These third-generation assessment instruments have three important features. First, the individual criminogenic needs measured by them and the instruments in their totality predict criminal behavior as well as second-generation assessments. The next two features reveal the advantages of third-generation risk instruments. Second, they identify criminogenic needs that can serve as targets for intervention. Third, because dynamic items represent the majority of factors assessed in third-generation instruments, the assessments can be used to monitor changes in the offender over time.

This last feature, offender monitoring, has been examined infrequently, and yet it offers important evidence for the value of assessing criminogenic needs. A good illustration of the potential dynamic nature of a third-generation offender risk/need instrument is the Level of Service Inventory-Revised. Approximately two thirds of the items in the Level of Service Inventory-Revised are dynamic, and the instrument assesses six of the seven criminogenic needs of the Central Eight (it does not assess APP). Table 2 presents two studies, the first from the United Kingdom and the second from the United States. Both studies administered the Level of Service Inventory-Revised to probationers at the beginning of supervision and approximately 1 year later. At the start of supervision, the probationers can be classified as low or high risk

Table 1 Mean Effect Size by Targeting Criminogenic and Noncriminogenic Needs

Need Area	Effect Size (r)
Criminogenic needs	
Procriminal attitudes	.21
Procriminal associates	.22
Antisocial personality pattern	.22
Family/marital	.29
School/work	.15
Substance abuse	.11
Leisure/recreation	.21
Noncriminogenic needs	
Little fear of punishment	-.05
Personal distress (e.g., anxiety, self-esteem)	.08
Physical activity for its own sake (e.g., boot camps)	.08
Increasing school/work ambition without learning opportunities	.08

Note: r = Pearson correlation coefficient.

Source: Author.

Table 2 The Dynamic Validity of Risk/Need Offender Assessment: Two Illustrations

Study/Intake	Reassessment	
	Low Risk	High Risk
United Kingdom		
Low risk	29%	59%
High risk	54%	76%
United States		
Low risk	22%	46%
High risk	23%	33%

Note: Percent recidivism one year post re-assessment.

Source: Author.

(usually done by taking the median score to create the two categories). At reassessment, differences emerge as to who remains at their initial risk level and who changes in risk (either increasing or decreasing). The recidivism rates 1 year after the reassessment were then measured.

Examining the results from the United Kingdom study, one can see that low-risk offenders who remained at low risk 1 year later had a recidivism rate of 29%, but those who increased their risk level showed nearly double the recidivism rate (59%). High-risk offenders who remained at high risk at reassessment demonstrated a recidivism rate of 76%, while the offenders who were reassessed as at low risk had a lower rate of 54%. A similar trend is apparent in the American study.

In the two examples, as with other studies of this type, what is unclear is whether the changes in risk levels were due to treatment programming or natural life occurrences. For the changes to occur, there must have been a change in the criminogenic needs of the offenders. Perhaps some found meaningful employment and pro-social friends (a decrease in risk), and others may have lost their job and developed friendships with pro-criminal others (an increase in risk). The value of systematic reassessments of risk and criminogenic needs for those who supervise offenders is immensely important. It allows case managers to know in a structured manner whether their clients are improving and thus stay the course in the management plan or whether they are deteriorating which would require altering the supervision plans.

Generality of Criminogenic Needs

An important question is whether the criminogenic needs of the Central Eight apply only to one group of offenders or to a wide range of offenders. Most of the early research on criminogenic needs focuses on male offenders. Research has now been conducted on a number of criminal subpopulations, especially with respect to the predictive validity of criminogenic needs. There have been fewer studies on the effectiveness of targeting criminogenic needs in treatment among offender subpopulations, but there is enough to suggest that criminogenic needs are applicable to a broad range of offenders and circumstances.

Feminist scholars were the first to raise concerns over the validity of the criminogenic needs with women offenders. They argued two points. First, since the majority of research has been on men, applying the findings to women is suspect. Second, these scholars suggested that women have other needs that are specific to their unique life circumstances, and these should be considered in assessment and treatment (e.g., history of sexual, physical, and emotional victimization; trauma; unequal power relationship with partner). However, the research on risk assessments that measures the described criminogenic needs (education/employment, companions, substance abuse, etc.) appears to apply equally to women offenders. Studies investigating additional, women-specific needs are ongoing, but so far their results have been equivocal as to whether these needs provide additional information as far as the prediction of criminal behavior is concerned.

With respect to treatment, targeting the criminogenic needs of the Central Eight also appears to function similarly with women. Those treatment programs that address these criminogenic needs demonstrate reductions in recidivism for female offenders. Women offenders certainly have needs different from men, but the needs may not be criminogenic. Rather, the specific needs of women may actually be responsivity factors. Responsivity factors affect how treatment is delivered. For example, treatment providers may first have to address a woman's trauma from abuse in order to move forward with treatment for substance abuse.

Research supporting the generality of the criminogenic needs has been extended to youthful

offenders, aboriginal/indigenous offenders, and offenders with mental disorder. It remains to be seen whether the criminogenic needs will also apply to other groups (e.g., sex offenders). Although it appears that the criminogenic needs of the Central Eight have wide applicability, it is unclear whether the criminogenic needs are to be given equal weights among subpopulations of offenders. Certainly with young offenders, the empirical evidence is that education (rather than employment) and family (rather than marital) should be given more attention. As the research accumulates, researchers may find that APP is especially important for offenders with mental disorder, and for some women, family/marital relationships may be especially salient.

Final Thoughts

The concept of criminogenic needs has had a significant impact on correctional practice. Offender assessments routinely include measures of criminogenic needs and are reflected in third- (and fourth-) generation risk/need instruments. It is now known that there is a predictive relationship between targeting criminogenic needs in treatment and positive outcomes. However, most of the evidence is correlational, and there have been very few experimental evaluations that demonstrate a causal relationship. It also appears that criminogenic needs are relevant to a number of offender subpopulations. Future research will undoubtedly refine the concept and improve the understanding of the relative weights of the criminogenic needs to different offenders.

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See also Criminal Risk Assessment, Generations of; Criminogenic Needs, Targeting; Level of Service Inventory-Revised (LSI-R); Need Principle; Psychology of Criminal Conduct

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CRIMINOGENIC NEEDS, TARGETING

The concept of criminogenic needs is drawn from the Risk-Need-Responsivity (RNR) model, which was developed by correctional psychologists in response to the *nothing works* movement in correctional rehabilitation. The RNR model is composed of three principles: the Risk, Need, and Responsivity principles. According to the second principle (i.e., the Need principle), an intervention will be most effective at reducing criminal recidivism when it engages treatment targets that have

been found to have the strongest association with criminal behavior.

The RNR model identifies eight factors that have been found to have strong associations with criminal offending. Each of these factors has two components, a criminogenic risk and a criminogenic need. *Criminogenic risk* factors consist of dynamic and static sets of personal traits and characteristics that have been found to have strong statistical associations with criminal behavior. *Criminogenic needs* are the dynamic aspects of each criminogenic risk factor that, when addressed successfully in treatment, reduce the likelihood that a person will engage in future criminal activities. Criminogenic needs focus on the dynamic aspects of each criminogenic risk factor because these are the components of each risk factor that are changeable and thus able to be the target of treatment efforts. This entry defines criminogenic needs and provides an overview of the different types of criminogenic needs that can be targeted in treatment.

Central Eight Criminogenic Needs

Correctional research has found that interventions have the biggest impact on criminal offending when they target the criminogenic needs with the strongest association with criminal behavior. The criminogenic needs most strongly associated with criminal behavior are often referred to as the *Central Eight* criminogenic needs. These criminogenic needs include antisocial behavior, antisocial personality pattern, antisocial cognition, antisocial associates, family and marital circumstances, work and school, substance use, and leisure and recreation. This list of criminogenic needs shows that the term *antisocial* plays a prominent role in the description of criminogenic needs. However, in the RNR model, the term *antisocial* is not used to label people whose thoughts or behaviors have reached a point considered abnormal or pathological, nor is this term used to denote the presence of specific mental disorders. Rather, the RNR model recognizes that people's thoughts, feelings, and behaviors occur on a continuum and depend on the processes that a person uses to make sense of, and respond to, situations. The processes that people use to make meaning of, and respond to, social situations are a central component of criminogenic needs because these processes are often

the targets of treatment efforts. Therefore, in the RNR model, the term *antisocial* is used to denote processes that lead people to think, feel, and act in ways that are supportive of criminal behavior.

Major Criminogenic Needs

The *Big Four* are the four criminogenic needs with the strongest association with criminal behavior. Specifically, these four criminogenic needs encompass a subset of the Central Eight: antisocial behavior, antisocial personality pattern, antisocial cognition, and antisocial associates. In the RNR model, these four criminogenic needs are the central focus of interventions aimed at reducing criminal behavior because the strength of their relationship with criminal behavior suggests that they each have a potentially causal relationship with criminal behavior. Each of the Big Four criminogenic needs is described in more detail below.

Antisocial Behavior

Antisocial behavior involves situations where individuals engage in behavior that violates the law over long periods of time. This behavior generally begins at an early age and occurs across a number of different settings. The criminogenic need typically associated with this factor is purposefully engaging in risky situations, sometimes referred to as thrill-seeking behavior. In order to address this criminogenic need, interventions focus on helping individuals to develop prosocial (i.e., noncriminal) responses to risky situations and prosocial outlets for thrill-seeking behaviors.

Antisocial Personality Pattern

Antisocial personality pattern involves having a temperament (i.e., stable set of responses to the environment that are deeply engrained in a person's personality) that includes two facets: (1) low self-control combined with high stimulation-seeking and (2) negative emotionality. The criminogenic needs associated with this factor include aggression, irritability, anger, emotional callousness, and a sense of being mistreated. Interventions associated with this criminogenic need focus on developing impulse control, anger management skills, and problem-solving skills.

Antisocial Cognition

Antisocial cognition plays a central role in criminal behavior because thoughts exert a direct control over a person's actions. Therefore, the criminogenic needs associated with this factor include the thoughts, feelings, beliefs, and attitudes that are supportive of antisocial or criminal behavior. Interventions for this criminogenic need focus on reducing the use of thoughts, feelings, beliefs, and attitudes that support the decision to engage in criminal behavior and helping people to develop prosocial identities.

Antisocial Associates

Antisocial associates are individuals who are either engaged in, or supportive of, criminal behavior. Antisocial associates are closely related to antisocial cognitions in the RNR model because criminal behavior and the antisocial attitudes and beliefs that support this behavior are often learned and reinforced through interactions with other people. The criminogenic need associated with this factor is the time a person spends with individuals whose behavior and/or beliefs are supportive of criminal actions. Interventions to address this criminogenic need focus on limiting exposure to criminal associates and building connections with individuals who are supportive of prosocial behavior.

Moderate Criminogenic Needs

The four remaining criminogenic needs included in the Central Eight are family and marital circumstances, work and school, substance use, and leisure and recreation. These criminogenic needs are sometimes referred to as the *Moderate Four*, because each has a moderate association with criminal behavior. Whereas, in the RNR model, the criminogenic needs associated with the Big Four are believed to have a causal relationship with criminal behavior, the Moderate Four factors are not believed to have a direct or causal impact on criminal behavior. Collectively, the Moderate Four criminogenic needs focus on who people spend their time with and what they spend their time doing. Three of the criminogenic needs in this category involve aspects of the social environments where criminal behavior occurs (e.g., home,

school, work, and community). In the RNR model, social environments impact criminal behavior through the rewards and/or disincentives for criminal behavior that are embedded in these settings. The fourth criminogenic need included in the Moderate Four is substance use. Many might expect substance use to have a strong association with criminal behavior. However, alcohol and illegal drug abuse have inconsistent associations with criminal behavior, which suggests that the relationship between these activities and criminal behavior is not always as direct as might be expected. Each of the four criminogenic needs in this section is described in more detail below.

Family and Marital Circumstances

The relative importance of criminogenic needs associated with the family of origin or marital circumstances depends on the age and life circumstances of the offender. In reference to criminogenic needs, the key aspects of both relationship domains are the quality of interpersonal relationships between individuals (e.g., parent–child or partner–partner) and the expectations and rules related to how a person is expected to behave. Specific criminogenic needs include interpersonal relationships with high levels of conflict and low levels of mutual caring, respect, and interest in each other as well as breakdowns in monitoring and supervision of activities. Interventions that address these criminogenic needs focus on developing strong and consistent systems within relationships with key family members and significant others that minimize conflict and support prosocial activities and the development of prosocial identities.

School and Work

The criminogenic needs in these social settings again involve the quality of interpersonal relationships that individuals have within school or work settings. The criminogenic needs in these settings also include the level of involvement people have in their work and/or school and the amount of satisfaction they obtain from their efforts in this area of their lives. Interventions for criminogenic needs in this area focus on increasing people's connection to their work or school by engaging

strategies that improve their level of performance and involvement in their work and increasing the rewards and satisfaction they receive for their efforts.

Leisure and Recreation

The criminogenic needs for this factor involve the types of activities people engage in during their free time and how much satisfaction they gain from these activities. Interventions for this criminogenic need focus on increasing a person's level of involvement in prosocial, organized leisure activities and improving how people structure and use their free time.

Substance Use

The criminogenic needs for this factor include the misuse of alcohol and the use of illegal drugs. The RNR model does not provide specific guidance on clinical cutoffs or thresholds at which the use of substances becomes a problem. Rather, it focuses on points when these behaviors get a person into trouble with the law. Interventions to address these criminogenic needs include efforts to lower or eliminate the use of the problematic substance(s) and to reduce contact with people and places that encourage the use of problematic substances.

Minor Criminogenic Needs

There are a number of factors that have been found to have small associations with criminal behavior. The RNR model purports that the small statistical associations that have been found between factors (e.g., personal or emotional distress, mental illness, social class at birth, physical health issues, and seriousness of the index offense) are driven by many factors, some of which are unrelated to criminal behavior. In some cases, however, the relationship between minor risk factors, such as psychopathology, and criminal behavior may be driven by the relationship each one has with one of the Big Four criminogenic factors. In other cases, minor risk factors such as low verbal intelligence, gender, and ethnicity may represent responsivity issues that require consideration during the delivery of interventions that address one or more major criminogenic needs.

Targeting Criminogenic Needs in Treatment

The Need principle in the RNR model states that in order to reduce criminal behavior, criminogenic needs must be the central focus of treatment. A number of meta-analyses have found that correctional treatment services that target criminogenic needs associated with the Central Eight risk/need factors described earlier have the largest impact on criminal behavior. Furthermore, meta-analyses have consistently found that interventions targeting the Big Four criminogenic needs achieve the largest reductions in recidivism, with effect sizes of .20 or higher. This finding has led many to conclude that the Big Four criminogenic needs should be the central focus of correctional rehabilitation services that are focused on reducing criminal behavior.

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See also Criminogenic Needs, Minor Criminal Risk Factors; Protective Factors and Relationship to Risk; Criminogenic Needs, Specific

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CRIPS

The Crips is primarily, but not exclusively, an African American gang (i.e., a durable, street-oriented youth group whose involvement in illegal activity is

part of its group identity) formed in Los Angeles, California. What was once a single gang has evolved into a loosely connected network of individual sets. The gang is known for its members' affinity for the color blue and notorious for its ongoing feud with the Bloods, who associate with the color red. Crips gang members are implicated in murders, robberies, drug dealing, sex trafficking, and other serious crimes. This entry summarizes the history of the gang, its symbology, and its evolution over time, especially in relation to rivalry with the Bloods and reference to popular culture.

Origins and Early History

South-Central Los Angeles in the 1960s was an area that exemplified the bleakness of poor urban places. The Watts Riots of 1965 left an indelible mark on the city, and an entire generation of young Black men were searching for identity and respect, hanging out together in nascent *gangs* for protection in the violent streets. Undermined by the government and labeled a threat to national security, the Black Power movement and its various forms of self-advocacy were waning. It was out of the crisis of Black leadership that marked the end of the Civil Rights era that the Crips emerged.

In 1969, 15-year-old Raymond Washington, who had absorbed much of the Black Panther rhetoric of community control of neighborhoods, fashioned his own quasi-political organization in the Panther's militant image. Washington, who had a reputation for street fighting, assembled his friends to start a gang near his 76th Street home, initially called the *Baby Avenues* to pay homage to the Avenues, an older local gang. The Baby Avenues later renamed themselves the Avenue Cribs, shortened to simply Cribs, a play on the slang term for *home*, but also the group's youthful composition (i.e., a baby's bed).

Just how Cribs became Crips is disputed. Some argue that a drunken gang member repeatedly mispronounced the *b* as a *p* and it stuck. Others claim that because the gang's founding members would carry walking canes as an affectation, their victims would characterize their assailants as *crippled*. Still others say it was a typo in the *Los Angeles Sentinel* newspaper. Etymology aside, 2 years after Washington founded the Cribs on the city's east side, a young bodybuilder with an

affinity for street fighting named Stanley *Tookie* Williams was establishing himself across town on the west side. In 1971, Washington's East Side Crips and Williams' West Side Crips banded together to defend against other South Central gangs that were harassing them. In doing so, they created the Crips, a backronym for Community Revolution in Progress.

As the name implied, Washington and Williams intended to create a resistance movement for Black empowerment, but immaturity and inexperience meant that they failed to apply their vision of neighborhood protection into a broader progressive strategy. Instead, the group's membership became preoccupied with protecting themselves from marauding gangs in the community, and as is common with gangs, they became integrated through conflict.

The gang grew via friendship and kinship ties at Washington, Fremont, and Locke High Schools; Los Padrinos Juvenile Hall; and Fred Shaw or Bob Simmon's Home for Boys. It then expanded via a series of hostile takeovers of existing Los Angeles gangs. Washington, Williams, Mac Thomas (the leader of the Compton Crips), and Jimel Barnes (the leader of the Avalon Garden Crips) would venture into local neighborhoods and challenge the leaders of other gangs to one-on-one street fights. Although some gang bosses resisted losing their independence, this process resulted in most gangs agreeing to join the Crips, converting from small, independent cliques into subgroups or *sets* of the umbrella gang. Another round of gang mergers and acquisitions meant Crips sets soon outnumbered non-Crips gangs. By 1972, there were East Side Crips, West Side Crips, Compton Crips, Avalon Garden Crips, 43rd Street Crips, Harlem Crips, Hoover Crips, Inglewood Crips, and more, all emulating the territory-marking practices of the early Los Angeles Latino gangs.

However, rapid growth created problems for the fledgling gang. Long-standing enemies such as the Piru Street Boys and the Compton Crips were assumed to cooperate, for example, but grievances festered and individual personalities clashed. At the same time, non-Crips gangs, including the L. A. Brims, Athens Park Boys, the Bishops, and the Denver Lanes, sought an effective defense against Crips predation. In 1972, the Pirus split from the Crips. As a counterweight to Crips

supremacy, they formed a *blood* alliance with the other gangs, forming a new gang federation called *the Bloods*. The ensuing war between the Crips and the Bloods claimed more than 15,000 lives between 1972 and 2017.

Washington went to prison in 1974 for robbery, leaving Williams in charge of the gang. However, in 1976, Williams was injured in a drive-by shooting and later developed an addiction to phencyclidine (more commonly known as *PCP*). The gang was already too big to manage, and with Washington away and Williams preoccupied, the Crips dived deeper into criminal ventures. By the time Washington was released from prison in 1979, gunplay was more common than fistfighting, and young gang members were committing increasingly spectacular acts of violence in order to build their reputations.

Washington was opposed to gun violence and even attempted to reconcile the Crips and the Bloods, but soon discovered he had lost control of the gang he had cofounded. During a botched robbery in February 1979, Williams shot and killed the clerk at a 7-Eleven convenience store. Two weeks later, he killed a family of three during a robbery at a motel in South Central. Williams was ultimately convicted of four murders and sentenced to death. He rehabilitated inside prison, earning a Nobel Peace Prize nomination for his anti-gang advocacy. Still, in denying clemency for Williams, California Governor Arnold Schwarzenegger questioned whether Williams' redemption was complete and sincere, a case study in the stigma attached to gang membership and the suspicion that many gang members face when trying to disengage from gangs. Williams was executed by lethal injection in December 2005. Washington was killed in a drive-by shooting near his home in August 1979. He was 25 years old.

Migration and Mimicry

Ten years into their history, the two founding members of the Crips were gone. By 1983, the Crips seized upon the availability of illicit drugs, particularly crack cocaine, as a means of income. In poor urban areas hollowed out by deindustrialization and cutoff from economic opportunity by racial discrimination, crack provided one of few lucrative incomes for young Black men. Owing in

part to alliances made in the California state prisons, some Crips sets even began working directly with Mexican and Colombian drug cartels to traffic narcotics into the United States. Drug markets are self-enforced through violence, and at this time, production and possession of compact, inexpensive firearms were booming, with the so-called *Saturday Night Specials* (small caliber handguns of low quality) manufactured in California by the *Ring of Fire* gun companies. Turf wars turned especially violent, and gang-related homicides reached unprecedented highs.

During the 1980s and 1990s, Crips gang members also began migrating from Los Angeles to other U.S. cities to establish new drug markets and other criminal enterprises. This gave rise to Crips gang franchising or importation, whereby LA Crips would either colonize gangs in other locations or recruit local youth to establish a branch of the gang in an area previously untouched by gangs. Police crackdowns and tough new criminal justice sanctions on gangs followed, resulting in many Crips gang members being sent to prison. An alliance was subsequently formed between the Crips and the Folk Nation, a confederation of gangs originating from Chicago and the Midwest, as a means of protecting gang members incarcerated in state and federal correctional facilities. This, in turn, contributed to further gang proliferation. Imitation is the greatest form of flattery, and thanks to vivid depictions of the Crips in the gangster rap music of the N.W.A. and in Hollywood movies such as *Colors* in 1988, *Boyz n the Hood* in 1991, *South Central* in 1992, and *Menace II Society* in 1993, youth gangs across the United States began appropriating Crips style.

By the early 21st century, the Crips had outposts in some 40 states and upwards of 30,000 members, albeit differentially embedded in the gang and its activities. Crips sets also exist in Africa, Europe (e.g., the Netherlands and the United Kingdom), and Central America. In the age of global travel and the Internet, what were once distant, even metaphorical ties between Crips sets have, in some cases, become close, literal connections, with domestic and foreign gangs following and *friending* each other on social media and foreign gang members making pilgrimages to Los Angeles, which remains the Crips' stronghold.

Conflict and Consensus

It is a popular misconception that Crips feud only with the Bloods. In reality, many Crips sets remain independent and fiercely territorial, fighting among themselves. For example, the Rollin' 60s Neighborhood Crips from the Hyde Park area of South Los Angeles and the Eight-Tray Gangster Crips from 83rd Street have been rivals since 1979. This conflict has resulted in a more general dispute between *Gangster Crips* and *Neighborhood Crips* gang federations because, as gangs disseminated throughout Los Angeles and beyond, they divided into smaller and smaller sets and began to encroach on each other's territories.

In April 1992, just days before the Rodney King riots, the Crips and Bloods in the Watts neighborhood of Los Angeles convened in the Imperial Courts Project gym to negotiate a truce. Gang members were fatigued from decades of retaliatory violence. Assisted by football legend and activist Jim Brown and hip hop artists of the West Coast Rap All-Stars, they drafted a formal peace treaty modeled on the 1949 Armistice Agreements signed by Israel and Egypt, Lebanon, Jordan, and Syria. The gang ceasefire held for a number of years, and although shootings continued throughout the truce, violence declined to such an extent that, consistent with a nationwide crime drop, homicides in Los Angeles fell from over 1,000 in 1991 (a rate of 30 murders per 100,000 residents) to 550 in 1999 (15 per 100,000 residents). In 2016, there were 283 murders in Los Angeles (7 per 100,000 residents), but gang violence remains an intractable problem throughout California and the country.

Symbology

Gangs are known for their use of signals, which convey information understood by convention rather than by an intrinsic link with the message and are produced in a way that ensures coordination. Crips are no different. Large numbers of gang members frequent the same places and occupy relatively small geographical spaces. Thus, they rely on signals to identify one another. It is common knowledge that Crips identify with the color blue, which was inspired either by the colors of Washington High School or by the style of

Stanley Williams' friend Curtis *Buddha* Morrow. The Crips also represent left (vs. the Bloods who represent right), meaning they may roll up their left pant leg, wear their hat turned or tilted to the left, or hang a blue handkerchief out of their left back pocket.

Wearing blue and claiming Crips in the wrong context can be enough to incite violence. There are stories of youth wearing reversible jackets—Blood-red exterior with Crip-blue lining—to negotiate the risks inherent in walking between rival Bloods and Crips neighborhoods. This speaks to the fact that some signals, such as colored clothing, are easy to mimic. Since the 1990s, *gangster style* has permeated youth culture. Nongang youth wear the same blue baggy pants or Levi's jeans, baseball caps, basketball jerseys, and bandanas as their gang counterparts, lending some to rightly conclude that a Crips subculture exists beyond the gang. However, other signals are harder to fake. Hailing from Grape Street in the Watts section of Los Angeles, for example, convincingly marks someone as being at least friendly to the Crips, because Grape Street and the gang are synonymous. Interestingly, Grape Street Crips wear purple in addition to blue.

In their formative years, inspired by the style of early member Greg Davis, Crips carried a walking cane and wore khaki pants with the suspenders hanging down from the waistbands, Stacy Adams shoes, and brimmed hats. In the 1980s, Crips wore British Knights sport shoes because the company moniker B.K. was taken to stand for *Blood Killer*. Since the mid-1990s and the early 2000s, however, the use of colors and flamboyant clothing has waned since it attracts police attention and is one criterion for entry into a gang database.

Beyond clothing, graffiti and tattoos constitute a layered vocabulary for Crips members to communicate with one another. Popular Crips tattoos include a six-point Star of David (which pays homage to David Barksdale, the Chicago gang leader who founded the Black Disciples), six- and three-point crowns, and the Number 6 (meaning Crip up and Blood down), which all acknowledge the Crips' affiliation with the Folk Nation. Crips members refer each other as cousins (*Cuzz*) and in graffiti and other written correspondence. They will post their symbols, but invert, break, and/or cross out a rival gang or nation's symbol. Crips

will call Bloods derogatory terms such as *slobs* and *busters* and delete or change words containing the Letter B, owing to their association with the word *Blood*. If no word can reasonably be substituted, the Letter B will be crossed out to show disrespect. Sometimes, excessive use of the Letter C also occurs (e.g., “I’ll C right baCC”) to refrain from using the Letter B or the initials CK, which stand for *Crip Killer*.

For Crips, the *stacking* of complex hand symbols, such as sign language, is a gestural code to greet, confirm affiliation, disrespect rivals, and conduct business in secret. Crips are also known for the Crip Walk, or C-Walk, a dance step involving quick, intricate footwork that was first introduced into hip hop culture by Rapper WC (*Dub-C*). In the music video for the 2004 hit, “Drop it Like It’s Hot,” produced by Pharrell Williams, gangster rapper Snoop Dogg C-Walks and raps about having a blue flag hanging on the left side, another example of how Crips style permeates popular culture.

James A. Densley

See also American Gangs; Bloods; Drug Trafficking; Prison Gangs, Major; Prison Gangs and Strategic Threat Groups; Street Gangs

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CRISIS INTERVENTION TEAMS

Crisis intervention teams (CITs) housed within police departments, sheriff’s offices, and other law enforcement entities represent an intersection of law enforcement and psychology to enable a proper law enforcement response to those with

mental health needs who are in crisis or need assistance. A CIT typically comprises specially trained police officers and/or mental health professionals. This entry reviews the origins of CITs, the different ways these teams are organized and utilized, and the training of their members and, through a number of case examples, highlights what these teams are able to accomplish as compared with a more typical police response to those in a mental health crisis.

Origins

Origins of CITs began in the late 1980s in Memphis, TN, where the police department and a number of local mental health agencies and universities collaborated in the creation of a police training program. Born in part by economic factors, an increasing homeless population with mental health issues experienced more and more run-ins with the police, yet the officers did not have adequate training to handle these types of situations. The different agencies began working together on the street, culminating in the creation of a specific training for police officers called the *Crisis Intervention Training*.

Training

The training of CIT officers typically entails increasing their understanding of psychiatric conditions such as schizophrenia and other psychotic disorders, bipolar disorder, depression, anxiety disorders such as post-traumatic stress disorder, and substance use disorders. Training also focuses on giving officers information and practical experience (typically through role-play exercises and through visits to local psychiatric care facilities), deescalating and intervening with people with these disorders. Officers are also given information about ways to address short-term needs of people in a mental health crisis (e.g., safety plans and no-harm contracts) as well as knowledge about local treatment and assistance options (e.g., programs that assist with life skills training, employment and housing opportunities, financial assistance, counseling, and medical aid).

These CIT training programs augment police academy training. Specifically, CIT officers are shown how to approach someone in a nonthreatening manner (as opposed to the authoritative

approach emphasized in basic police academy training) and how to listen empathetically, paraphrase, slow emotions down, help individuals move to a cognitive state, and provide understanding and support. These were the aspects of the Memphis Police Department's CIT program training that made it novel and effective. The implementation of the program was also unique in that many officers did not trust or understand the mental health community, but were now working closely and effectively by providing alternatives to jail for this population.

A benefit of having CIT-trained officers is a reduction in the number of use of force incidents. For instance, officers are trained in their police academy to take control of a situation upon arrival. This approach works very well in many situations but can be counterproductive in, for example, the case of a psychotic person. Recognizing the signs of psychosis and then taking a CIT approach to this person can often help deescalate these potentially lethal situations. CIT officers learn that the best approach, while maintaining officer safety, is to avoid crowding the individuals and overstimulating them with commands and physical presence. That authoritative approach can cause a psychotic person to become combative and thus provoke the use of force on the part of responding officers. Research on the effectiveness of CIT indicates that officers with this training often use less force and are more likely to refer individuals with psychiatric conditions to mental health services instead of taking them to jail.

Since the introduction of the Memphis Model of CIT, other departments have adopted similar trainings and programs. For example, Texas has a 40-hr Mental Health Police Officer certification for officers with over 2 years of law enforcement experience. Generally speaking, there are three different ways of implementing a CIT program. The first is the Memphis Model that trains officers in CIT and has made them respond to these types of calls for police service. The second method, the collaborative model, is to pair a police officer, preferably CIT-trained, with a mental health professional, to patrol together, responding to calls for service. The third method, often referred to as a Victims Services Unit or Crisis Team, trains mental health professionals to patrol and respond to police requests for assistance.

Additionally, CIT programs within law enforcement agencies do not always work only with mentally ill subjects. Other common uses of Victims Services Teams or Crisis Teams are a mental health response to assist people who have witnessed or experienced the death of a loved one (e.g., homicide, suicide, or by natural causes) and to assist victims of sexual assault, domestic violence, traffic accidents, suicidal persons, and other calls in which the presence of a mental health professional may be of benefit to those involved. A Victims Services Team or Crisis Team response to these types of calls often allows police officers to return to service more quickly, and those involved can receive support and referral information not commonly offered by police officers. Because this third method often allows officers to return to service, it is growing in popularity. Andrew Young, Jill Fuller, and Briana Riley researched this type of CIT program and found that both officers and victims benefit from the assistance, psychological support, and referral resources provided by these teams.

CIT programs are sometimes used to assist officers as well. A common example is a Crisis Incident Stress Management team comprising Crisis Incident Stress Management-trained officers, mental health professionals, and sometimes chaplains. This team assists officers after emotionally difficult or traumatic calls in order to give officers a safe place to decompress and process their experiences. Examples of calls traumatic for police officers are officer-involved shootings, extended or physically demanding operations, mass casualty incidents, the death of a child, and other events not commonly experienced by police officers. A Crisis Incident Stress Management team response may be as simple as a one-on-one chat with an officer after a difficult call or may take the form of a group meeting in which officers similarly exposed to a traumatic event can process that event together. This group meeting is often referred to as a psychological debriefing and guides officers through a specific seven-step protocol that helps them cognitively and emotionally process the event and offer support to one another.

Another example of law enforcement officers and mental health professionals working together in addressing crises is the use of psychological consultants on SWAT negotiating teams. Typically,

these consultants help assess the mental status of the subject holding hostages, who is barricaded, or who is threatening suicide, and provide negotiating and response strategies to the officers intervening with the subject in crisis.

Case Example 1

Officers were called to a local apartment complex regarding an individual brandishing a rifle at neighbors after an argument about an improperly parked vehicle. As responding officers approached the apartment, the individual pointed his rifle in the direction of officers as he turned to retreat into his apartment. Officers took up defensive and protected positions and then initiated a SWAT response. Through the course of negotiating with this individual, and interviewing family and friends, it came to light that this individual was a combat veteran and had been seeking assistance from the U.S. Department of Veterans Affairs for post-traumatic stress disorder. The SWAT negotiator on this call, who was CIT-trained and a combat veteran, was able to build rapport with the barricaded subject and to offer support, reassurance, understanding, and empathy. The officer then worked with this veteran on a safe plan for exiting his residence. Once taken into custody, a decision had to be made. Do officers arrest this man for aggravated assault (for pointing a rifle at responding police officers), or do they facilitate sending this man to an inpatient care facility because he is a danger to others due to his hypervigilance (being on guard, seeing threats everywhere, and responding automatically from his combat training), which is associated with post-traumatic stress disorder? In this case, due to the input from his family who was on scene, from the psychological consultant with the SWAT negotiating team, and due to his response to and compliance with the CIT officer, it was determined that remand to an inpatient facility would be the best way to resolve this situation.

Case Example 2

Officers are called because a man is on the roof of his house, naked, pointing toward the sky, and having an animated conversation with someone

who is not there. The police, the fire department, and ambulance service all arrive and receive no response from the man to their calls to him from ground level. The CIT officer on scene realizes that this man probably has a psychotic disorder (though hard to say if it is substance-induced or caused by a mental health condition) and seeks to ground this man in reality by asking the man to look at him, talk with him, and take a break from his conversation. After approximately 30 minutes of taking this approach and receiving no response, the CIT officer then claps his hands loudly and yells the man's name, which was given to the officer by a neighbor. The man breaks off from his conversation and is then able to engage the officer in answering a couple of questions before returning to his conversation with the air. After another 30 minutes of going back and forth between conversations with the air and the CIT officer, the man safely climbs down a ladder and gets into the waiting ambulance to be transported to the local emergency room for a physical and psychological assessment.

CITs began by trying to fill a need within law enforcement—bridging the gap between the basic training of police officers and the needs of people in crisis and/or with mental health conditions. Since its origin in Memphis, the use of CIT teams has broadened with the law enforcement community using mental health professionals in a variety of situations to provide for the needs of those in crisis and to mitigate the long-term effects of crisis. CIT teams are an important part of many law enforcement responses, especially those that may not solely be a criminal matter.

Andrew T. Young

See also Psychodiagnostic Interview; Suicide and Self-Harm, Linkages to Violence Risk; Suicide and Self-Harm Intervention and Management Strategies; Suicide and Self-Harm Screening Tools

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CYBERBULLYING

Cyberbullying refers to an aggressive, intentional, and harmful behavior willfully conducted by a group or individual toward a specific victim through the use of electronic messaging. When defining cyberbullying, many researchers begin with Dan Olweus's tenets of traditional bullying, which include intent to inflict harm, a power differential, and repetition. These aspects are present in cyberbullying, but it is conducted via computers, cell-phones, tablets, or other technological interfaces. Cyberbullies convey harmful messages through name-calling, rumor spreading, and abusive comments. Victims of cyberbullying experience an

array of physical, social, emotional, and cognitive issues that can extend into adulthood. Specifically, victims can experience a number of issues later in life, such as depression, anxiety disorders, and suicidal thoughts. Despite the relative dearth of research specifically on cyberbullying, this entry explores key aspects of this topic through the lens of traditional bullying and applies these concepts to the more recent online phenomenon. Beginning with an exploration of types of cyberbullying from the point of view of both victims and offenders, the entry then explores its psychological impacts and possible coping strategies and discusses prevention and intervention with an eye to legal issues surrounding this topic.

Overview of Cyberbullying Research

The impact of bullying has been studied for years across a number of disciplines; however, the impact of cyberbullying is less understood. As traditional bullying has largely occurred within the context of school, most bullying research presumes a physical or face-to-face context. Research is needed that focuses on bullying beyond school as the number of young people accessing the Internet increases and cyberbullying victimization increases concomitantly.

Cyberbullying research is currently conceptualized in varied ways, which has created inconsistencies across studies. One popular approach has been to define it broadly as bullying that occurs through electronic mediums, but this does not account for the differences between various electronic platforms. Other researchers have relied upon the work of Olweus who established the three main tenets of an individual experiencing bullying: (1) They are exposed to repeated negative actions, (2) these actions are inflicted on the individual from another person or persons, and (3) the individual has difficulty defending against these actions. Some individuals have extended this premise to cyberbullying by building upon the Olweus tenets and including the potential for one or more bullies.

Prevalence, Victims, Offenders, and Forms

The growth of Internet access has helped expand the number of potential cyberbullying offenders

and victims. It is estimated that over 77% of teenagers aged 12–17 years own a cellphone which allows the user to text message, e-mail, and access social networking sites. A survey in 2011 estimated that approximately 93% of children and adolescents use the Internet at least weekly, and 60% use it daily. There have been large variations in findings regarding the prevalence of cyberbullying victimization, with reported rates ranging from 11% to 72% but often hovering between 20% and 40% of middle- and high-school students.

The victims and offenders of cyberbullying are often teenagers or adolescents. Research is mixed regarding whether females or males are more likely to be involved in cyberbullying as victims or offenders. Cyberbullying affects individuals of all races. Further, individuals of the lesbian, gay, bisexual, and transgender (LGBT) community often have to deal with bullying. The National School Climate Survey in 2011 indicated that over 80% of LGBT youth had issues with bullying in regard to their sexual orientation, over 60% felt unsafe due to their sexual orientation, over 40% felt unsafe due to their gender identification, and over 30% did not go to school because they felt unsafe. The same survey indicated that LGBT youth are 3 times more likely to be victims of cyberbullying than other youth. Over 40% of LGBT youth reported experiencing cyberbullying, with 25% reporting that it occurred more than once, and over 50% indicated something unfavorable was said about them online. Over a third of LGBT youth also reported being sexually harassed online, and a fifth of LGBT youth reported receiving a harassing text message from other students.

Cyberbullying can take many forms. Young people use an array of devices with messaging capabilities. As teenagers have limited options where they can socialize outside of school, these social technologies have become integral avenues through which social connectivity can stretch beyond school hours and borders. Given the nature of online communication, cyberbullying perpetuates verbal bullying, and traditional intimidation is supplanted by humiliation, slander, and gossip. Cyberbullying often occurs through name-calling, rumor spreading, and abusive comments transmitted and conveyed through mediums such as instant messengers, social networking sites (e.g., Facebook, Twitter, Instagram), e-mail, and chat rooms. Age can play a role in the medium

through which the cyberbullying is conveyed, as older children and adolescents are more likely to be cyberbullied through social networking sites when compared to younger children.

Unique Nature of Cyberbullying

While similarities exist between traditional bullying and cyberbullying, the nature of the latter provides the potential for anonymity. Cyber-offenders can feel an added sense of security behind a computer screen or cellphone, making them less likely to follow societal pressures to act in a normative manner. Researchers have noted that cyberbullying is particularly malicious when offenders take steps to remain anonymous. Traditional bullying also tends to be characterized by a victim and bully, with few onlookers, while cyberbullying often features a large audience with ridicule that materializes quickly.

Implications

Implications and Ramifications for Victims

Youth victims of cyberbullying are treated in ways that negatively impact their physical, social, emotional, and cognitive functioning, as well as development and sense of well-being. Some researchers discovered that cyberbullying that uses pictures, video clips, or phone calls has a greater impact on victims than traditional forms of bullying. While traditional bullying victims are able to seek refuge after school, cyberbullying does not allow for this reprieve as bullies who possess access to the Internet are able to reach victims at all hours of the day. Research has found links between cyberbullying victimization and school difficulties (tardiness and truancy), suicidal ideation, eating disorders, chronic illness, depression, increased stress, social anxiety, and reduced self-esteem. In extreme cases, victims have used violence against bullies or committed suicide.

Psychological Impacts

Cyberbullying victims can experience a number of psychological issues as a result of their victimization. These include reports of feeling hurt, lonely, insecure, worried, embarrassed, anxious, angry, and socially inept. The consequences of

cyberbullying are not always uniform across genders. Male victims often report feeling vengeful and angry, while female victims tend more toward self-pity and depression. However, some researchers have found female victims reporting frustration and anger at higher rates than male victims; therefore, these gender-associated reactions to cyberbullying can vary. The impacts of transgender bullying must also be considered, as research has found that transsexual individuals are often victims. Research has discovered a link between transgender individuals being bullied and experiencing depression and suicidal thoughts.

Traditional bullying victims often fear returning to school where they may experience loneliness, humiliation, and insecurity. Researchers have noted the potential for cyberbullying victims to experience these feelings as well when considering the pain that can be endured when bullies use hateful terminology. Traditional bullying research has discovered that bullying takes its greatest toll on children who are repeatedly targeted, with victims being linked to poor mental health. These issues can extend into adulthood, as researchers have discovered that individuals bullied during childhood are at a higher risk when reaching adulthood of experiencing depression, anxiety disorders, and suicidal ideation.

Coping Strategies

Cognitive and behavioral coping strategies designed to reduce internal and external demands produced by stressful events can help mitigate the psychological, social, and physical issues produced by cyberbullying. Researchers have noted that an event itself is not harmful; rather, it is the evaluation of that event that gives the event context and meaning. Individuals who do not think they can change a stressful situation or who have limited resources to alter it often use an emotion-based form of coping. On the other hand, individuals who believe they have adequate resources are more likely to use problem-focused coping mechanisms.

Victims of cyberbullying are likely to view it as difficult to change. This may result in these individuals feeling like they must accept the situation and engage in emotion-focused coping such as anger, avoidance, and feeling helpless or depressed.

The longer the cyberbullying continues, the more likely the victim will view the situation as unchangeable and thus will engage in emotion-based coping strategies. Traditional bullying research indicates that victims utilizing problem-based coping strategies focused on taking action to prevent further bullying experience less health complaints than those who utilize an emotion-based coping strategy. Cyberbullying researchers have also found a link between the use of emotion-focused coping and increased risk of health complaints and depression as compared to victims who use problem-focused coping strategies.

Prevention and Intervention

As teachers connect with students daily, they are key agents in combatting cyberbullying. Studies have found varied support for school bullying prevention programs with some highlighting the importance of parents educating their children regarding proper Internet activity. Some schools partner with law enforcement agencies for information exchange purposes and to help bring formal charges against cyberbullies. Research supports school-level comprehensive programs to address bullying, while carefully supervising students, establishing rules and punishments for violations, and being strict about inappropriate behavior.

Legal Issues

Cyberbullying is difficult to monitor and regulate since the First Amendment to the U.S. Constitution protects most speech until the offender's behavior becomes harassment. School administrators can sanction traditional bullies since their actions usually occur at school. Cyberbullying often occurs outside of school; therefore, the investigation and interdiction of cyberbullying are less straightforward. Schools must develop clear policies regarding student online behavior and introduce learning exercises that enhance empathy and connect students with parents, school officials, and law enforcement. These efforts can reduce cyberbullying victimization and minimize the risk of reciprocal behavior, which could escalate to violence.

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See also Bullying; Cybercrime; Cyberexploitation; Cyberstalking; Gender and Crime; Internet Victimization; Suicide Risk and Self-Harm

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CYBERCRIME

Since the 1990s, cybercrime has become a matter of national priority and international policy. Research and teaching programs have proliferated alongside a large and sophisticated cybercrime security industry with investments being counted in the billions of dollars. Yet, while there is little disagreement that the problem exists, there is considerable debate as to what cybercrime exactly is and how to deal with it. This entry explores 10 key observations that can facilitate the understanding of its nature, the surrounding debates, and importantly the offenders.

Observations

The first observation is that *cybercrime takes place in a cyberspace*, an *imaginary* space created by the social reaction to the intersection of digital and network technologies and culturally shaped by social science fiction. Social behavior online has been transformed by digital and networked technologies across networks of communication, which has created behaviors that are global, informational, and distributed.

The second observation is that *cybercrimes are enabled by the same technologies that create cyberspace*. These same technologies have also transformed criminal behavior in much the same ways to make crime global, informational, and distributed. This virtual world not only has had a massive impact upon people's everyday lives, but it has also created new criminal opportunities causing victimizations that can have very real consequences for individuals. Originating in the 1980s' cyberpunk literature, the terms *cyberspace* and *cybercrime* cause much confusion, even conflict between different commentators. However, they have become so culturally embedded in the common parlance that it seems they are here to stay—despite attempts to avoid them by using the term *digital* or some other word instead.

The third observation is that *cybercrimes are becoming increasingly automated* as digital and networked technologies become more advanced and sophisticated. Networked and digital technologies do what other advanced technologies do: They deskill and then reskill labor—in this the crime labor that commits cybercrime (for offending is a form of labor). As with many aspects of ordinary work (labor) over time, technology and the ideas behind it have tended to separate out work tasks and automate them, usually to make them cheaper to perform and improve efficiency. In doing so, many skills have been absorbed by an automation process, but this deskilling has also created new skills to control the technology that controls those new processes (reskilling). The fact that one or two people can now control a whole criminal process that once required many people with specialist skill sets has profound implications for the understanding of the organization of cybercrime. In a rather cynical way, the Internet has effectively democratized crimes such as fraud

that were once seen as the crimes of the powerful and the privileged.

In a nutshell, networked and digital technologies have created an environment in which there is no longer any need for criminals to commit a large crime at a great risk to themselves because one person can commit many small crimes with lesser risk to himself or herself. Financial criminals can, for example, commit \$50 million low-risk thefts themselves from the comfort and safety of their own home, rather than a single \$50 million robbery with its complex collection of criminal skill sets and high levels of personal risk. If not a bank robbery, then criminals can commit a major hack, a distributed denial of service attack, a hate speech campaign, or suite of frauds; consider, for example, the case of the 17-year-old TalkTalk hacker who, with three others, allegedly hacked the TalkTalk database and stole the personal information of 1.2 million customers.

At the far end of this automation process, some malware can operate totally by itself (e.g., fake antivirus scams, ransomware), or it can run crime portals that can rent out bespoke malware via crimeware-as-a-service. In such circumstances, the scientific entry level required of cybercrime offenders has fallen and the technology effectively *disappears* because its operation becomes intuitive and offenders no longer require the programming skills that they once did. Another significant development has been the drop in the cost of technologies, which has dramatically reduced the start-up costs of crime, thus increasing the level of incentive. The impact of these transformations upon crime is that the average person can, in theory, commit many crimes simultaneously in ways not previously possible and on a global scale.

The fourth observation is that the term *cybercrime* addresses a series of quite different victim groups, which themselves proscribe different security debates. Although there may be similarities in crime type used, individual victims are quite different from business and organizational victims, who in turn are different from nation-state victims (national infrastructure). Each invokes different motivations, different offender groups and attack tactics, and different stakeholders and agencies. In addition, there is a need to separate the cybersecurity debates over risk and threats from the cybercrime debates (cybersecurity) over *actual* harms to individuals, businesses, and nation-states

(policing). These two sets of issues are often confused, sometimes deliberately, when in fact they each represent different actions. As in the off-line world, not all threats and risks manifest themselves as harms to the individual, and not all harms are crimes. But some do, which raises questions over how do we make sense of them—questions that are answered by the next three observations.

The fifth observation is that *cybercrime should be understood as a process of transformation rather than a thing or things*. One of the problems with contemporary explanations of cybercrime is that they attempt to buttonhole online actions into a definition, which never seems to explain satisfactorily the complete phenomenon—only parts of it at any one time. Instead of a definitional approach, David S. Hall has suggested that cybercrime really describes a transformation from one state (off-line) to another (online)—a process that is continuing into the future with the development of cloud technologies and the Internet of things. Using this approach, the multiple layers of cybercrime offending can be understood, not just in legal terms, but also in the different acts and different motivations.

The sixth observation, following on from the previous, is that *cybercrime disappears if you take away digital and networked technologies*. This is possibly the most significant of all observations when understanding cybercrime. If it does not disappear, then it is not a *true* cybercrime. By applying this transformation test, either scientifically or metaphorically, then the possibility arises that in addition to true cybercrimes there is a range of hybrids, which might explain some of the rather confusing definitions. It also helps explain what the *cyber-difference* is. This test also helps reflect upon how the crime was committed and the levels to which networked and digital technologies have impacted the criminal behavior.

This transformation test can be used to understand how crimes have been transformed in terms of their *mediation by technologies*. At the one end of the spectrum are *cyber-assisted* crimes that use the Internet in their organization, but which would still take place if the Internet were removed (e.g., a murderer searching *how to kill someone* or *dispose of the body* on a web browser). At the other end of the spectrum are *cyber-dependent* crimes, which are the spawn of the Internet, such as distributed denial of service attacks, spamming,

and piracy. If the Internet (networked technology) is taken away, then they simply disappear. In between the cyber-assisted and cyber-dependent crimes are various hybrid *cyber-enabled* crimes. These include most types of frauds and deception (but not exclusively) and are existing crimes in law but are given a global reach by the Internet, such as Ponzi and pyramid schemes. Take away the Internet, and these crimes still happen, but at a much more localized level, and they lose the global, informational, and distributed lift that is a characteristic of *cyber*.

The seventh observation is that *cybercrime offending has a number of different modus operandi* (objectives and intents). Therefore, *cybercrimes committed against the machine*, such as hacking and distributed denial of service attacks, need to be distinguished from *cybercrimes that use the machine*, such as frauds. Both of these also differ from *cybercrimes in the machine*, such as extreme pornography, hate speech, offensive imagery, and social networking-originated offenses. Yet, the distinction between them is rarely made in practice, even though the three types of modus operandi each relate to different bodies of law in most jurisdictions. Each of the three dimensions of cybercrime (the influence of technology, modus operandi, and victim group) has different implications for understanding the levels of victimization experienced but also the offenders and the way that they organize cybercrimes.

The eighth observation is that *the organization of cybercrime is very different from the organization of crime off-line*. While the media has tended to sensationalize cybercrime by linking it with mafia groups, the various literature on this issue suggests that the nature of cybercrime and conceptualizations of traditional organized crime groups are highly incompatible. Indeed, the literature points to forms of organization online that follow the distributed (networked), globalized, and informational patterns of cybercrime. So, one can talk about cyber-assisted forms of organization, whereby crime groups use technologies to assist their existing operations, including some traditional organized crime groups taking their existing areas of crime business online. There are also examples of cyber-enabled organization, whereby new groups of criminals use the Internet networks to organize themselves to commit financial crimes. They obtain personal information online (e.g.,

through phishing) and then give it to off-line money mules to monetarize the information. Take away the Internet, and they would commit the same crimes more locally and in much smaller volumes. Finally, there are cyber-dependent organized crime groups, who commune online and commit crimes online. They are likely never to have met and are often unlikely to know each other's identity other than by pseudonym. They are also very ephemeral, even fluid because they tend to be a collaboration of ideas. Their organization is disorganized by comparison with other criminal groups, and if the Internet were taken away, they would vanish.

The ninth observation is that *cybercrime creates challenges for the criminal justice system*. One of the most distinctive characteristics of true cybercrimes (cyber-dependent) is that they tend to be small-impact bulk victimizations. This means that they are often *de minimis non curat lex*, too small to prosecute, and police and the criminal justice system find it hard to act on them individually. Police can act only when a perpetrator is found, along with the aggregated proceeds of the crime as evidence. Because of their globalized nature, they are also jurisdictionally problematic, unless the perpetrator is found and the evidence is strong enough to warrant an extradition order if a treaty exists between the countries involved. Finally, there is also the need for policing expertise in cybercrime to be able to collect the relevant forensic evidence, build a case, and present it to the court for prosecution—and to instruct a specialist, such as a criminal psychologist, when needed. The final challenge is the *reassurance* problem in policing cybercrime. A culture of fear exists around cybercrime, which, for various reasons, exaggerates its impacts and causes a *reassurance gap* between the levels of security demanded by the public which policing agencies cannot deliver. This gap broadly shifts the policing focus toward answering those demands with highly publicized arrests and visible actions, which often shifts resources from essential cybercrime policing functions.

The tenth and final observation is that *cybercrime is not going to go away* as there is no silver bullet and the Internet cannot be switched off. All that can be done is to keep on top of developments, design out weaknesses, and mitigate issues as they arise. Furthermore, over the next 5–10 years, three key types of technological

developments could further challenge law enforcement and criminal psychologists. Mesh technologies will join with digital devices to develop lateral networks; self-deleting communications, such as TigerText or Snapchat, will eradicate evidence; and cryptocurrencies such as Bitcoin, Robocoin, Dogecoin, Litecoin, and especially Zerocoin, which claims to be anonymous, will create alternative value-exchange systems that could challenge the authority of banking systems. Collectively, these three technologies, further amplified in time by cloud technologies that will make more computing power available to criminals and the Internet of things, will expand the scope of devices connected to the Internet and also the volume of data flows, providing new criminal opportunities.

Conclusion

Since cybercrime is not going to go away, the most that can be done about it is to mitigate its impact as new forms arise and make it harder for offenders by using technology to identify offending, designing out criminal opportunity at the development stage, and educating and alerting potential victims of vulnerabilities. In doing so, however, the solutions are not always high-tech. On the one hand, cybercrimes are a product of the social reaction to new (criminal) opportunities created by networked and digital technologies, so some technical solutions are needed. However, on the other hand, there is a need to respond to the social impacts of cybercrime, especially where either young and other vulnerable people are not understanding the gravity of their own actions or their actions are being misunderstood by significant others (e.g., parents, teachers, police), particularly the transgressive behaviors that drift into serious crime without the offender leaving his or her bedroom.

David S. Wall

See also Fraud; Identity Theft; Organized Crime Typologies

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CYBERSTALKING

Cyberstalking is a crime involving repeated pursuit or monitoring by electronic means. The form of this pursuit can be wide-ranging and involves unwanted attention through various forms of online or digital communication such as instant messages, social network posts, text messages, and e-mails. Often, cyberstalking is motivated by obsessive desires to get revenge, begin a relationship, or terrorize the victim in some manner. Cyberstalking has been a concern for Internet users, policy makers, and law enforcement personnel since the latter part of the 1990s. At that time, the extent of the problem was unknown, but it was clear that the widespread adoption of Internet technologies was providing stalkers with the tools to pursue, monitor, and communicate with victims remotely. Since then, researchers have developed a better understanding of the extent and nature of cyberstalking as a social problem. This entry reviews the scope of cyberstalking as well as the nature of cyberstalking victimization and perpetration, the theories used to explain its occurrences, and its consequences.

Comparing Cyberstalking and Offline Stalking

As the knowledge base around cyberstalking has developed, its definition relative to offline stalking

has been debated. There is a definitional overlap between cyberstalking and offline stalking, but also potential for divergence. In terms of their similarities, cyberstalking and stalking both involve a course of conduct directed at a specific person. A course of conduct can include a number of repeated and unwanted behaviors, such as following, spying on, e-mailing, texting, or calling a victim. Further, like offline stalking, the online pursuit behaviors are considered repeated when they occur two or more times. Most definitions of stalking also include reference to the emotional distress—or fear—experienced by the victim as a consequence of the stalker's pursuit. Unlike offline stalking definitions, definitions of cyberstalking are less consistent in incorporating the victim's emotional distress as a criterion in identifying the behavior as a crime. This is a point of some debate, as conceptually the fear criterion differentiates cyberstalking from other forms of online victimization, such as harassment or cyberbullying. These definitional points aside, cyberstalking is often considered a type or method of stalking.

Extent

Estimates of the extent of cyberstalking have mostly been generated through victimization surveys. While these survey estimates differ, they generally agree that cyberstalking is experienced by a substantial number of individuals. The 2006 National Crime Victimization Survey provides the most methodologically rigorous estimate of cyberstalking victimization in a general population and suggests that 26% of victims of stalking in the United States also experience cyberstalking. Yet, it is noteworthy that this estimate views cyberstalking in conjunction with offline stalking, which has an established definitional criterion related to the harm (i.e., emotional distress) experienced by victims. Stand-alone estimates of cyberstalking victimization that do not include this criterion have produced estimates as high as 40%. This highlights the importance of how cyberstalking victimization is conceptualized as either including or excluding the victim's fear as a consequence of the stalker's course of conduct. Available evidence also suggests that the prevalence of cyberstalking is higher among certain populations—particularly among college students.

With respect to the perpetration of cyberstalking, it is more difficult to gauge its extent due to a lack of data sources. However, small-scale studies of high school and college student samples suggest that approximately 5% of those populations have engaged in online pursuit behaviors against other students. Further, research investigating the extent of cybercrime has estimated that cyberstalking accounts for approximately 40% of all cybercrime incidents.

Victimization

Research into cyberstalking victimization has revealed patterns in characteristics of victims as well as risk factors for victimization. Based on the available data, victims of cyberstalking appear to be principally female and young (i.e., 24 years on average). Other personal characteristics of victims, such as race and sexual orientation, have also been investigated, but to a lesser degree, and regular patterns in these characteristics have not emerged. In terms of situational characteristics, research has consistently found that individuals are more often cyberstalked by someone they know (e.g., boyfriend, coworker) than by others, but there also are reported cases of cyberstalking by strangers. Beyond this sort of descriptive information about cyberstalking victims, research has also reported that certain victim behaviors—for example, online social network activity—may facilitate opportunities for victimization.

Perpetration

The perpetration of cyberstalking has been less studied than cyberstalking victimization, but there are also patterns in personal characteristics and criminal behaviors among cyberstalkers. While a profile of cyberstalkers does not exist, research data suggest that they are predominantly male, young (e.g., in their 20s or 30s), and White. In many cases, cyberstalkers and victims also had some kind of relationship (e.g., friend, romantic partner) prior to the offender's pursuit of the victim.

With respect to this pursuit, evidence suggests that there are also apparent patterns in the tactics used by cyberstalkers. According to the National Crime Victimization Survey, the most common methods of cyberstalking involve repeated

interpersonal communication through e-mail, instant messages, or blogs/bulletin boards. However, it should be pointed out that the pace of technological change potentially alters the landscape within which cyberstalking occurs; therefore, these tactics may have changed since these data were collected.

Cyberstalking can also involve electronic monitoring, wherein the cyberstalker uses global positioning systems, listening devices, cameras, or computer spyware to observe and/or pursue the victim. Approximately 8% of stalking incidents in the United States involve electronic monitoring in some form according to the National Crime Victimization Survey. It is also apparent that there is an overlap between offline stalking and cyberstalking, although the extent of this overlap has not been widely researched.

Theories of Cyberstalking

Theoretical explanations of cyberstalking are still developing, but current theories from fields such as criminology, victimology, and psychology provide initial insights into the roots of victimization and perpetration. In the case of the former, the opportunity perspective suggests that individuals are victimized when motivated offenders encounter criminal opportunities. Applied to cyberstalking, these criminal opportunities may be created when a victim's online routine activities make them vulnerable to an offender's pursuit behaviors. As an example, the type of information an individual posts on an online social network, or the degree to which this information is made public, may facilitate opportunities for victimization. Research also has reported that the victim's level of self-control may indirectly create such opportunities.

With respect to the perpetration of cyberstalking, little research has directly addressed the mechanisms behind online pursuit behaviors. Yet, early research findings suggest that existing theories of criminality, such as control theory, neutralization theory, rational choice theory, and social learning theory, have some utility in explaining cyberstalking perpetration. Within this body of research, traits such as low self-control, shame, anger, and insecurity have been linked to pursuit behaviors.

Consequences of Cyberstalking

Although there have been few studies into the consequences of cyberstalking victimization, research from the offline stalking literature as well as anecdotal evidence suggests that cyberstalking can have severe consequences for victims. The obsessive and repetitive nature of the pursuit behaviors coupled with the potential for anonymity in online forums can lead victims to experience a number of emotional and psychological symptoms—particularly fear. Scholars have investigated the nature of fear of crime quite extensively, and as it pertains to online victimization, research suggests that a number of factors are antecedents to fear. For example, gender, the relationship between the victim and the offender, and the perceived risk of further victimization have all been linked to fear of online victimization. Besides fear, victims of cyberstalking also may experience feelings of anxiety, depression, anger, frustration, insomnia, helplessness, or other forms of emotional distress. This suggests that the emotional consequences of cyberstalking are similar to those of offline stalking victimization.

Bradford W. Reynolds

See also Cybercrime; Cyberexploitation Stalking; Victims of Crime; Violent Offenders; Voyeurism

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D

DA DANGEROUS OFFENDER LEGISLATION

Each country, state, province, region, and jurisdiction handle dangerous offenders in different ways. Over the past several decades, there has been a move on the part of some governments to *get tough on crime* by imposing mandatory minimum and indefinite sentences on offenders thought to be at a high risk for new crimes. This entry focuses on two examples of this movement in the Western world: the civil commitment laws that were adopted in several U.S. jurisdictions and the dangerous offender legislation adopted nationwide in Canada.

The difference between committal legislation in Canada and that in the United States is that in Canada, if offenders are considered dangerous, they are sentenced to indefinite terms of incarceration at the beginning of their sentences, whereas in the United States, a small group of sexual offenders can be civilly committed at sentence expiry. Presumably, while incarcerated, these individuals could participate in treatment programs that are designed to equip them for a parole release to the community while paying due regard to the safety of the public. However, direct comparisons between Canada and the United States are not yet possible due to the lack of a single, criminal national database in the United States.

U.S. Approach

In the United States, decisions to confine offenders indefinitely are made at sentence expiry using civil

commitment laws. For the most part, these measures are brought against offenders who have histories of convictions or sexual crimes. In the United States, civil commitment actions are brought against sexual offenders who are thought to be mentally ill in some manner and are thought to require further treatment. Offenders can be incarcerated indefinitely or until decision-makers determine that they have been successfully treated and could be released without compromising the safety of the public.

Canadian Approach

In Canada, the primary dangerous offender legislation is Section 753 of the Criminal Code of Canada, which was passed in October 1977. This legislation was intended to restrain offenders whose behavior was unlikely to be inhibited by *normal standards* of behavioral restraint. Offenders so designated are sentenced to indeterminate periods of incarceration or until such time as their risk to reoffend could be safely managed in the community. In August 1997, the legislation was revised so that it became possible for an offender so designated to receive a determinate sentence, although most received indeterminate sentences (life). The majority of these offenders (71.5%) were sentenced for at least one sexual offense.

The 1997 legislation was amended again in 2008. This amendment requires the prosecutor to apply for the dangerous offender designation if the offender was convicted of a designated (personal injury) offense and had two prior

convictions for a designated offense for which the offender received a sentence of at least 2 years. This means that prosecutors have to apply for dangerous offender designation in cases where such an application might not have been considered prior to the amendment. In addition, the law also requires the accused to prove he or she should not be declared dangerous rather than requiring the prosecution to establish dangerousness at the sentencing stage.

The number of individuals declared dangerous offenders under Section 753 increased by 20% between 2004 and 2008 (the end of year to the end of year). In the same 5-year period, there was only an 8% increase in the total offender population. Not only is the number of individuals who are designated as dangerous offenders increasing, but so is the proportion of First Nations people who receive an indeterminate sentence as dangerous offenders. For example, in Saskatchewan, 82% of offenders sentenced as dangerous offenders as of 2016 were First Nations people although they represent only about 14% of the provincial population. While perhaps not as dramatic, a similar pattern exists in the rest of Canada. Although the number of indeterminately incarcerated offenders continues to grow, there is no available evidence to indicate that this has resulted in increased public safety. In fact, the low release rates make it unlikely that there are sufficient numbers of parole releases to properly study long-term release practices.

In the case of offenders serving determinate and indeterminate sentences, the responsibility for the decision to release the offender rests with the Canadian National Parole Board. Theoretically, the National Parole Board would release an individual when he or she would no longer represent an unmanageable risk to the public. However, it has been found that there is a negligible effect on parole on imprisonment rates because so few offenders receive parole that there is almost no effect of parole on the number of people incarcerated. According to Anthony Doob, Cheryl Marie Webster, and Allan Manson, the low parole rates in Canada suggest that abolishing parole altogether would have limited effect on the number of incarcerated offenders. This is also true for offenders who were declared dangerous and received indeterminate sentences.

A study by Terry Nicholaichuk and colleagues (2013) investigated whether the presumed intent of the legislation was actually translated into sentencing practice. They examined the correctional careers of indeterminately sentenced dangerous offenders, the majority of whom were sentenced for sexual crimes. For the group of 193 men designated as dangerous offenders between 1977 and 1997, the average length of their incarceration was 17.7 years. For the 31 offenders from the group who were conditionally released, the mean number of years of incarceration prior to their release was 14.4 years. Only one individual who was designated a dangerous offender after 1997, and who reached his parole eligibility date, was released. He was incarcerated for 9.8 years prior to his transfer to a minimum-security facility. Finally, of the 31 released dangerous offenders, only two reoffended, but neither with a sexual offense.

Although the intent of the dangerous offender or civil commitment legislation seems reasonable when taken at face value, it appears that this intent may not be reflected in actual practice. At least in Canada, the sentence appears to be applied randomly. *Dangerousness* is a legal term rather than the one based on research data. Therefore, the sentence does not necessarily reflect the offender's empirically derived estimate of risk. Being declared a dangerous offender with an indeterminate sentence overwhelmingly predicts that the individual will die in prison regardless of his level of risk or current age. Although this may satisfy the *get tough on crime* advocates, it seems to be a policy that disproportionately penalizes some minority groups (e.g., Indigenous minorities).

Terry P. Nicholaichuk

See also Criminal Profiling; Mandatory Minimum Sentencing; Sentencing

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DEATH PENALTY

The death penalty, also known as *capital punishment*, is a government-imposed sanction by which a person is executed for committing an illegal offense. The United States is the only country in the Western world to retain this form of punishment. Consequently, it is the subject of much controversy. China, Iran, Saudi Arabia, Iraq, and the United States are responsible for the majority of the world's executions. Most countries have abolished the death penalty.

This entry discusses key statistics surrounding the death penalty, major legal rulings relating to capital punishment, the capital trial process, capital jury decision-making, the psychological impact of imprisonment on death row, and wrongful convictions.

Methods of Execution

The most common international methods of execution are electrocution, lethal injection, the gas chamber, the firing squad, and hanging. Other methods include shooting, beheading, stoning, and falling from a lethal height.

In the United States, lethal injection is the primary method of execution for all states that retain the death penalty. Alternative methods include electrocution, the gas chamber, the firing squad, and hanging.

Offenses Punishable by Execution

In the United States, the death penalty is almost exclusively reserved for the first-degree murder crime. Some states have other capital offenses, such as treason, aggravated kidnapping, drug trafficking, aircraft hijacking, and espionage.

However, as of 2017, no inmates are on death row for such crimes.

In like fashion, the federal government authorizes the death penalty for espionage; treason; trafficking large quantities of drugs; and attempting, authorizing, or advising the killing of any officer, juror, or witness in cases involving a continuous criminal enterprise, regardless of whether or not the killing actually occurs. However, as of 2017, no prisoners are on death row for such offenses.

Death Penalty in the United States

As of 2017, 31 states and the federal government had the death penalty. There were approximately 2,800 prisoners on death rows across the country. California, Florida, Texas, and Alabama had the largest death row populations. The death penalty is arbitrarily applied. Specifically, it is more likely to be sought, and obtained, in cases involving defendants who are male, Black, and economically disadvantaged.

Executions in the United States

Nearly 1,500 prisoners have been executed in the United States since 1976. Executions reached an all-time high in 1999, when 98 death row inmates were executed. The number of executions has fallen consistently since that year.

Region

The southern region of the United States is responsible for over 80% of the nation's executions. Texas, Oklahoma, Virginia, and Florida have executed the most inmates in the United States.

Gender

Over 99% of the executed death row prisoners were men. Only 16 women have been executed between 1976 and 2017.

Race

Statistically, more Caucasian death row inmates have been executed. However, when compared to Black and Hispanic prisoners, Black death row

prisoners who kill White victims were nearly 10 times more likely to be executed than White death row prisoners convicted of killing Black victims.

Average Time Spent on Death Row

The average time spent on death rows across the United States has steadily increased since the 1970s. In 2017, death row prisoners spend approximately 16 years on death row before execution, exoneration, or commutation of their sentences to life imprisonment.

Aging Death Row Population

The death row population in the United States has aged significantly. The number of death row inmates 65 years and over has quadrupled in recent years. Although some prisoners are on death row because they committed offenses late in life, the lengthy appellate process is primarily responsible for the aging of prisoners under the sentence of death.

Death Row Phenomenon and Death Row Syndrome

The living conditions on death rows across the United States have been the subject of sharp debate. Called the *death row phenomenon*, inmates are forced to endure a bleak, hopeless environment for years, if not decades, living with uncertainty regarding when—or if—they will ever be executed.

Prisoners on death row are kept in solitary confinement for over 23 hours per day inside small, windowless cells. They are allowed outside recreation a few days per week. However, this time consists of exercise alone inside a concrete or wired enclosure. Any time death row inmates are allowed out of their cells, they are handcuffed and shackled. Sometimes *black boxes* made of hard plastic that offer additional restriction of movement are placed over their handcuffs. Death row inmates also lack basic comforts such as climate control, regular access to reading material, and contact with loved ones. The living conditions on death row can cause *death row syndrome*, or depression, anxiety, and psychosis

so severe that it can cause inmates to become suicidal or forgo their appeals.

Major U.S. Supreme Court Rulings

In the 1960s, the U.S. Supreme Court began adjusting the way the death penalty was implemented. In the 2000s, the Court narrowed the range of offenses for which people were eligible to be executed. This resulted in a series of rulings that impacted the way capital defendants were sentenced.

Witherspoon v. Illinois

In 1968, the Court held that jurors could be excluded from capital jury service if they could never impose a death sentence. However, merely being opposed to the death penalty was not sufficient to excuse a juror for cause.

Furman v. Georgia

In 1972, the Court ruled that the death penalty was *cruel and unusual punishment* due to its arbitrary application. As a result, the death penalty was unconstitutional and commuted all death row prisoners' sentences to life imprisonment.

Gregg v. Georgia

In 1976, the Court reversed its position, holding that the death penalty did not violate the Eighth Amendment prohibition against cruel and unusual punishment. The ruling also provided three procedural reforms by bifurcating capital trials into verdict and penalty phases, initiating automatic appellate reviews for defendants under the sentence of death, and beginning proportionality reviews on the premise that the death penalty is reserved for only *the worst of the worst* offenses.

Wainwright v. Witt

In 1985, the Court redefined the standard for death qualification by broadening the definition of excludable jurors. Specifically, in order to be *death-qualified* (eligible to sit on a capital jury), a person's beliefs about the death penalty cannot be so strong that they would prevent or substantially impair his or her ability to render an impartial decision.

Lockhart v. McCree

In 1986, the American Psychological Association submitted an amicus brief to the Court, summarizing the body of research that suggested the process of death qualification resulted in jurors who were prone to convict and sentence the defendant to death. However, the Court held that the process did not violate defendants' Sixth and Fourteenth Amendment rights and deemed death qualification to be constitutional.

Atkins v. Virginia

In this 2002 case, individuals with intellectual disabilities were prohibited from facing execution. However, they are still eligible to serve sentences of life imprisonment without the possibility of parole.

Roper v. Simmons

In 2005, the Court excluded juveniles from facing the death penalty. However, they were still eligible to serve sentences of life imprisonment without the possibility of parole.

Uttecht v. Brown

In 2007, the Court again narrowed the pool of death-qualified jurors by ruling that a *venireperson*, or prospective juror, could be excluded for cause if his or her beliefs about the death penalty are unclear. In addition, a juror could be excluded from capital jury service if the individual cannot consider both legal penalties (either the death penalty or life in prison without the possibility of parole) as appropriate forms of punishment.

Hall v. Florida

In 2014, the Court concluded that solely using a defendant's intelligence quotient score to render a determination of intellectual disability was fundamentally flawed due to the error inherent in any measurement. Consequently, the Court ruled that evidence of adaptive functioning should be considered when rendering a decision regarding the defendant's intellectual disability.

Attitudes Toward the Death Penalty

Although a majority of Americans are in favor of capital punishment, this support dropped consistently since the mid-1990s. Those who support it tend to do so because they focus on retribution. People who are opposed to the death penalty tend to cite the chance of executing an innocent person, lack of deterrence to crime, cost, and arbitrary application as the most common reasons for their beliefs.

Death Qualification

Death qualification is the part of jury selection during which prospective jurors are questioned regarding their beliefs about the death penalty. Although the theoretical goal of death qualification is to seat an impartial jury that is comprised of jurors who are able to consider both the death penalty and life in prison without the possibility of parole as legitimate forms of punishment, in reality, this is not what occurs. Rather, the process of death qualification systematically excludes more prospective jurors who are opposed to the death penalty than those who feel that the death penalty is the only appropriate sanction for the offense of first-degree murder. As a result, the remaining jurors tend to be demographically, dispositionally, attitudinally, and behaviorally homogeneous, resulting in a panel that is pro-prosecution and anti-defendant process.

Demographic Differences

Death-qualified jurors are more likely than jurors who are not death-qualified to be Caucasian and male. They are also more likely to be middle class and high school educated.

Dispositional Differences

Death-qualified jurors are more disposed than their excludable counterparts to have a low need for cognition, meaning that they do not tend to engage in effortful cognitive activities. Death-qualified jurors are also more likely to hold a high belief in a just world, which is the cognitive bias that a person's actions are inherently inclined to bring appropriate consequences, with good behaviors being rewarded and bad behaviors being

punished. They are more prone to have an internal locus of control or believe that they are in control of the events affecting their lives. Death-qualified jurors are more likely to be legal authoritarians, believing that individual freedom is subordinate to the power of the government.

Attitudinal Differences

Death-qualified jurors tend to endorse aggravating circumstances and dismiss mitigating circumstances. They are more likely than jurors who are not death-qualified to support the death penalty as it relates to mentally ill, juvenile, elderly, and physically disabled defendants. Death-qualified jurors are also more disposed to believe in eyewitness identification and junk science. They are also less likely to support the insanity defense.

Behavioral Differences

When compared to their excludable counterparts, death-qualified jurors are more likely to be pro-conviction and pro-death. Specifically, they are more likely to find defendants guilty. Death-qualified jurors are also more prone to vote in favor of the death sentence.

Process Effects

The process of death qualification is also responsible for the biasing effects inherent in this portion of jury selection. During death qualification, venirepersons are repeatedly questioned regarding their beliefs about the death penalty. This can occur over hours, days, or weeks. The process is done either individually or in small or large groups. It can also occur in a sequestered or public manner. In essence, the potential panel is discussing the punishment long before it is relevant. This brings their focus off the presumption of innocence and onto post-conviction events. The lengthy and repetitive nature of the process is desensitizing, causing the significance of the decision to vote on whether someone lives or dies to lose its impact. Potential jurors are asked to publicly state their attitudes about the death penalty, which can enhance their commitment to a particular position, thus making a later change of opinion more difficult.

Aggravating and Mitigating Circumstances

Aggravating circumstances are reasons to impose the death penalty. Aggravators must be proven beyond a reasonable doubt and are limited by statute. Ultimately, the judge determines which arguments the jury will hear. Although each state has different aggravating circumstances, there is a tremendous overlap. Aggravators can include the crime being cold, calculated, and premeditated; the offense being especially heinous, atrocious, or cruel; the capital defendant's future dangerousness; and the victim being aged under 12 years.

Mitigating circumstances are reasons to impose a sentence of less than death, which is usually life imprisonment without the possibility of parole. Mitigators must be proven by the preponderance of the evidence and are unlimited in nature. Ultimately, the judge determines which arguments the jury will hear, although the rules of evidence are more lenient than with aggravating circumstances. Each state has different mitigating circumstances listed as examples in their respective statutes. However, there is a significant overlap between statutes, and all states allow additional mitigating circumstances to be presented in court. Mitigators can include no significant history of prior criminal history, an offense committed while the defendant was under the influence of an extreme mental or emotional disturbance, the age of the defendant at the time of the crime, and any other factors in the defendant's background that would mitigate against the imposition of the death penalty.

Capital Jury Decision-Making

Capital juries have the formidable responsibility of determining the life or death of another human being. As a result, capital jury decision-making is a complex process that is impacted by a wide variety of factors.

Unanimity

In all states that retain the death penalty, the 12-person capital jury is required to make a unanimous decision in the verdict (guilt) phase. In 2017, a unanimous decision is required in the penalty (sentencing) phase in all but one state. Specifically, only Alabama requires a supermajority (10–2 vote) to impose the death penalty.

Unanimous juries are more likely to have robust deliberations, jurors expressing confidence in their verdicts, and feel that justice was administered. The unanimity requirement increases the length of deliberations and decreases death sentences.

Instructional Incomprehension

Each state and the federal government have different capital jury instructions. Although there can be some differences depending on the jurisdiction, all capital jury instructions are complicated. As a result, they are frequently misunderstood, and misapplied, by capital jurors. The lack of comprehension appears to be differential in nature. Specifically, capital jurors appear to be more confused about mitigating circumstances than aggravating circumstances. This misunderstanding can lead capital jurors to incorrectly categorize mitigators as aggravators. This incomprehension also has a racial component. Caucasian capital jurors are more likely to sentence Black defendants to death when there is a general lack of understanding regarding jury instructions.

Instructional understanding is significantly enhanced when psycholinguistically improved instructions are utilized. A few states have attempted to modify their jury instructions to enhance comprehension.

Capital Pretrial Publicity

Most capital cases receive a significant amount of pretrial publicity. An analysis of the pretrial publicity associated with criminal cases has demonstrated that it is overwhelmingly pro-prosecution. This is likely due to the fact that media sources tend to be law enforcement and state attorneys' offices.

The media's goal is to engage readers. When covering a capital defendant's case, this is primarily accomplished through sensationalistic, overly simplistic stories designed to shock and horrify. The capital defendant is often portrayed as *all bad*, without any redeeming qualities. The victim is portrayed as *all good*, with only positive attributes. Unfortunately, neither of the aforementioned is an accurate portrayal of the complex dynamics that are inherent in every capital case.

The capital defendant is often described in derogatory, subhuman terms. The media often

accomplish this by giving the defendant a nickname more appropriate for a horror movie. News stories also tend to focus on aggravating factors, such as defendant's prior criminal history and offense-specific details. A confession, if provided, is often recounted in detail. The crime scene, described as graphically as possible, is frequently a front-page news. Even innocuous events such as a capital defendant asserting his or her Fifth Amendment right against self-incrimination are reported in an unfavorable light, such as "refusing to cooperate with law enforcement."

As a result, prospective jurors who have been exposed to pretrial publicity are biased against the defendant before they walk into the courthouse. This knowledge will have a significant effect on any capital trial because people are unable to force themselves to forget or ignore what they have learned. Consequently, judicial admonitions for venirepersons to put aside their preexisting knowledge about the case are completely ineffective. Rather, the only solutions to counteracting exposure to pretrial publicity are change of venue (moving the trial to another jurisdiction), importing the jury (bringing in jurors from another jurisdiction), and thorough, comprehensive voir dire (jury selection) that includes pretrial surveys and individual, sequestered questioning of venirepersons.

Innocence and the Death Penalty

In the United States, over 150 people have been exonerated after receiving sentences condemning them to death. The most common causes of wrongful convictions are police and prosecution misconduct, eyewitness misidentification, false confessions, junk science, unreliable informant testimony, and ineffective assistance of counsel.

Brooke Butler

See also Isolation in Prisons; Prisons Dangerous Offender Legislation; Segregation in Prison, Psychological Consequences of; Trials, Criminal

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DESISTANCE

Desistance is generally defined as ceasing to commit any future criminal activities—as such, it is more specific than crime reduction. However, the topic of desistance in the study of criminology and criminal justice is characterized by a lack of agreement on how it is defined among those studying it. Thus, desistance is explored in numerous studies, but all using different predictor variables to capture its results.

After briefly reviewing the history of the study of desistance in the field of criminal justice and desistance theory, this entry reviews some of the theories that provide a foundation for how to explain desistance as well as the desistance process. Also reviewed in this entry are several factors that with some debate have been found to be relative to the desistance discussion. Last, this entry discusses some issues associated with measuring desistance.

Brief History

Beginning around the 1980s, scholars and practitioners in the field of criminal justice started looking at desistance from crime through a different lens. In addition to viewing the crime phenomena from a standpoint of its effects, researchers began to study what contributed to desistance.

Research found that although there is no agreed-upon definition for desistance and each person's reasons for ceasing criminal behavior differ, there are common individual factors that contribute to desistance. In addition, research indicated that many offenders eventually become tired of the punitive aspects of crime, which then becomes a driving force to their desistance. From such research emerged desistance theory, which in a very broad sense is a description of the social and cultural aspects of life that transform a person's willingness to participate in crime.

However, desistance theory had a difficult time gaining traction in the study of criminology due to a large empirical focus on offending during teenage years. In 2001, John H. Laub and Robert J. Sampson conducted a longitudinal study that included the life course perspective on desistance in order to better understand how crime cessation works. This perspective claims there is variation in criminal behavior—that is, in the onset, maintenance, and desistance. Laub and Sampson further explained that there are different factors that influence desistance at the age of 18 years, as opposed to at the age of 30. This approach was pioneering because it took into consideration an entire life's work of crime, not just simply a maintenance phase in which criminal activity is likely to be at its height.

Theories and the Desistance Process

Scholars working to answer the questions surrounding crime and desistance have relied on several theories as being fundamental to understanding leaving the criminal lifestyle. Much of what has been written regarding desistance is strongly entrenched in social control theory, emphasizing self-control and a reduction in antisocial behavior. As such, social control theory is central to the theory of desistance and its relevance to the life course perspective of offending. To explain desistance over the course of life, Laub and Sampson used marriage as one variable to predict this process. Using social control theory as a foundation, they stated that while marriage itself does not increase constraint over time, it should lead to a reduction in criminal behavior. Marriage is just one variable viewed as prosocial that has been used by researchers to study desistance. Family, school, peers, education, work, and community have all been identified as potentially significant factors as well.

With social control theory placing an emphasis on self-control, the cognitive aspect of crime desistance involves a realization of the participants' own role in the desistance process. Psychological engagement by any individual wishing to leave a criminal lifestyle must be present in order for this process to continue. In this view, it can be understood why only studying teenagers and their desistance from crime may be problematic. Many scholars would contest that there is a certain maturity process that takes place for people over time. Applied to criminology and desistance, this is often referred to as a *stake in conformity*. Responsibilities such as education, employment, relationships, and children contribute to the development of a stake in conformity.

Desistance has often been thought of in opposition to recidivism. Correctional settings such as jails and prisons and probation and parole departments are judged by their abilities to cut down on recidivism among offenders. Although this may not always be a fair assessment of correctional effectiveness, it is a way to measure desistance with an active offender population. Traditional practices of corrections, both institutional and in the community, focused on punishment and retributive-based management. A shift

in paradigm over time to a more rehabilitative approach has signaled a change in philosophy. Rehabilitation as it pertains to desistance does not strictly deal with treating an offender for a substance abuse or other mental health-related issue, but also the process by which a person sustains his or her nonoffending behavior over time. This desistance process is about stopping criminal activity and refraining from offending.

The final piece of the desistance puzzle process, as outlined by D. Richard Laws and Tony Ward, has to do with community reintegration. Reentry practices have been shown as necessary to the success of parolees in the community. One of the catch phrases of the popular self-help group, Alcoholics Anonymous, is that people must change their people, places, and things if they wish to remain sober. Much can be said about the validity of this statement in relation to desisting from crime. Denis C. Bracken, Lawrence Deane, and Larry Morrisette recognized the influence that an individual's society can have over moving away from crime. With regard to reentry practices, support for prosocial living is crucial. The process of reintegration falls largely on those people, places, and activities by which an offender can engage, and an important area is the availability of resources such as finances. Prosocial services such as transportation, housing, clothing, food, education, and employment are all made easier to obtain when a financial burden is lifted.

Factors Relevant to Desistance

The desistance research has examined several factors relevant to leaving the criminal lifestyle. This section reviews just a few of these: the maturation process, type of offenses, amount of crime and duration of desistance, and gender.

Maturation Process

Literature throughout criminology has shown that leaving a criminal lifestyle takes place at later ages for adults. One of the most often cited reasons associated with this is maturity. Maturity and its measureable variables can be defined in a number of ways. Michael Rocque, Chad Posick, and Ray Paternoster studied such demographic measurements as social bonds in adulthood, sex, race,

socioeconomic status, grades, peer delinquency, and parental attachment. These predictors can be found in much of the desistance research. What is often debated, however, is the age at which desistance begins to set in.

In one study involving 29 *desisters* in Canada, an age range of 21–71 years was discovered among the sample. This large range is unlikely to represent an average of those desisting from criminal activity across a broad spectrum; however, it does take into consideration a cessation period of between 2 and 9 years for the offenders in the study. Laub and Sampson offered a more indirect answer to this question by stating that the benefits of their study are the strongest for ages of 28–31 years, which is a positive predictor of desistance from crime. Although there is generally no agreed-upon age at which criminal activity can be said to cease, most scholars believe that the defining of adulthood (18–21 years) begins this process.

Types of Offenses

Studies have shown that offenders who participate in violent crime have a more difficult time desisting than those who do not. Few people would argue that the commission of an armed robbery is the same in criminal nature to the underage consumption of alcohol. A classic example of this would be gang members. Armon Tamatea argued that gang members have an especially difficult time desisting from their lives of crime due to the highly violent nature of the acts that they commit, as well as continuing in the culture well beyond adolescence. Gang membership as a barrier to desistance is also attributable to its promotion of antisocial ideals, its overall structure, the number of offenses that are committed by its members, and its consideration as a primary criminogenic factor overall. These traits are more of an exception than a rule in the criminal world, although the prevalence of violent crime in society makes it noteworthy to this discussion.

Amount of Crime and Duration of Desistance

Research has looked at not only the amount of crime that has been committed leading up to a period of desistance but also the duration the

offender desists for over time. Barry Vaughan addressed both of these questions by determining that a high degree of intrinsic value must be placed on reflection as well as on weighing the choices in front of offenders. Reflection allows for individual consideration for what has been previously done, and the weighing of choices pits options against how a person wishes to live his or her life.

Other literature dealt with these issues separately, questioning whether desistance is different for a single act of crime versus for multiple instances of crime. It is vital to flesh out not only this distinction but also what may be referred to as *hybrid offending*. Hybrid offending pertains to offenders who may have a history of property crimes and then exhibit sexual offending behavior, as an example.

Gender

Men and women offend differently in a variety of different ways. The rate at which they commit crimes, the types of crimes that they commit, the age at which they first offend, and when they desist from criminal activities all differ between the two sexes. Peggy C. Giordano, Stephen A. Cernkovich, and Jennifer L. Rudolph indicated that, particularly with adolescents, females are not as likely as their male counterparts to be delinquent. This presents an empirical challenge to studying desistance among genders as they are not comparable in the rates at which they offend. This argument is underscored by the fact that few longitudinal studies exist that include large numbers of delinquent females. Research in this area of desistance may be lacking, but there are several conclusions that have been drawn to distinguish between the two. Laub and Sampson admitted that females were more likely to desist from crime than males, although the factors associated with those decisions were the same. With respect specifically to female offenders and the type of crime committed, the field would benefit from more research being conducted.

Measuring Desistance

Measuring desistance has been problematic, as several areas present difficulty. For example, the

amount of crime, discussed in the previous section on relevant factors, presents a measurement problem that is not easily solved. Much debate abounds regarding the measurement of time between crimes, arguably the definition of desistance. For instance, Isabelle F. Dufour, Renée Brassard, and Joane Martel maintained that it is impossible to determine when an offender's criminal career is over.

Another problematic area in measuring desistance is differentiating between those activities that are criminal and those that are deviant in nature. Much like debates surrounding the definition of what constitutes recidivism, desistance experiences a similar snafu. Those debating the pillars of recidivism struggle with defining it as a new charge, a new arrest, or a criminal act committed but not caught doing. Laub and Sampson made a striking comparison that desistance could be jeopardized by acts such as alcohol consumption, having children out of wedlock, government financial dependence, gambling, and congregation with individuals of ill repute.

These measurement issues stress the importance of conceptualizing and operationalizing desistance in research projects.

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See also Gender and Crime; Juvenile Offenders; Parole; Probation; Recidivism; Reentry, Best Practices for

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DETERRENCE

Deterrence is the omission or curtailment of crime out of fear of legal punishment. People may refrain entirely from committing crime out of fear of legal punishment, or they may only curtail or restrict their criminal behavior because of it. An example of curtailment would be a burglar taking a break from burglary believing that repetition will eventually result in being caught. There are three ways deterrence can be considered a psychological theory. First, the terms *fear* and *perceived punishments*, which are central to deterrence theory, are psychological variables. Second, deterrence is compatible with learning and rational choice theories, which are psychological theories. Third, other psychological variables, such as morality, self-control, and emotion, may condition the deterrent effects of perceived punishments.

Background

Put briefly, the logic of deterrence is that legal punishments deter crime to the extent that people perceive the punishments as certain, severe, and swift. A complexity, however, is the distinction between specific and general deterrence. Whereas specific deterrence involves direct experience with legal punishment, including avoidance of legal punishment, general deterrence involves indirect experience with punishment and punishment avoidance through observing or somehow learning about the punishment experiences of others. If a judge sentences a robber to prison in the belief that the imprisonment will deter him from

committing more robberies after his release, the judge's goal is specific deterrence. If the judge sentences the robber to prison to serve as an example thereby deterring others from committing robberies, the judge's goal is general deterrence.

Importance of Fear and Perceived Punishments in Criminal Deterrence

The terms *fear* and *perceived punishments* are necessary to distinguish deterrence from other reasons people refrain from committing crime. For example, some people may believe that a particular type of behavior is illegal based on their knowledge of instances of others' behavior that have resulted in legal punishment. It does not follow, however, that they refrain from the behavior because they fear legal punishment, or they perceive that legal punishments are certain, severe, and swift. Instead, they may refrain out of what Jack P. Gibbs calls an *uncritical obedience to law*. It is also possible that some people refrain from committing crime out of habit rather than deterrence. Legal punishment may in the beginning deter some people from committing crime, but their behavior may ultimately become habituated. Franklin Zimring and Gordon Hawkins (1973) offer an example:

The threat of punishment may cause a man to refrain from speeding on his way to work. After a while, however, . . . he may have developed the habit of driving at a certain speed, and this habit provides additional insulation against future law violation. (p. 85)

Deterrence, Learning, and Rational Choice

Deterrence researchers have long recognized the compatibility of deterrence with learning and rational choice theories, which are psychological theories. For example, the notion of specific deterrence corresponds with experiential learning, and the notion of general deterrence corresponds with vicarious learning. Learning theory suggests that any behavior is likely to be a consequence of both experiential and vicarious learning, so it follows that the amount of crime in any population will likely be a consequence of both specific and general deterrence.

Both deterrence and learning theories emphasize the importance of rewards as well as

punishments. Deterrence researchers have tended to focus on punishments more than rewards probably because the criminal law itself focuses on punishments. Rewards, however, are also relevant.

Jeremy Bentham, who was an early deterrence theorist, saw happiness as a composite of maximizing pleasures (rewards) and minimizing pains (punishments) and believed that people will choose behaviors that are more rewarding than punishing. According to Cesare Beccaria, another early deterrence theorist, a way to increase the deterrent effects of legal punishment was to make crime less rewarding than conformity to the law.

Like deterrence and learning theories, rational choice theory emphasizes that people weigh the rewards and punishments of alternative behaviors. Applied to crime, the logic is that a person will commit crime to the extent to which the rewards for crime (weighted by the probability of obtaining the rewards) outweigh the punishments (or costs) for crime (weighted by the probabilities of obtaining the punishments). The rewards and punishments for conformity to the law (noncrime) are also relevant, but they are not often included (at least not explicitly included) in studies of rational choice and crime. The rewards and punishments for noncrime are treated as opportunity costs or, as Ross L. Matsueda and colleagues explain, "opportunities forgone by virtue of crime."

This means that rewards for crime may be important to deterrence by conditioning the deterrent effects of legal punishment. Charles R. Tittle and Ekaterina V. Botchkovar referred to *criminal motivations* rather than rewards for crime, but they conceived of criminal motivations in the same terms as any conceptualization of criminal rewards—the pleasure or attractiveness of crime. The motivation measures varied considerably among people, and they were strongly associated with projections of future criminal behavior (the greater the motivation, the greater the projected future criminal behavior). Moreover, there was evidence that deterrence was more likely among those with greater motivation to commit crime.

Conditional Effects of Deterrence

The rewards of crime are one psychological variable that may condition the deterrent effects of

legal punishment. Morality, self-control, and emotion are other psychological variables that have received attention in deterrence research.

Morality and Deterrence

With morality, the question is whether the deterrent effects of legal punishment depend on a person's moral beliefs, and there are two competing predictions. According to Tittle (1980),

it is plausible . . . that those few morally committed individuals who do contemplate deviance might be especially deterred because the possibility of sanctions would dramatize the inconsistency of the contemplated deviance with their moral commitment. (p. 18)

Deterrence, then, should be more likely among people with strong moral beliefs. In 1971, Zimring predicted the opposite: Deterrence should be greater among people with weak moral beliefs. For them, fear of legal punishment may be the only barrier to committing crime.

The evidence is markedly mixed. In a 1978 study of Arizona high school students, Gary F. Jensen, Maynard L. Erickson, and Jack P. Gibbs found no evidence that deterrence was dependent on morality. Neither did Harold G. Grasmick and Donald E. Green in a sample of adults in 1980. In 2011, Lieven Pauwels, Frank Weerman, Gerben Bruinsma, and Wim Bernasco found, in a study of Dutch adolescents, that morality did not condition the deterrent effects of perceived punishments on total offending. For assault and vandalism, however, the evidence was consistent with Tittle's prediction. Deterrence was more likely among people who strongly disapproved of assault and vandalism. This may have been because adolescents with strong moral beliefs would feel guilt or shame if legally punished for crime.

Other studies have also found greater deterrent effects among people with strong moral beliefs. For example, Owen Gallupe and Stephen W. Baron (2014) concluded from a study of street youths in Canada that the greater the perceived certainty of getting caught, the less the likelihood of soft drug use but only "at high . . . [and] not low levels of morality" (p. 295). Similarly, in 2016, Alex R. Piquero, Jeffrey A. Bouffard, Nicole L.

Piquero, and Jessica M. Craig concluded from a study of incarcerated felons that high perceived certainty had a deterrent effect on the likelihood of driving drunk among those with strong but not weak moral beliefs about crime.

Still other studies have found evidence consistent with Zimring's prediction that legal punishments will be greater deterrents among people with weak moral beliefs. In 1976, Matthew Silberman found that

the threat of punishment is a more important factor in preventing the individual who is less morally committed from becoming involved in serious criminal activities than in preventing those who are more morally committed from becoming so involved, since the latter are not inclined to become seriously involved anyhow. (p. 455)

Similar findings have also been reported. In a 2015 study of Swedish youths, Robert Svensson also found that the "effect of deterrence on offending is . . . greater for individuals with lower levels of morality" (p. 12).

Self-Control and Deterrence

With self-control, the question is whether the deterrent effects of legal punishment depend on a person's self-control, and there are three predictions. The first prediction is that people with low self-control will be just as deterrable as those with high self-control. A second prediction is that people with high self-control will be less deterrable because they are predisposed to conform to the law anyhow. A third prediction is that people with high self-control will be more deterrable because compared to people with low self-control, they place more weight on the long-term consequences of their behavior.

As with morality and deterrence, the evidence is mixed, though it tends to favor the first prediction. For example, John K. Cochran, Valentina Aleksa, and Beth A. Sanders (2008) found that "the effects of perceived sanction threats on college students' self-reported academic dishonesty did not vary by their level of . . . self-control" (pp. 461–462). Although the study pertained to cheating rather than crime, the findings were consistent with other

studies of deterrence and crime. For example, Gallupe and Baron in their 2014 Canadian study found that deterrence did not depend on whether street youths had low or high self-control. Similar findings were reported by Tittle and Botchkovar in their study of Russian adults and Pauwels and colleagues in their study of Dutch adolescents. In contrast, Wright, Avshalom Caspi, Terrie E. Moffitt, and Ray Paternoster in a 2004 longitudinal study in New Zealand reported findings consistent with the second prediction—there were weaker deterrent effects of perceived punishments on self-reported crime among people with high self-control. In 1994, Daniel S. Nagin and Raymond Paternoster found, consistent with the third prediction, that U.S. college students with high self-control were more deterred from committing crimes by the perceived risks of arrest than were those with low self-control.

Emotion and Deterrence

Zimring and Hawkins argued that people may be less deterrable when they are emotionally aroused. For example, when angry, people may not think about the future consequences of their behavior and focus instead on their anger and what is responsible for it. There is surprisingly little research on emotion and deterrence. In 2004, Stephanie Carmichael and Alex R. Piquero hypothesized that “under high perceived emotional arousal [anger], perceived costs [of legal punishment] will be less influential . . . , while under low/moderate perceived emotional arousal, perceived costs will be more influential” (pp. 379–380). To test their hypothesis, they administered a survey to a sample of undergraduate students who were asked to read a hypothetical scenario in which two antagonists became angry and one eventually assaulted the other. The students were then asked to estimate the likelihood they would commit assault in the same situation, how angry they would be in the situation, and their perception of the certainty (likelihood) of being caught and arrested if they committed assault. Consistent with their hypothesis, a high perceived certainty of legal punishment did not significantly reduce the likelihood of assault among students with strong anger. Contrary to their hypothesis, however, the perceived certainty

of punishment was also unrelated to the likelihood of assault among students with low or moderate anger.

In a related study, Jeffrey A. Bouffard randomly assigned male undergraduate students to view sexually arousing videos/photographs (treatment) or sexually neutral photographs (control). He then asked the students to read a hypothetical date scenario that included the potential for sexual coercion and report the likelihood they would use several sexually coercive tactics themselves on their dates (e.g., getting a woman drunk in order to have sex with her). The students were also asked their perceptions of the legal and nonlegal costs and benefits of these tactics. Although Bouffard did not examine whether the effects of the costs and benefits on the likelihood of sexual coercion depended on a person’s sexual arousal, he reported two relevant findings. First, sexual arousal increased the likelihood of sexual coercion. Second, aroused students reported that the benefits were more important than the costs in deciding whether to use sexual coercion, which would make it difficult for legal punishments to deter.

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See also Motivation to Change; Psychology of Criminal Conduct; Punishment; Social Learning Theory

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DETERRENCE EFFECTS OF ADJUDICATING AND SENTENCING JUVENILE OFFENDERS AS ADULTS

All states in the United States have laws providing that, under certain circumstances, serious or repeat juvenile offenders can be adjudicated and/or sentenced as adults. In addition to serving the retributive need for punishment, these laws were enacted largely in the hopes that they would deter juvenile crime and reduce recidivism among youthful offenders. Since 1990, empirical studies have been conducted to ascertain whether these laws are having the intended effect of reducing recidivism. The studies inform legal policies and practices on handling serious and chronic juvenile offenders.

Types of State Transfer Laws

The so-called juvenile *transfer* or *waiver* laws differ in the circumstances under which juvenile offenders may or must be transferred from the juvenile system to be adjudicated and/or sentenced as adults, the procedural mechanisms for doing so, and whether doing so involves the juvenile court, the criminal court, or both courts. Most states permit or require transfer of juveniles aged 14 and older who commit murder, violent felonies, or certain other crimes if the juvenile also has a prior record. A few states permit juveniles of a certain age to be transferred for any crime.

Transfer can be accomplished in one of four ways, with most states having at least two of these mechanisms in place, with statutes specifying which types of offenders are to be transferred under which of the following mechanisms:

- *Automatic or legislative transfer statutes* provide that juveniles of a certain minimum age charged with particular serious offenses and who meet other statutory criteria are automatically adjudicated in the criminal court.

- *Judicial transfer statutes* provide that the juvenile court judge decides whether a juvenile who meets the statutory criteria for possible transfer will be transferred. In addition to providing age and offense criteria, the statute lays out a list of discretionary factors the judge is to consider in deciding whether to transfer, such as the juvenile's amenability to rehabilitation in the juvenile system, his or her criminal sophistication, and whether transfer is necessary to ensure public safety.
- *Prosecutorial transfer statutes* are just like judicial transfer laws, except that it is the prosecutor who decides whether to charge the juvenile in juvenile court or criminal court, again based on statutorily enumerated factors.
- *Reverse transfer statutes* provide that the cases of juveniles who meet certain age and offense criteria begin in the criminal court, but the criminal court judge then decides (based on statutorily enumerated factors) whether the case should be transferred *down* to the juvenile court.

These mechanisms pertain to adjudication—whether the juvenile is tried in the juvenile or criminal court.

With respect to sentencing, usually the same court that tries a juvenile also sentences him or her, but an increasing number of states have enacted *blended sentencing* laws. Some laws allow juvenile court judges to impose adult criminal sentences, while others allow criminal court judges to impose juvenile dispositions. Still others provide a true blending in sentencing whereby the juvenile or criminal court judge imposes both a juvenile and an adult sentence: The juvenile sentence is served while the juvenile is still a youth, but then a criminal sentence is triggered once the juvenile reaches age 18–21, either automatically or if the juvenile fails to successfully complete the juvenile disposition and court terms.

Purpose and Impact of Transfer Laws

Transfer laws were enacted to achieve the goals of retribution and/or deterrence (general or specific). Retribution is the goal of imposing just punishment and is based on the notion that serious juvenile offenders deserve to be punished as adults.

Deterrence is the goal of preventing crime and comes in two forms: general deterrence (detering would-be offenders from committing crimes in the first place) and specific deterrence (preventing recidivism—i.e., deterring offenders from reoffending). The empirical research on general deterrence is more limited and more conflicting than that on specific deterrence, but it tends to suggest that transfer laws fail to produce any general deterrent effect. This entry focuses on the issue of specific deterrence: Does transferring a juvenile to criminal court for adjudication and sentencing reduce the likelihood that he or she will recidivate? Another goal of transfer is very practical. Older juveniles, who are about to *age out* of the jurisdiction of the juvenile justice system when they turn 18, are often transferred simply to ensure an adequate length of incarceration past the age of majority.

At present, there is not accurate data on the number of juvenile offenders transferred to the criminal justice system, but it is estimated that each year more than 100,000 juveniles are adjudicated in U.S. criminal courts. The impact on the child of being tried or sentenced as an adult can be substantial. A felony conviction carries with it the loss of a greater number of civil rights and privileges than does a juvenile conviction, having negative repercussions for later employment as well as reintegration into community life. Importantly, when juveniles convicted as adults are then placed in adult prisons, they usually receive far fewer age-appropriate treatment and rehabilitative services than they would have received in the juvenile justice system. Juveniles incarcerated in adult facilities are also at substantially greater risk of physical and sexual assault from adult inmates as well as suicide, and they learn and model criminal mores from the experienced adult criminals in the facility.

Empirical Studies on the Specific Deterrent Effects of Transfer Laws

Between 1990, when the first empirical study of the specific deterrent effects of transfer was conducted, and 2017, there have been 10 published studies on this issue:

- Five studies found that transfer *increased* overall recidivism.

- Three studies found *no effect*, one way or the other, of transfer on overall recidivism.
- Two studies found that transfer *reduced* overall recidivism. These are the two most recent studies and also arguably the most methodologically sophisticated studies.
- With respect to violent felonies specifically, two of the studies found that transfer increased recidivism and one found it had no effect.

The 10 studies were conducted in seven states (Arizona, Florida, Minnesota, New York, New Jersey, Pennsylvania, and Washington) having differing laws on transfer. They compared the recidivism outcomes of juveniles retained in the juvenile system against the recidivism of those transferred to the criminal justice system. The studies used different techniques for measuring recidivism and different follow-up periods (from 18 months to 8 years after adjudication). The studies also used differing methodologies to control for selection bias due to differences between the transferred and retained groups of juveniles.

Although fairly sophisticated, these studies are substantially limited by the fact that although they attempt, either through statistical controls or the matching of pairs of transferred and retained juveniles, to account for differences relating to recidivism risk between juveniles in the transferred versus retained comparison groups, no study can measure all possible differences. Many studies have not included, for example, measures of juveniles' attitudes, gang involvement, relevant family and community risk and protective factors for reoffending, or the sentences imposed and rehabilitative treatments received. For example, one recent study, which reanalyzed the data from an earlier study finding that transfer increased recidivism, found that transfer did not actually increase recidivism once the sentence type was taken into account in the analysis. Consider also that another recent study found that transferred versus retained youth differ significantly in their calculations of the costs and rewards of crime and punishment and their exposure to violence, yet such factors were not taken into account in previous studies.

A meta-analysis that pooled the 10 studies together (for a total sample size of 12,325 youths) and then performed a statistical analysis on the pooled sample found that transfer does not have

an effect one way or the other on recidivism overall; yet in some circumstances, it decreases recidivism and in others transfer increases it. The meta-analysis was sophisticated, using a technique that accounted for unpublished studies that may have found results differing from the known published studies. It also accounted for differences between the studies (study design, sample size, offense types, transfer law, recidivism measures, and follow-up time). This meta-analysis provides the most robust bottom-line conclusions that can be drawn from the existing body of empirical studies on the specific deterrent effects of transfer and that bottom line is that one size does not fit all with respect to transfer. Although overall transfer does not appear to impact recidivism, that high-level conclusion is fairly unstable in that it appears subject to many exceptions—in a significant number of cases, transfer increases recidivism, and in a significant number of cases, it decreases it.

Explanations for the Findings

The research indicates that transfer often fails to decrease recidivism and sometimes actually increases it. It is not known for sure why this is the case, but experts have identified the following possible explanations:

- Juveniles incarcerated in adult facilities receive fewer age-appropriate rehabilitative and treatment services than they would have received in juvenile facilities.
- Juveniles incarcerated in adult facilities learn criminal mores and behavior from adult inmates who often victimize them.
- Juveniles having an adult felony conviction face increased stigmatization and collateral negative consequences of a felony conviction that limit their educational, career, and community reintegration prospects.
- Research shows that juveniles who are adjudicated as adults feel a sense of resentment and unfairness at having been tried as an adult, and this resentment may fuel their criminal trajectory by further ingraining in them the self-image of *criminal*.

The counter-rehabilitative effects of transfer may be due not to transfer itself (i.e., the child

being adjudicated as an adult) but rather to the sentence imposed by the criminal court. Research suggests that the increases in recidivism often seen among those transferred are due to the negative effects of incarceration in adult prisons and the nongraduated sentences meted out by the criminal court. If a juvenile should be adjudicated as an adult for retributive reasons, if doing so is necessary to ensure public safety (i.e., to keep the offender confined past the age of majority), or if all previous graduated juvenile sanctions have failed, then perhaps this may be done without increasing the likelihood of recidivism so long as the court imposes an incremental sentence that provides sufficient age-appropriate rehabilitative treatments in juvenile facilities.

Implications for Juvenile or Criminal Justice Policy and Practice

Several implications for juvenile or criminal justice policy and practice arise from the existing research. Following from the research findings, judges and prosecutors should base their discretionary transfer decisions not on a “one size fits all” approach but on a detailed evaluation of the juvenile’s offense history, rehabilitative potential and treatment needs, local justice and treatment system capabilities, and public safety concerns.

Moreover, judges and prosecutors should base their transfer decisions far more on offense history (i.e., chronicity of offending and age at which serious offending first began) than seriousness of the charged offense. Research consistently shows that offense history and age at first offending (the younger, the higher the likelihood of recidivism) are the best predictors of recidivism.

Because sentences are most effective in reducing recidivism when meted out in a graduated fashion, transfer should be used only if it is the next step in a continuum of incremental sanctions imposed on the juvenile and when previous lighter sanctions have not worked. Even in the most serious cases, rarely should transfer be imposed for a first-time offense.

Whether or not transfer has deterrent effects will likely depend on whether the juvenile or criminal justice system can implement a graduated sentence along with rehabilitative treatments that address the child (e.g., mental health problems,

school failure), family (e.g., inadequate parental supervision, poor parental discipline), and neighborhood (e.g., antisocial peer group, exposure to violence) risk factors contributing to the juvenile’s offending. Research consistently and strongly shows that the most effective rehabilitative interventions are those that are family and community based (rather than in institutional settings) and that are individually tailored to target the delinquency risk factors operating in the child’s life.

Substantial additional research is needed. Research must be conducted across states having differing transfer laws and sentencing options. Importantly, studies must measure and analyze a large number of variables relating to offense and offender characteristics as well as transfer/sentence type and use sophisticated methodologies to minimize potential selection biases. Early studies included a limited number of variables and omitted important variables that may have skewed the results.

Richard E. Redding

See also Deterrence; Incarceration, Effects of; Juvenile Offenders; Repeat Offenders; Recidivism; Sentencing

Further Readings

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DEVELOPMENTAL THEORIES OF CRIME

Developmental and life-course criminology (DLC) theories aim to explain within-individual changes in offending and antisocial behavior over time. In particular, they aim to explain (a) the development of offending and antisocial behavior from the womb to the tomb, (b) the influence of risk and protective factors at different ages, and (c) the effects of life events on the course of development. Whereas traditional criminological theories aim to explain between-individual differences in offending, such as why lower-class boys commit more offenses than upper-class boys, DLC theories aim to explain within-individual changes in offending over time, and especially why offending increases to a peak in the teenage years and then decreases.

This entry reviews some early criminological theories because their postulates provide the building blocks of most major DLC theories of offending. It then reviews three early DLC theories by Delbert Elliott, Gerald Patterson, and Rolf Loeber. The main part of the entry consists of a review of six major DLC theories of offending by David Hawkins and Richard Catalano, Terrie Moffitt, Robert Sampson and John Laub, David Farrington, Terry Thornberry and Marvin Krohn, and Per-Olof Wikström. It then compares and contrasts these theories and recommends how best to advance knowledge. Basically, all DLC theorists should cooperate in specifying where predictions from one theory differ from predictions from another theory and in empirically testing these different predictions.

Early Criminological Theories

The propositions of major DLC theories are based on those of earlier theories. Classic sociological theories in criminology aimed to explain between-individual differences in offending (i.e., why some people committed more offenses than other people). This was because most early criminological research was cross-sectional in nature; a sample of people (usually teenagers) were interviewed at one point in time, and correlations between influencing factors and delinquency were studied. The main aim of the early theories was to explain these correlations.

As an example, Albert Cohen suggested that lower-class boys were more criminal than other boys because they tended to fail in school and consequently felt status frustration, which encouraged them to form delinquent subcultures by whose standards they could succeed. Richard Cloward and Lloyd Ohlin proposed that delinquency was caused by the strain between what boys wanted to achieve (e.g., status, money) and what they actually could achieve; because they could not achieve their aims using legitimate means, they used illegitimate means. Travis Hirschi suggested that people committed offenses because they had weak bonding to society; he assumed that the main factor that inhibited offending was strong bonding to society. Edwin Sutherland and Donald Cressey argued that offending depended on learning antisocial norms and values, through differential association with deviant groups.

Classic psychological theories in criminology also aimed to explain between-individual differences in offending. Gordon Trasler proposed that people were inhibited from offending by the strength of the conscience; this, in turn, depended on consistent and contingent punishment of disapproved acts by parents, so that children learned to associate anxiety with disapproved behavior. Hans Eysenck agreed with this theory but proposed that children with particular personalities (those who were high on extraversion and neuroticism) were inherently poor at building conditioned responses, did not build up strong consciences, and were therefore more likely to offend.

Other theories focused on the decision to offend. Traditional deterrence theory and the later subjective expected utility theory proposed that people were trying to make rational decisions. Individuals would commit a crime if the expected benefits (e.g., based on the probability and utility of loot or peer approval) exceeded the expected costs (e.g., based on the probability and utility of parental disapproval or legal punishment). Ronald Clarke and Derek Cornish popularized a rational choice theory of offending. Other theories emphasized the role of moral inhibitions (e.g., Laurence Kohlberg's theory) or cognitive scripts (e.g., Rowell Huesmann's theory) in the decision to offend.

Many later theories incorporated ideas from earlier theories. For example, in 1985, James Q. Wilson and Richard Herrnstein suggested that

whether people choose to commit a crime in any situation depended on whether they perceive that the benefits of offending outweigh the perceived costs. They also emphasized the importance of the conscience as an internal inhibitor of offending and suggested that this was built up in a social learning process according to whether parents reinforced or punished childhood transgressions. The key individual difference factor in this theory was the extent to which people's behavior was influenced by immediate, as opposed to delayed, consequences. Wilson and Herrnstein suggested that more impulsive people were less influenced by the likelihood of future consequences and were therefore more likely to commit crimes.

In 1990, Michael Gottfredson and Hirschi proposed that offending depended on low self-control. People with low self-control were impulsive, took risks, had low cognitive and academic skills, were self-centered, had low empathy, and had short time horizons. Therefore, they found it hard to defer gratification, and their decisions to offend were insufficiently influenced by the possible future painful consequences of offending. Gottfredson and Hirschi also argued that between-individual differences in self-control were present early in life (by age 6–8 years), were remarkably stable over time, and were essentially caused by differences in parental child-rearing practices. This was the last major between-individual theory focusing on cross-sectional research.

Early DLC Theories

During the 1980s, there was a massive increase in prospective longitudinal studies of offending, in which individuals were followed from childhood into adulthood to investigate the development of antisocial behavior over time. This was because funding agencies realized that longitudinal studies were superior to cross-sectional studies in establishing causal effects because longitudinal studies could specify whether a change in a putative causal factor (e.g., parental supervision) preceded, coincided with, or followed a change in offending. In turn, longitudinal researchers formulated new DLC theories to try to explain within-individual changes over time. However, these were usually based on earlier theories.

For example, in 1985, Elliott and his colleagues combined strain, control, social learning, and differential association theories. They proposed that strain (the inability to achieve goals in socially approved ways), poor socialization (exposure to ineffective social learning and reinforcement processes), and living in a socially disorganized community caused weak bonding to conventional society. This, in turn, led to strong bonding to antisocial peer groups and ultimately to delinquency.

Patterson proposed another early DLC theory in 1982. This was a version of social learning theory that focused on ideas of coercion based on systematic observation of interactions between parents and children. The basic idea of social learning theory is simple: Actions that are rewarded are more likely to occur subsequently, and actions that are punished are less likely to occur subsequently. Patterson especially emphasized the importance of coercive actions by parents and children. If a parent behaves coercively toward a child (e.g., by shouting or threatening), the effect depends on the reaction of the child. If the child reacts coercively (e.g., by yelling or arguing) and the parent then stops being coercive, the child learns to use hostile reactions to terminate hostile situations. The main idea is that children who are raised in coercive families learn to use coercive behavior. In contrast, skillful parents use positive reinforcement (e.g., rewards) for desirable behaviors and ignore or use time-out (e.g., sending the child to his or her room) for undesirable behaviors. According to this theory, consistent and contingent reactions by parents and careful monitoring of children are effective in preventing delinquency.

Another early DLC theory was the developmental pathways theory that Loeber proposed. This suggested that there were three pathways that describe development from less serious to more serious antisocial behaviors called the *overt*, *covert*, and *authority conflict pathways*. The overt pathway describes development from minor aggression to serious violence. The covert pathway describes development from shoplifting to auto theft and burglary. The authority conflict pathway describes development from stubborn behavior to truancy. Children could progress simultaneously on all the three pathways. Another

distinctive feature of this theory is its emphasis on the timing of exposure to risk and protective factors, the varying impact that they can have at different developmental stages, and the importance of an accumulation of risk factors (noting the dose-response relationship between the number of risk factors and the likelihood of a delinquent outcome).

Six Major DLC Theories

The Elliott, Patterson, and Loeber theories were not very detailed in trying to explain within-individual changes from childhood to adulthood. The first really detailed DLC theory was proposed in 1986 by Hawkins and Catalano. Their social development model integrates social control/bonding, social learning, and differential association theories. Their key construct is bonding to society (or socializing agents), consisting of attachment and commitment. The key factor influencing offending is the balance between antisocial and prosocial bonding. The main motivation that leads to offending and antisocial behavior is the hedonistic desire to seek satisfaction and follow self-interest. This is opposed by the bond to society. Offending is essentially a rational decision in which people weigh the benefits against the costs.

There are two causal pathways, leading to antisocial or prosocial bonding. On the prosocial pathway, opportunities for prosocial interaction lead to involvement in prosocial behavior; and involvement and skills for prosocial behavior lead to rewards for prosocial behavior, which in turn lead to prosocial bonding and beliefs. On the antisocial pathway, opportunities for antisocial interaction lead to involvement in antisocial behavior; involvement and skills for antisocial behavior lead to rewards for antisocial behavior, which in turn lead to antisocial bonding and beliefs. Therefore, the antisocial pathway specifies factors encouraging offending, and the prosocial pathway specifies factors inhibiting offending. Opportunities, involvement, skills, and rewards are part of a socialization process. People learn prosocial and antisocial behavior according to socialization by families, peers, schools, and communities.

Moffitt proposed that there are two qualitatively different categories of antisocial people (differing in kind rather than in degree), namely

life-course-persistent (LCP) and adolescence-limited (AL) offenders. As indicated by these terms, the LCPs start offending at an early age and persist beyond their 20s, while the ALs have a short criminal career largely limited to their teenage years. The LCPs commit a wide range of offenses, including violence, whereas the ALs commit predominantly rebellious, nonviolent offenses such as vandalism. The main factors that encourage offending by the LCPs are cognitive deficits, an undercontrolled temperament, hyperactivity, poor parenting, disrupted families, teenage parents, poverty, and low socioeconomic status. The main factors that encourage offending by the ALs are the maturity gap (their inability to achieve adult rewards such as material goods during their teenage years) and peer influence (especially from the LCPs). Consequently, the ALs stop offending when they enter legitimate adult roles and can achieve their desires legally.

Sampson and Laub proposed a theory in which the key construct was age-graded informal social control, which means the strength of bonding to family, peers, schools, and later adult social institutions such as marriages and jobs. They primarily aimed to explain why people do not commit offenses, on the assumption that why people want to offend is unproblematic (presumably caused by hedonistic desires) and that offending is inhibited by the strength of bonding to society. The strength of bonding depends on attachments to parents, schools, friends, and siblings and also on parental socialization processes such as discipline and supervision. Sampson and Laub are concerned with the whole life course. They emphasize change over time rather than consistency and the poor ability of early childhood risk factors to predict later life outcomes. They focus on the importance of later life events (adult turning points), such as joining the military, getting a stable job, and getting married, in fostering desistance and knifing off the past from the present.

Farrington's integrated cognitive antisocial potential theory was primarily designed to explain offending by lower-class males. It integrates ideas from many other theories, including strain, control, social learning, labeling, and rational choice approaches. Its key construct is antisocial potential (AP), and it assumes that the translation from AP to antisocial behavior depends on cognitive

(thinking and decision-making) processes that take account of opportunities and victims. The theory proposes that long-term AP depends on impulsiveness, on strain, modeling, and socialization processes, and on life events, while short-term variations in AP depend on motivating and situational factors.

Following strain theory, the main energizing factors that potentially lead to high long-term AP are desires for material goods, status among intimates, excitement, and sexual satisfaction. However, these motivations only lead to high AP if antisocial methods of satisfying them are habitually chosen. Antisocial methods tend to be chosen by people who find it difficult to satisfy their needs legitimately, such as people with low income, unemployed people, and those who fail at school. Long-term AP also depends on attachment and socialization processes. AP will be low if parents consistently and contingently reward good behavior and punish bad behavior. Withdrawal of love may be a more effective method of socialization than hitting children. AP will be high if children are not attached to (prosocial) parents, for example, if parents are cold and rejecting. Disrupted families (broken homes) may impair both attachment and socialization processes. Long-term AP will also be high if people are exposed to, and influenced by, antisocial models, such as criminal parents, delinquent siblings, and delinquent peers, for example, in high crime schools and neighborhoods. Also, life events affect AP; it decreases (at least for males) after people get married or move out of high crime areas, and it increases after separation from a partner.

According to the integrated cognitive antisocial potential theory, the commission of offenses and other types of antisocial acts depends on the interaction between the individual (with his immediate level of AP) and the social environment (especially criminal opportunities and victims). Short-term AP varies within individuals according to short-term energizing factors such as being bored, angry, drunk, or frustrated or being encouraged by peers. Whether a person with a certain level of AP commits a crime in a given situation depends on cognitive processes, including considering the subjective benefits, costs, and probabilities of the different outcomes and stored behavioral repertoires or scripts. In general, people tend to make

decisions that seem rational to them, but those with low levels of AP will not commit offenses even when (on the basis of subjective expected utilities) it appears rational to do so. Equally, high short-term levels of AP (e.g., caused by anger or drunkenness) may induce people to commit offenses when it is not rational for them to do so.

Thornberry and Krohn proposed an interactional theory that particularly focused on factors encouraging antisocial behavior at different ages. At the earliest ages (birth to 6 years), the three most important factors were neuropsychological deficit and difficult temperament (e.g., impulsiveness, negative emotionality, fearlessness, poor emotion regulation), parenting deficits (e.g., poor monitoring, low affective ties, inconsistent discipline, physical punishment), and structural adversity (e.g., poverty, unemployment, welfare dependency, a disorganized neighborhood). At ages 6–12 years, neighborhood and family factors were particularly salient. At ages 12–18 years, school and peer factors dominated. Thornberry and Krohn also suggested that deviant opportunities, gangs, and deviant social networks were important for onset at ages 12–18 years. They proposed that late starters (ages 18–25 years) had cognitive deficits, such as low intelligence and poor school performance, but that they were protected from antisocial behavior at earlier ages by a supportive family and school environment. At ages 18–25 years, they found it hard to make a successful transition to adult roles, such as employment and marriage. Thornberry and Krohn also suggested that there was reciprocal causation; the child's antisocial behavior elicited coercive responses from parents, school disengagement, and rejection by peers and made antisocial behavior more likely in the future.

Wikström proposed a situational action theory that aimed to explain moral rule breaking. The key construct underlying offending is individual criminal propensity, which depends on moral judgment and self-control. In turn, moral values influence moral judgment, and executive functions influence self-control. Wikström suggests that temptations and provocations in situations are the main motivators. Opportunities cause temptation, friction produces provocation, and monitoring or the risk of sanctions has a deterrent effect. Learning processes are included in the theory since it is

suggested that moral values are taught by instruction and observation in a socialization process and that nurturing (the promotion of cognitive skills) influences executive functions.

Comparing and Contrasting Six Major DLC Theories

The six major DLC theories differ in many important respects. In a 2006 publication, Farrington compared and contrasted most of these DLC theories in regard to their predictions about 30 key topics. For example, some theories, such as Sampson and Laub's, mainly focus on why people do not offend. Others, such as Thornberry and Krohn's, mainly focus on why people do offend. Still others, such as Hawkins and Catalano's, include both factors encouraging offending and factors inhibiting offending. Some theories postulate an underlying theoretical construct (e.g., AP in Farrington's theory), while others (e.g., Moffitt's theory) focus only on antisocial behavior. Some theories (e.g., Moffitt) suggest that there are distinct types of offenders, while others (e.g., Sampson and Laub) assume that offending varies on a continuum. Some theories (e.g., Moffitt) focus more on childhood development and the onset of offending, whereas others (e.g., Sampson and Laub) focus more on adult development and on desistance from crime. Some theories (e.g., Farrington) try to explain the commission of crimes, but others (e.g., Thornberry and Krohn) focus only on the development of offenders. Finally, some theories (e.g., Moffitt) focus mainly on psychological factors, whereas others (e.g., Sampson and Laub) focus more on the social environment.

All of these theories are plausible and explain key findings on the development of offending. However, it is extremely difficult to decide which theory is the best or even whether one theory is better than another. This is because, in most cases, the theories have been empirically tested only by the theorists who proposed them. More independent tests of theories are needed. More efforts should be made to compare and contrast the different theories in regard to their predictions and explanations of empirical results. In a 2005 publication, Farrington challenged DLC theorists to specify how their theories addressed 13 key empirical questions and 11 key theoretical

questions. However, few of the theorists took up this challenge. It would be highly desirable to systematically compare how each DLC theory answers all these questions. It would also be highly desirable to specify crucial tests, where predictions from one DLC theory clearly differ from predictions from another DLC theory. Ideally, all DLC theorists should cooperate in specifying and testing their theories, in the interest of developing better theories that explain and predict more empirical findings on within-individual changes in offending through life.

David P. Farrington

See also Criminal Lifestyle; Developmental Theories of Crime: Maltreatment; Life Course Perspectives on Crime; Sociological Theories of Crime

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DEVELOPMENTAL THEORIES OF CRIME: MALTREATMENT

Child maltreatment is a serious public health concern affecting millions of children each year in the United States and abroad. Several major prospective longitudinal studies have followed abused and

neglected children from childhood into adolescence or adulthood and have found that these children are at increased risk of delinquency, crime, and violence. Many theories have been offered to explain how these childhood maltreatment experiences lead to the development of criminal behavior and, in particular, violent criminal behavior. One of the common assumptions is based on notion of a *cycle of violence*, whereby experiencing violence in childhood is thought to lead to the perpetration of violence in adolescence and adulthood. This entry reviews social learning, strain, attachment, social information processing theories, as well as maladaptive coping, possible changes in physiological functioning, behavioral genetic and ecologic theories that have been offered to explain how childhood maltreatment affects the development of later violent and criminal behavior.

Social Learning Theory

Social learning is perhaps the most popular theory that has been used to explain the cycle of violence. As part of his theory, Albert Bandura proposed that children acquire behaviors through modeling and reinforcement contingencies in the context of social interactions. Children learn behaviors by imitating other people's behavior, and observing the behavior of a parent or someone else of high status is thought to provide a particularly influential model. For example, physical aggression within a family provides a powerful model for children to learn aggressive behaviors and to learn that these behaviors are appropriate ways to resolve conflicts. Some research has found that children who experience spanking (a form of corporal punishment that is not necessarily abusive) were more likely to perceive aggression as an effective strategy for resolving interpersonal conflicts. Based on social learning theory, one would expect that criminal outcomes would reflect the type of victimization experienced and that victims of physical abuse would become physically violent. However, the picture appears to be more complex. Consistent with social learning theory, two longitudinal studies found that physical abuse (i.e., being the victim of violence as a child) was associated with a high risk of subsequent arrests for violence. Other studies have found that

physical abuse predicted youth violence perpetration. However, not predicted by social learning theory, two of the prospective studies revealed that neglected children also had increased rates of arrests for violence compared to nonabused and nonneglected children, and the degree of increased risk was very similar to that of the physically abused children. These findings call attention to the fact that childhood neglect may also lead to violent behavior and suggest that behavioral modeling alone is not an adequate explanation for the cycle of violence.

Attachment Theory

Attachment theory, originally developed by John Bowlby and Mary Ainsworth, has played an important role in attempts to understand the development of violent behavior in children who grow up in abusive childhoods. Attachment refers to the early bond that an infant develops with a caretaker and is the basis for an *internal working model* of the world that functions as a framework for subsequent interactions with the interpersonal environment, including other caretakers, school, peers, romantic partners, and the community at large. According to attachment theory, abuse, inconsistency, or rejection from a primary caretaker disrupts a child's bonds and feelings of security and leads children to develop a hostile view of the world and other people. Children from abusive backgrounds, thus, tend to perceive ambiguous interactions with others as hostile and to respond aggressively. It is thought that this pattern can develop into violent behavior in adulthood.

Social Control Theory

Another theory also emphasizes the impact of family bonds (or the lack of bonds) on a child's behavior. Travis Hirschi's social control theory proposes that people will avoid delinquent and criminal behavior when they are bonded to the society. This means that children who are attached to parents, peers, schools, and conventional beliefs will be less likely to engage in delinquent and criminal behavior. Because of the focus on bonding and relationships with parents and other significant adults, social control theory is relevant to understanding how child abuse and neglect may

lead to an increase in risk of crime and violence. As noted in the earlier section on attachment theory, there has been extensive attention to the ways in which child maltreatment disrupts attachments to create an insecure child. Social control theory would suggest that child maltreatment disrupts the social bonds necessary for prosocial behavior and, thus, increases risk of crime and violence.

General Strain Theory

In his strain theory, Robert Agnew has argued that, in addition to failure to achieve economic or other goals, delinquency and crime are caused by the inability to escape painful or aversive situations such as child abuse and neglect. In his attention to the role of child abuse and neglect, he pointed explicitly to the strain associated with the impact of verbal and physical abuse. If a person's focus or goal is for monetary success or higher levels of social class, then abused and neglected children would have barriers to achieving these goals because of limited educational and occupational success—a negative outcome that has been documented in some groups of maltreated children. Agnew has also suggested that juveniles who experience abuse may engage in delinquent behaviors to escape from or reduce the aversive conditions by running away from home. Other examples of attempts to escape painful events, stressful life conditions, or frustrations may lead to criminal coping. The individual may lack the skills and resources to cope in a legitimate (legal) manner and may try to make money through illegal means. Coping with parental rejection (as in neglect) may lead to weak bonds with parents and poor supervision leading to increased risk of delinquent and criminal behavior. These strains may also lead to violence through the person's striking out against others in anger.

Social Information Processing Theory

Other researchers have extended the idea of a hostile view of the world and speculated that physical abuse affects social processing ability, and this deficiency is related to aggression. Similar to attachment theory, this approach proposes that abused children tend to perceive hostile intent in ambiguous and harmless interactions. Specifically,

Kenneth A. Dodge, John E. Bates, and Gregory S. Pettit have suggested that severe physical harm during early childhood leads to chronic aggression by bringing about the development of biased and deficient social information processing patterns. The theory postulates that such children are less likely to respond to social cues, more likely to react toward others with hostility, and fail to deal with personal problems in a competent fashion. These researchers found that 4-year-old children whose mothers reported having used physically harmful discipline showed deviant patterns of processing social information at age 5, and these were, in turn, associated with aggressive behavior.

Maladaptive Coping

Another theory is that physically abused children may adopt certain styles of coping that may be maladaptive. For example, characteristics such as a lack of realistic long-term goals, being conning or manipulative, pathological lying, or glibness or superficial charm might begin in the child as a means of coping with an abusive home environment. Adaptations or coping styles that may be functional at one point in development (e.g., running away, avoiding an abusive parent, alcohol or drugs, or desensitizing oneself against feelings) may later compromise the person's ability to draw upon and respond to the environment in an adaptive and flexible way.

Neurophysiological Models

A very different approach to understanding the development of maltreated children focuses on how the experiences of childhood abuse and neglect may lead to bodily changes that, in turn, relate to the development of antisocial and aggressive behaviors. For example, as a result of being beaten continually or as a result of the severe stress associated with intermittent physical abuse, a child might become *desensitized* to future painful or anxiety-provoking experiences. Thus, this desensitization might influence the child's later behavior, making him or her less emotionally and physiologically responsive to the needs of others, callous and non-empathic, and without remorse or guilt. Relatedly, physical abuse may lead to

stress, which, if occurring during critical periods in development, may give rise to abnormal brain chemistry that may lead to aggressive or withdrawn behaviors at later points in life.

Michael DeBellis has theorized that repetitive activation of physiological stress response processes can have a global and adverse impact on neurological development, impeding capacities related to stress response and coping, managing emotional arousal, planning, and decision-making. Chronic exposure to stress, such as in child abuse or neglect, may result in an elevated stress response, which is thought to prime individuals to act aggressively in stressful situations, or to a diminished response associated with desensitization to stress.

Some research with animal models has supported these neurobiological processes involved in the cycle of violence. However, the extent to which one can generalize from the animal research to humans is questionable, although the similarities between the concepts operationalized in the non-human models (stress, anxiety, and rearing conditions of maltreatment) and in the child development literature invite serious consideration.

Behavioral Genetics

The theories described thus far presume that the relationship between childhood abuse and neglect and delinquent, criminal, or violent behavior is due to the direct effects of being exposed to a violent childhood environment. It is also possible that there are genetic predispositions to certain forms of behavior that are passed on from generation to generation.

Sara Jaffee has written about a variety of behavioral genetic theories that have been developed to explain the intergenerational transmission of violence. The first and simplest theory suggests that the intergenerational cycle of violence is explained, at least in part, by transfer of inherited traits from parents to offspring. In other words, family resemblance in violent behaviors is due to shared genetics rather than the environmental effects of violence. Violent parents are more likely to abuse their children and also to transmit increased genetic risk of violent behavior. Thus, maltreatment could be a marker of genetic risk of violence (i.e., having antisocial parents) rather than the cause of violence. A

second possibility is that certain genotypes in children could bring about abuse from parents, although the results of twin studies (either with children or parents) have not supported this idea. A third possibility is that maltreatment leads to epigenetic changes that predispose individuals to antisocial or violent behavior.

Tania Roth and Frances Champagne described evidence suggesting that changes in the activity of genes, established through epigenetic mechanisms (i.e., changes that modify the activation of certain genes but not the genetic code sequence of DNA), may be a consequence of early- and later-life adversity. They draw upon results from animal models of neglect, abuse, chronic stress, and trauma and suggest that adversity has a lasting epigenetic impact. Furthermore, they suggest that this impact may not be limited to those individuals who have been directly exposed to adversity but may also be evident in subsequent generations; thus, there may be an *inheritance* of stress susceptibility that may involve epigenetic rather than genetic variation.

Ecological Theory

Finally, most theories of the effects of child maltreatment focus on risk of delinquent, criminal, or violent criminal behavior from an individual or family perspective. However, other scholars argue that child maltreatment takes place in a social as well as a family context, and as such, there is a need to understand the contributions of the ecological systems in which these children live (family, school, peers, and neighborhoods). This theory hypothesizes that criminal behaviors do not occur in isolation but rather develop out of interactions among these factors in the broader social context, including the presence of criminogenic opportunities, such as guns, gangs, and drugs. Neighborhood conditions might also buffer or reduce the relationship between child maltreatment and offending.

Cathy Spatz Widom

See also Behavioral Genetics and Other Biological Influences on Criminal Behavior; Child Maltreatment and Psychological Development; Developmental Theories of Crime; Genetic and Environmental Influences on Violence and Aggression;

Neurobiological Bases of Aggression; Neurobiological Models of Psychopathy; Social Control Theory; Social Learning Theory; Strain Theory of Crime

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DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, CLASSIFICATION OF PSYCHOPATHY IN

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM), published by the American Psychiatric Association, is the reference book widely used by physicians and mental health professionals for the diagnosis of mental disorders,

and it is consistent with the International Classification of Disease coding system. Psychopathy or psychopathic personality is not a listed diagnosis. The DSM is used in a variety of settings, including forensic (related to the legal system), clinical, research, and social purposes. This entry describes psychopathy and explains where it fits in the evolving DSM classification system.

Psychopathy is a construct without consensual definition. Historically, Hervey Cleckley, since the 1940s, and Robert D. Hare, since the 1980s, have had the most impact on the understanding of psychopathy. Cleckley's classic, *The Mask of Sanity*, listed 21 features in 1941; this was narrowed to 16 in 1976. Subsequently, Hare developed the Psychopathy Checklist (PCL) in 1985, a revised version in 1991 (PCL-R), and the current version (PCL-R) in 2003 to measure psychopathy based on Cleckley's work. This 20-item inventory generates two to four factors (clusters of items that share a significant similarity), namely, interpersonal, affective, lifestyle, and antisocial, that reflect aspects of psychopathy, the unifying superordinate factor. The two-factor model more clearly distinguishes psychopathy, psychopathic personality traits (Factor 1, e.g., pathological lying, manipulative, superficial charm, grandiose sense of self-worth, lack of empathy) from antisocial personality disorder (ASPD), antisocial behavior (Factor 2, e.g., impulsivity, parasitic lifestyle, irresponsible, juvenile delinquency, revocation of conditional release), suggesting differences.

The PCL-R correlates with DSM ASPD, narcissistic personality disorder, and borderline personality disorder, indicating psychopathic features in each. High PCL-R scorers are prototypically male social predators with little insight, for whom there is no effective treatment and who often end up in correctional settings. Although the PCL-R is a standard instrument for assessing criminality and recidivism risk, it has its critics.

Other characterizations of psychopathy have emerged in the 21st century. These include a triarchic (disinhibition, meanness, and boldness) depiction, a fearless-dominance and impulsive-antisociality perspective, and evaluations of psychopathy in terms of three- and five-factor models of personality (e.g., low agreeableness, low conscientiousness, and a mixture of high and low neuroticism facets). In addition, the dark (malevolent)

triad consists of three overlapping traits, namely, psychopathy (including antisocial behavior), narcissism, and Machiavellianism. The dark tetrad adds everyday sadism to that list.

The term *personality disorder (PD)* is used differently in various editions of the *DSM*, and features of psychopathic personality are evident without using that label. The first edition of the *DSM*, *DSM-I*, was published in 1952 to provide a unified contemporary classification system and standard nomenclature for clinical diagnosis and insurance reimbursement. *DSM-I* described individuals with PD as having lifelong defective personalities that did not cause personal distress. According to the *DSM-5* (2013) description, however, PD causes personal distress or functional impairment and represents significant deviation from one's culture. In addition, a disordered personality is rigid, pervasive, stable, and evident by adolescence or young adulthood.

In *DSM-I*, a pre-*DSM* term, psychopathic personality with emotional instability, was reclassified as emotionally unstable personality. Constitutional psychopathic state and psychopathic personality were renamed *sociopathic personality disturbance*, antisocial reaction. Pseudosocial personality and psychopathic personality with asocial and amoral trends were updated to sociopathic personality disturbance dissocial reaction, all under the heading Personality Trait Disturbance (capitalization provided by *DSM-I*). Reaction meant environmentally caused rather than organic (biological) etiology.

DSM-II (1968) provided prototypic descriptions of disorders. This minimized restraint on clinical judgment but produced unreliable (low agreement among clinicians) diagnoses. *DSM-II* used a single diagnosis, antisocial personality, to refer to unsocialized individuals who blamed others and were callous, frequently conflicting with society, selfish, incapable of feeling guilt, and undeterred by punishment.

The *DSM-III* (1980) major revamp provided behavior-based criteria, more specificity and reliability, and solidified ASPD as the chosen label. ASPD required evidence of conduct disorder before age of 15 years, plus behaviors indicating social norms' violations, such as criminality, child maltreatment, conning others, and reckless disregard for personal safety. ASPD omitted some

psychopathic descriptors, such as superficial charm and lack of remorse. These might be inferred but were not listed criteria. In addition, ASPD overrepresented criminogenic features, thereby limiting noncriminal applications. *DSM-III-R* (1987) added two criteria (assessed by behaviors): lacks remorse and is impulsive. Only four of 10 criteria were required for ASPD diagnosis.

Although controversial, to minimize diagnostic overlap, psychopathic features were deliberately placed in either *DSM-IV* (1994) narcissistic personality disorder or ASPD, not both. The *DSM-IV-TR* (2000) lists ASPD, sociopathy, psychopathy, and dissocial PD as synonyms, but ASPD is the identified diagnosis. The *DSM-5* continued the predominant focus on antisocial aspects of psychopathy and used the label ASPD. Descriptive criteria favor applications to criminal settings.

Understanding psychopathy changes as research guides scientifically based professional thinking. Although not officially acknowledged, Cleckley and Hare's influence is evident across *DSM* ASPD versions, while triarchic disinhibition and meanness (but not boldness) are reflected in *DSM-5* ASPD. Conjecture remains whether adaptive traits of the so-called successful, noncriminal psychopaths will be included in future *DSM* editions and whether psychopathy will be a recognized ASPD specifier.

Meg Milligan

See also Corporate Psychopaths; Historical Antecedents of Psychopathy; Psychopathy

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DIFFERENTIAL ASSOCIATION THEORY

Edwin Sutherland's *differential association theory* marked a watershed in criminology. The theory, which argues that criminal behavior, like any behavior, is learned in interaction within social groups, dominated the discipline for decades and brought sociology to the forefront of criminology. This entry reviews Sutherland's theory of differential association, discusses attempts at revision, and assesses the empirical status of the theory.

The Theory of Differential Association

In 1947, Sutherland stated differential association theory as a set of nine propositions, which introduced three concepts—normative conflict, differential association, and differential group organization—that explain crime at the levels of the society, the individual, and the group.

Normative Conflict: The Root Cause of Crime in Society

At the societal level, crime is rooted in normative conflict. For Sutherland, primitive, undifferentiated societies are characterized by harmony, solidarity, and consensus over basic values and beliefs. Such societies have little conflict over appropriate behaviors and, consequently, little crime. With the industrial revolution, however, modern societies developed advanced divisions of labor, market economies, and a breakdown in

consensus. Modern industrial societies become segmented into groups that conflict over interests, values, and behavior patterns. Consequently, they are characterized by specialization rather than similarity, coercion rather than harmony, and conflict rather than consensus. They tend to have high rates of crime. Sutherland hypothesized that high crime rates are associated with normative conflict, which he defined as a society segmented into groups that conflict over the appropriateness of the law: Some groups define the law as a set of rules to be followed under all circumstances, while others define the law as a set of rules to be violated under certain circumstances. Therefore, when normative conflict is absent in a society, crime rates will be low; when normative conflict is high, societal crime rates will be high. In this way, crime is ultimately rooted in normative conflict.

Differential Association Process: Explanation of Individual Criminal Acts

At the individual level, the process of differential association provides a social psychological explanation of how normative conflict in society translates into individual criminal acts. Accordingly, criminal behavior is learned in a process of communication in intimate groups. The content of learning includes two important elements. First are the requisite skills and techniques for committing crime, which can range from complicated, specialized skills of computer fraud, insider trading, and confidence games to the simple, readily available skills of assault, purse snatching, and drunk driving. Such techniques are necessary but insufficient to produce crime. Second are definitions favorable and unfavorable to crime, which consist of motives, verbalizations, or rationalizations that make crime justified or unjustified and include techniques of neutralization. For example, definitions favorable to income tax fraud include "Everyone cheats on their taxes" and "The government has no right to tax its citizens." Definitions favorable to drunk driving include "I can drive fine after a few beers" and "I only have a couple of miles to drive home." Definitions favorable to violence include "If your manhood is threatened, you have to fight back" and "To maintain respect, you can never back down from a fight."

Definitions favorable to crime help organize and justify a criminal line of action in a particular situation. They are offset by definitions unfavorable to crime, such as “Tax fraud deprives Americans of important programs that benefit the commonwealth,” “All fraud and theft is immoral,” “If insulted, turn the other cheek,” “Friends don’t let friends drink and drive,” and “Any violation of the law is wrong.” These examples illustrate several points about definitions of crime. First, some definitions pertain to specific offenses only (e.g., “Friends don’t let friends drink and drive”), whereas others refer to a class of offenses (e.g., “All fraud and theft is immoral”), and still others refer to virtually all law violation (e.g., “Any violation of the law is wrong”). Second, each definition serves to justify or motivate either committing criminal acts or refraining from criminal acts. Third, these definitions are not merely *ex post facto* rationalizations of crime but rather operate to cause criminal behavior.

Sutherland recognized that definitions favorable to crime can be offset by definitions unfavorable to crime. He therefore hypothesized that criminal behavior is determined by the ratio of definitions favorable to crime versus unfavorable to crime. Furthermore, he recognized that definitions are not all equal. Definitions that are presented more frequently, for a longer duration, earlier in one’s life, and in more intense relationships receive more weight in the process producing crime.

The individual-level hypothesis of differential association theory is that a person will engage in criminal behavior if the following three conditions are met:

1. The person has learned the requisite skills and techniques for committing crime.
2. The person has learned an excess of definitions favorable to crime over unfavorable to crime.
3. The person has the objective opportunity to carry out the crime.

According to Sutherland, if all three conditions are present and crime does not occur, or a crime occurs in the absence of all three conditions, the theory would be wrong and in need of revision. Thus, in principle, the theory is falsifiable.

The process of differential association with definitions favorable and unfavorable to crime is structured by the broader social organization in which individuals are embedded. This includes the structures and organization of families, neighborhoods, schools, and labor markets. This organization is captured by the concept of differential social organization.

Differential Social Organization: Explanation of Group Rates of Crime

At the group level, differential social organization provides an organizational explanation of how normative conflict in society translates into specific group rates of crime. According to *differential social organization*, the crime rate of a group is determined by the extent to which that group is organized against crime versus organized in favor of crime. In industrialized societies, the two forms of organization exist side by side. Indeed, these two forms are sometimes interwoven in complex ways, such as when police take bribes and participate in organized extortion or baseball players take steroids in full view of teammates. Sutherland hypothesized that the relative strength of organization in favor of crime versus against crime could explain the crime rate of any group or society. Thus, compared to suburban neighborhoods, inner-city neighborhoods are weakly organized against street crimes and strongly organized in favor of such crimes. Compared to other groups, the Mafia is strongly organized in favor of crime and weakly organized against crime. Compared to the United States, Japan is strongly organized against crime and weakly organized in favor of crime. Ross Matsueda extended differential social organization theory to crime as collective behavior, arguing that definitions of crime become collective action frames, which operate to mobilize individuals for or against collective acts of crime.

The group-level process of differential social organization is linked to the individual-level process of differential association. Groups that are strongly organized in favor of crime display numerous and intense definitions favorable to crime. Conversely, groups that are strongly organized against crime display numerous and intense definitions unfavorable to crime. It follows that

differential social organization explains group crime rates by influencing the availability of definitions favorable and unfavorable to crime within the group. When groups are strongly organized in favor of crime and weakly organized against crime, they will present an abundance of definitions favorable to crime and few definitions unfavorable to crime. Individuals in such groups have a high probability of learning an excess of definitions of crime. Whether they do depends on their actual learning. Even in high crime communities, some residents are isolated from the abundant criminal definitions and exposed to the few anti-criminal definitions in the community. Those residents will refrain from crime because of an excess of definitions unfavorable to crime. The opposite also holds. In low-crime communities, some residents are exposed to the few criminal definitions in the community and isolated from the abundant anti-criminal definitions. Given the opportunity and skills, they will engage in crime because of an excess of definitions favorable to crime.

Extensions and Empirical Tests of Differential Association

Since it was presented in its final form in 1947, the theory has stimulated substantial scholarly attention. This includes attempts to revise or modify the theory to specify the learning principles and incorporate the process of taking the role of the other from symbolic interactionism as well as conduct empirical tests on the theory's key propositions.

Extensions of Differential Association Theory

Although the core features of differential association theory have persisted to the present, the theory has undergone several modifications and extensions. Early attempts to modify the theory specified hypotheses of *differential identification*, in which individuals identify with either criminals or noncriminals, and *differential anticipation*, in which individuals anticipate the consequences of delinquent or nondelinquent behavior.

Perhaps the most elaborate revision is associated with Ronald Akers, who in 1998 incorporated social learning principles into the theory, which posits that crime is initially learned through direct

imitation or modeling. The probability of continuing criminal behavior is determined by *differential reinforcement*, the relative rewards and punishments following the act. Reinforcement can be direct or vicarious, whereby simply observing another's criminal behavior being reinforced will reinforce one's own criminal behavior. Definitions of crime are learned through this process and affect behavior directly as well as indirectly by serving as cues (discriminative stimuli) for law violation.

A more recent extension of differential association theory incorporates the symbolic interactionist concept of taking the role of the other as a link between group control, cognition, and behavior. Here, taking the role of significant others and considering delinquency from the standpoint of others is a cognitive process by which anticipated reactions of others, reflected appraisals of self from the standpoint of others (the looking glass self), and delinquent peer associations (along with habits) lead to future delinquency. Such processes produce group social control of both delinquent and nondelinquent acts, and therefore, delinquency is a result of *differential social control*, the relative strength of conventional versus delinquent group controls. Differential social control specifies specific mechanisms by which groups control members' behavior, while retaining Sutherland's emphasis on the learning of delinquency and the importance of definitions of law violation.

Empirical Tests of Differential Association Theory

Empirical studies of differential association generally use self-report surveys of adolescents and young adults. A key issue is how to measure an excess of definitions favorable to crime, a prerequisite for testing the theory. Long ago, Matsueda argued that if definitions of law violation can be viewed as a single continuum, they can be treated as a latent variable with operational implications for fallible survey measures of definitions. This strategy found that definitions of delinquency mediated effects of parent and peer attachment on delinquent behavior, and therefore, differential association is supported over social control theories for Black and non-Black

youth. Panel studies have also supported the hypothesis that definitions are causally linked to delinquency and violence for males and females and that techniques for monetary crimes are important.

Empirical research has also found some support for the hypothesis that differential reinforcement adds explanatory power in models of delinquency. The concepts of imitation and anticipated social rewards from crime appear to add to the explanation of delinquency. Finally, research beginning in the late 1990s suggested that delinquent peer association has a smaller effect on delinquency when estimated longitudinally and disentangling peer selection from peer effects and when measuring delinquent peers from the peers themselves. Differential association has been linked to social network theory and found that network density and centrality of delinquent peer groups are key predictors of delinquency. In sum, most empirical research finds general support for differential association and social learning theories.

Future Directions

Differential association theory remains an important theoretical perspective in criminology, continuing to stimulate empirical research and attempts at revision. Although historically most research has focused on the individual differential association process, beginning in 2006, there has been a resurgence of interest in the sociological counterpart, differential social organization. The latter has opened new puzzles and provided a framework for incorporating sociological mechanisms governing social structure and social organization.

Ross L. Matsueda and Anquinette Barry

See also Behavioral Theory of Crime; Criminal Attitudes; Criminal Organizations and Networks; Developmental Theories of Crime; Social Control Theory; Social Disorganization Theory

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DOMESTIC VIOLENCE COURTS

Since the 1990s, a variety of legal responses to domestic violence have been adopted, including mandatory arrest policies and specialized prosecution units. Simultaneously, victim advocates have developed shelters and supportive programs for victims and children, and worked with other partners to create community interventions with the dual goals of protecting victims and decreasing abuse by perpetrators of domestic violence, such as batterer intervention programs.

Specialized domestic violence courts were informed by such reforms in the legal and advocacy communities as well as a broader problem-solving court movement, such as drug, mental health, community, and reentry courts. Although each problem-solving model has distinct goals and elements, some propose that these models are unified by an overarching shift in focus from the legal process exclusively to more substantive outcomes, such as reduced recidivism, enhanced victim services, and greater responsiveness to community needs. In fact, a 2009 national survey of domestic

violence courts and victim advocates detected broad agreement concerning the overarching goals of domestic violence courts as victim safety and offender accountability. Since the earliest dedicated domestic violence courts opened in the mid-1990s, more than 200 dedicated courts have been established to address *criminal* domestic violence cases across the United States. The same 2009 national survey identified domestic violence courts in 27 states across the country as well as internationally (there were more than 50 in Canada and nearly 100 in England by 2008). In addition, *integrated* or *one family/one judge* courts as well as courts addressing *civil cases* have been developed across the country.

This entry provides an overview of the various models of domestic violence courts and reviews the underlying principles behind a dedicated domestic violence court.

Types and Models

In a *criminal domestic violence court*, criminal cases are heard on a separate calendar by one or more dedicated judges. Eligible charges vary by jurisdiction and may include misdemeanor- or felony-level offenses (or both). While some jurisdictions have specific penal code designating *domestic violence* charges, other common criminal charges may include assault, harassment, menacing, stalking, and criminal violation of a protective (restraining) order. Likewise, precise definitions of eligible relationships between parties vary by jurisdiction, with many courts requiring an intimate partner relationship (typically including parties that are or have been married or living together or that have children in common; in some jurisdictions, a dating relationship is sufficient).

A *dedicated civil protective order docket* utilizes a separate calendar whereby one or more specially trained judges hear all requests for civil protective (restraining) orders. Some civil protective order dockets also enforce the orders handed down by the court; others do not. Violations of civil protective orders may be heard in either civil or criminal court; some civil protective order dockets are able to handle both civil and criminal actions, whereas others hear only future civil proceedings.

The underlying idea behind *integrated domestic violence courts* is to bring before a single judge *all* of a family's interrelated cases in which the underlying issue is domestic violence. Under this model, criminal domestic violence charges as well as civil protective orders and, in some jurisdictions, related civil cases such as child custody and visitation, abuse and neglect, and divorce actions are calendared before a single judge who can address interrelated family problems in a comprehensive manner.

Key Components

Unlike drug courts, domestic violence courts do not have a national trade organization or a nationally recognized set of core components. However, such courts are generally designed to promote victim safety and defendant accountability, informed judicial decision-making, consistent handling of all criminal domestic violence matters, efficient case processing, procedural fairness, and a concentration of social services for victims and their children. These specialized courts can also build upon other legal responses to domestic violence, including mandatory arrest, a dedicated domestic violence unit within the prosecutor's office, and evidence-based prosecution (a method in which prosecutors rely on material evidence to prosecute a case rather than the cooperation of the victim). Toward these ends, domestic violence courts commonly implement the following components.

Dedicated Court or Docket for All Domestic Violence Cases

One or more dedicated judges preside over all domestic violence matters (either criminal or civil, or both). A specially trained judge can tailor his or her orders to address all issues, including—as appropriate—criminal and civil protective orders for victims; bail conditions, sentences, treatment mandates, and sanctions for reoffending perpetrators; and visitation and custody orders, support, divorce, and services and treatment services for children. A dedicated judge promotes consistency in handling domestic violence matters and, particularly in integrated models, enables the judge to access comprehensive case information.

Key to the dedicated domestic violence court model is courthouse safety considerations. Domestic violence courts typically create protocols to enhance courthouse safety, including additional court officers who monitor court grounds and parking lots, separate waiting areas for victims and their children, and staggered arrival and departure times for litigants.

Comprehensive Resources for Families

Domestic violence courts seek to provide services to both victims and perpetrators. In criminal domestic violence courts, referrals are often available to each person affected by the crimes. Through a resource coordinator or other specialized staff member, adult and child victims are connected to supportive services, while perpetrators are often mandated to a batterer's program. Courts may also refer perpetrators to substance abuse programs, parenting classes, mental health services, or other treatment for issues co-occurring with the intimate partner violence. Family and integrated models enable the court to treat the entire family, referring adult and child victims to supportive services while holding the offender accountable through mandated programs. In addition, civil and integrated courts work closely with supervised visitation centers to ensure swift referral where necessary. Civil and integrated courts also seek to enhance litigant access to civil legal service, often having attorneys for both parties on-site for immediate referral.

Domestic violence courts seek to be culturally responsive to the needs of litigants, creating protocols and identifying resources that reflect the language and cultural needs of victims and perpetrators, such as specialized domestic violence tribal courts, innovative collaborations with deaf services, and training of court interpreters on domestic violence.

Compliance Monitoring

Typically, domestic violence courts hold regular compliance review calendars. Increased communication and coordination between the court, service providers, and probation is key to improving accountability for perpetrators. Some courts

employ resource coordinators to facilitate this communication; representatives from accountability programs can also appear at court to communicate directly with the judge about the perpetrators' compliance with mandated programs. With representatives from probation, the defense bar, the prosecutor's office, and batterer's programs present, the judge can make swift and consistent decisions if a perpetrator fails to comply with court orders. Judges in integrated and civil courts can also monitor compliance with civil protective order conditions, child support payments, supervised visitation referrals, and parenting-time plans. Responses to noncompliance may include more frequent court appearances, modified protective (restraining) orders, visitation or support, amending or revoking probation, or jail time. The resource coordinator is able to refer offenders to a multitude of programs, including substance abuse treatment, parenting classes, and batterers' programs.

Advocacy for Victims

Increased victim safety is a central goal of domestic violence courts. With that in mind, specialized courts work closely with community victim service providers and commonly have a dedicated victim advocate present during court sessions to provide domestic violence victims with safety planning, counseling, and access to services. Advocates communicate with the resource coordinator to ensure that victims and their children receive coordinated services. The victim advocate also ensures that victims know the status of their cases and is available to escort victims to meetings with the district attorney or other social service agencies. Domestic violence courts seek to coordinate advocacy services for victims to ensure that victims have access to both community-based and system-based advocates (e.g., through the prosecutor's office).

Specialized Training

Judges presiding in domestic violence courts receive special training, which covers not only operational and legal matters but also the dynamics of domestic violence and the impact of domestic violence on children. Court personnel, such as

clerks and court security, also receive specialized training, ensuring that all individuals staffing the court are sensitive to the unique dynamics surrounding domestic violence.

Community Partner Involvement

Domestic violence courts work closely with a network of stakeholders, including police, probation, prosecutors, defense counsel, civil attorneys, victim service agencies, batterers' programs, mental health services, substance abuse treatment providers, and children's services and lawyers for children. It is critical that the courts provide continuing forums for communication through regular meetings after implementation. These stakeholder meetings are an important avenue for information sharing and checking in; the meetings can also be a venue for ongoing education.

Data Collection

The active collection and analysis of data—measuring outcomes and process, costs, and benefits—are crucial tools for evaluating the effectiveness of operations and encouraging continuous improvement. Public dissemination of this information can be a valuable symbol of public accountability.

Research on Domestic Violence Courts

Research on the impact of domestic violence courts has been mixed. Criminal domestic violence courts have been most widely studied, with outcome evaluations examining criminal justice outcomes such as recidivism, case processing, dispositions, and sentences. Overall, rigorous quasi-experimental studies have found mixed results in terms of court impacts on recidivism. The impact of domestic violence courts on sentencing practice is similarly unclear. Various domestic violence courts have been associated with both a greater and a lesser use of jail sentences than traditional courts. Regarding conviction rates, although the results are far from unambiguous, multiple studies have linked the implementation of specialized domestic violence courts to increased conviction rates. In contrast, there is evidence that domestic violence courts

are more likely than nonspecialized courts to mandate offenders to a wide range of special conditions; domestic violence courts are also more likely to connect victims to services than nonspecialized courts. Results with regard to case processing efficiency have also been more conclusive, with several rigorous studies finding that criminal domestic violence courts speed case processing.

A series of evaluations of the New York state integrated domestic violence model also found that, due to same-day scheduling of cases, integrated courts reduced the number of trips that litigants were required to make to courts, though individual cases generally take longer to reach resolution in the specialized courts. Integrated courts further appeared to detect more violations of protective orders and result in more mutually favorable outcomes in family court cases. As compared to criminal domestic violence courts, one site was found to result in more criminal convictions as well as more severe convictions. This finding was primarily attributed to the increased victim participation in integrated courts, where victims often have ongoing civil cases. Other New York findings were mixed. Findings from an evaluation of an integrated court in Vermont suggested decreases in both case processing time and reconviction; however, methodological issues mean that these findings should be interpreted with extreme caution. In general, research on integrated models suffers from methodological weaknesses; additional research on integrated models is called for.

Research on litigant and stakeholder experiences in domestic violence courts is generally positive.

Final Thoughts

Since the late 1990s, domestic violence courts have been making great strides to better reach their goals of enhancing victim safety and offender accountability. More recently, these courts have been looking at the large body of research on what works to reduce recidivism with the general criminal population and applying those evidence-based best practices into their court policies and procedures. Specifically, courts are using domestic violence risk assessments to inform decisions regarding

compliance, supervision, protective order conditions, and parenting-time plans. Many are also focusing on improving compliance through enhanced procedural justice. While more research is needed to identify how these practices specifically impact outcomes in domestic violence cases, it is clear that domestic violence courts can learn from the growing body of research and strengthen their policies to better serve victims and offenders.

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See also Domestically Violent Offenders: Treatment Approaches Domestically Violent Offenders: Treatment Outcome Research Criminal Risk Assessment, Domestic Violence

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DOMESTICALLY VIOLENT OFFENDERS: TREATMENT APPROACHES

In the United States, the judicial response to domestic violence consists of support services for victims and a combination of incarceration, court monitoring, and/or treatment for perpetrators. Treatment for court-mandated perpetrators is regulated on a state level and consists of a specified number of same-sex psychoeducational group sessions (average 26 weeks), commonly known as *batterer intervention programs* (BIPs). Although general population surveys find that men and women are equally likely to perpetrate relationship violence, men account for approximately 90% of offenders enrolled in BIPs. This is partly due to the greater physical and psychological impact that domestic assaults have on women and partly due to greater societal tolerance for female-perpetrated violence and the reluctance of male victims to call the police. This entry provides an overview of the nature and characteristics of these programs, followed by recommendations for evidence-based practice and an exploration of promising new interventions.

The most methodologically sound outcome research finds BIPs to be only minimally effective in reducing rates of recidivism. Several possible explanations have been proposed, among them the failure of existing programs to provide interventions based on best-practice models, abetted by anachronistic state standards. A comprehensive, up-to-date literature review of research on BIPs, conducted by Christopher I. Eckhardt, Christopher M. Murphy, Daniel J. Whitaker, Joel Sprunger, Rita Dykstra, and Kim Woodard in

2013, concludes that the group format has not been found to be more effective than individual, couples, or family therapy and not any safer for victims. There is also some evidence that cognitive behavioral therapy approaches work better than programs based on sociopolitical analyses of patriarchy, such as the so-called Duluth model, which is the most common BIP used in the United States.

Characteristics of Domestic Violence Intervention Programs

A 2016 survey obtained data about a range of program characteristics, domestic violence knowledge, and views on treatment and policy. Approximately half of the programs surveyed indicated that they are part of a larger counseling or social service agency. Somewhat over one third (35.6%) identified their perpetrator treatment approach primarily as Duluth, while 29.1% said that their primary orientation was cognitive behavioral therapy. Nearly all programs (97%) deliver perpetrator treatment services in the modality of group, 45% offer individual therapy, 8% offer couples therapy, and only 4% provide family therapy. Most programs meet weekly for an average of 120 min, and the average number of participants in any given group is eight.

Many of the survey questions sought to determine the extent to which BIPs meet, or attempt to meet, best practice standards. Overall, treatment providers have a poor grasp of domestic violence research, including risk factors and abuse dynamics. Whereas the scholarly literature finds that having an aggressive personality, being in an abusive relationship, and being unemployed or low income are among the most significant predictors of relationship abuse, no more than about one third of survey respondents identified these as being *very important*.

In most relationships where there is a history of domestic violence, about 60% of that violence is perpetrated by both partners; yet relatively few programs provide group participants with information or training on mutual abuse cycles. Although research indicates that men and women are equally likely to initiate relationship abuse, 86.5% of the respondents said that it is the male partner who initiates the violence, whereas 11.9%

said it was the female partner. A large majority of respondents (80.3%) said that the primary motivation for perpetrating relationship violence by men is to dominate and control the partner. In contrast, only 23.9% said that this was the primary motive for female abusers, even though the research literature finds that men and women are about equally likely to abuse partners for such a reason.

There were also some positive trends worth noting. The average assessment intake, for example, is conducted over an average period of 90–120 min, an indication that most programs do more than simply *enroll* clients. Despite one third of programs identifying as Duluth, the large majority of programs teach the emotion management and communication and conflict resolution skills found by research to be effective in reducing rates of recidivism. In this survey, 41.7% of programs have *one-size-fits-all* curriculum, a far lesser proportion than the 90% found in a previous survey, and 63.9% of programs say they adapt their curriculum to meet client needs. Finally, although most programs approve of their state standards, however flawed they may be, two thirds at least *sometimes* supplement them.

Recommendations for Evidence-Based Intervention

In 2016, an entire issue of the peer-reviewed journal *Partner Abuse* was devoted to an in-depth examination of the literature on batterer intervention, with proposals for advancing evidence-based practice. The study put forth the following recommendations on how perpetrator treatment should be conducted:

1. Interventions should be based on a thorough psychosocial assessment that addresses the needs of each individual and eschew overly confrontational tactics.
2. The treatment should be delivered by providers with accurate knowledge of domestic violence, including prevalence rates, abuser characteristics, causes, abuse dynamics, and the negative impact on victims and families.
3. The evidence is lacking as to an optimum length of treatment, and no modality has been found to be generally superior to any other. Treatment should therefore be delivered for a period of time and in a modality that is best for each particular case. There is no evidence to support current prohibitions against mixed-sex group formats.
4. Culturally focused interventions may be important for African Americans with higher racial identification. There is a consensus that in culturally focused interventions, social conditions and stressors particular to ethnic minority communities should be considered and integrated into program curricula, as well as religion and spirituality.
5. Substantially more data should be collected on the characteristics and needs of Lesbian Gay Bisexual, and Transgender populations.
6. Program content must include the information and skills with which clients can better manage their emotions, lessen stress, communicate effectively with partners, resolve relationship conflicts, and overcome trauma and other mental health issues.

Promising Treatment Directions

Therapeutic outcomes may be improved when treatment paradigms are expanded and interventions draw from the empirical research data, including the following known risk factors: (a) stress, especially from low income and unemployment; (b) having an aggressive personality characterized by a desire to dominate, hostility toward the opposite sex, or attitudes that support violence; (c) poor impulse control; (d) depression and other mental health symptoms; (e) emotional insecurity; (f) alcohol and drug abuse; (g) having witnessed violence between one's parents as a child or having been abused or neglected by them; and (h) being in an unhappy or high conflict relationship.

It is also possible that what is happening (or not happening) outside the treatment session may be just as significant as in-session factors affecting change. Clinicians have long understood that there exists a natural inclination of the brain to resist change once habits or behavioral responses are firmly established, and aggression can be a very stable personality characteristic. Given these

challenges, and research finding that homework assignments improve group retention and treatment outcomes, it may be important to consider adjunctive interventions (additional to weekly group or individual sessions) in assisting clients in developing nonviolent responses to stress and interpersonal conflict.

The review by Eckhardt and his colleagues shows that, regardless of their stated theoretical foundations, most programs combine elements of various theories, and the most successful employ some form of client-centered approach, with a focus on creating a workable facilitator–client relationship and maintaining strong group cohesion. In particular, motivational interviewing approaches can enhance the effectiveness of traditional psychoeducational–anger management hybrids. One of these, Journey to Change, developed by Deborah Levesque and colleagues and based on the Transtheoretical Model of Change, now includes a computer-based component to augment the standard batterer intervention protocol. At a 20-week follow-up, clients in one study who completed two to three adjunct computer sessions were more actively engaged in change-/help-seeking strategies (e.g., talking to clergy, medical professionals, and couples therapists for help with violence; reading self-help books). At 12 months, the same clients also reported a reduction in physical violence perpetration.

Other promising interventions may come from attachment theory. Since the early 1990s, numerous studies have demonstrated a consistent connection between insecure attachment and relationship abuse. The model proposed by Donald Dutton and Daniel Sonkin integrates these findings in the treatment of male perpetrators. It involves assessing a client's attachment style, using an established instrument such as the Experiences in Close Relationships Questionnaire, and tailoring interventions based on affect regulation strategies: self-soothing techniques for individuals who habitually upregulate emotional expression and emotion sensitization strategies for those who habitually downregulate emotion; and revising working models of self (worthiness) and others (trust) with the ultimate goal of boosting attachment security and reducing abusive behaviors. Attachment security can be contextually increased

through supraliminal (conscious) and subliminal (unconscious) priming of secure base words, images, guided imagery, and viewing the names of attachment figures. Secure base priming has been shown to reduce anger and increase self-esteem, compassion, openness to differences, flexibility, and prosocial behaviors in various populations. Dutton and his colleagues likewise found secure base priming to be effective in reducing levels of anger and anxiety in both males and females. Others have hypothesized that computer-based secure base priming exercises could be useful as an adjunct for BIPs to improve treatment outcomes (i.e., reduced psychological and physical abusiveness).

Final Thoughts

Although the domestic violence treatment field has come a long way from its early reductionist focus on traditional sex roles, current interventions have been limited to simplistic psychoeducational models that unnecessarily favor the group modality over empirically validated systemic approaches such as couples therapy and fail to properly address important developmental and psychological factors such as attachment style and motivation to change. More sophisticated and empirically based treatment models are needed to further reduce recidivism rates for both court-mandated and self-referred clients, both as primary treatment approaches and adjuncts to traditional interventions.

John Hamel and Daniel Sonkin

See also Domestically Violent Offenders: Treatment Outcome Research

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DOMESTICALLY VIOLENT OFFENDERS: TREATMENT OUTCOME RESEARCH

Intimate partner violence (IPV), sometimes referred to as *domestic violence* or *battering*, has received considerable attention as a societal problem and public health concern. There has been a major effort to decrease IPV through advancements in public policy and development of rehabilitative counseling programs. Pro-arrest policies throughout the United States have resulted in more perpetrators being arrested with expanded statutes that include not only physical assault but also verbal threats of harm, instilling fear through intimidating tactics, and coercive control that violates or obstructs the rights and freedom of family members. Although large-scale studies indicate that children may also be abused in about 40% of such cases, batterer intervention programs (BIPs)

have primarily focused on violence and abuse inflicted upon married, dating, or romantically involved partners, as opposed to prior programming devoted to the abusive parent. While it is well-documented that IPV can occur bidirectionally within heterosexual relationships, as well as same-sex relationships, the bulk of research on treatment outcome has focused upon male-to-female relationships.

Although perpetrators of IPV can seek help *voluntarily*, studies indicate that nearly 90% of men formally treated for IPV are court-mandated to do so. Offenders are often referred to BIPs as a component of the criminal justice response in lieu of larger fines and/or longer periods of incarceration. Fines for IPV can otherwise be indexed to \$10,000, with jail time ranging up to 1 year within many jurisdictions within the United States when charged at the misdemeanor level.

Current Treatment Approaches

With increased recognition of IPV, there has been a proliferation of intervention programs since the late 1970s. National surveys indicate that the vast majority (82%) of BIPs conduct group-based treatment, with only 5% offering individualized treatment and 13% offering some form of couples treatment to men and their partners. Although there is no empirical evidence favoring one modality over another, many clinicians cite advantages of group work such as nonstigmatizing and normalizing dynamics; cost and accessibility; and peer support to challenge and deal with denial, minimization, feelings of shame, frustration, and loss. Individual treatment is cited as helpful to address those with acute crises, mental health concerns, or presentations that might not benefit or interfere with the positive group process. Although there is empirical evidence supporting judicious use of couple formats in less severe cases, where safety can be carefully assessed and monitored, it remains a controversial issue, despite data suggesting that both partners can contribute to the initiation and escalation of violent encounters in select cases.

Although the governing philosophy and theoretical orientations of programs differ to some extent from state to state, most use a variety of psychoeducational inputs to address four aims:

(1) raising awareness regarding definitions of all forms of abuse and the legal boundaries governing intimate relationships; (2) challenging rigidly held sex roles, the abuse of power through coercive and controlling tactics, verbal and psychological abuse, and frank physical assault; (3) employing psycho-educational techniques, and other strategies, to help participants recognize and manage violence-related attitudes and angry emotions; and (4) implementing guided exercises to learn and practice nonviolent coping and conflict resolution skills. The ultimate goal of such programming is to benefit victim safety by discouraging and replacing all forms of abusive and violent behavior with total cessation of physical assault and aggression. As of 2016, 45 of 50 states in the United States have statutes dictating minimum standards for conducting such programs.

Available Treatment Outcome Studies

Initial clinical studies using within-group pre-post designs suggested that offenders who completed BIPs had relatively low rates of recidivism. The first systematic review of program outcomes concluded that offenders who completed BIPs had a significant reduction in the probability of repeated violence risk as measured by police reports. Using a public health perspective, effect sizes for recidivism reduction were reported to be comparable to those observed in medical studies of aspirin regimens designed to reduce repeat heart attacks. It was also noted that attention to dual diagnosis issues of IPV and alcohol abuse, co-occurring in as many as 40–50% of offender samples, could yield better outcomes. However, given the variable quality of research designs, and failure to observe clear dose-dependent benefit with programs of longer duration, researchers argued for more studies regarding BIP efficacy.

In a subsequent, often referenced meta-analysis, Julia Babcock and her colleagues examined over 20 studies that included minimally treated control or comparison groups and measures in addition to perpetrator self-reports. Recidivism was operationally defined as any report of physical violence by the victim partner or the presence of a police report of a similar allegation, and treatment effect size adjusted for sample size was calculated. This more stringent approach to meta-analysis yielded

small effect sizes for victim partner and police report indices (.09 and .12, respectively). No clear advantage was observed for either a gender role-based, Duluth model of intervention or a skill-oriented cognitive behavioral approach; not a surprising finding as most programs are ideological hybrids when it comes to practice. Regardless of programmatic philosophy, the impact reported for such effect sizes is rather small, as those completing a BIP would, on average, have a reoffense rate only 5 percentage points lower than individuals who receive minimal therapeutic attention, assessment, and monitoring.

However, there are many reasons why one should be cautious about concluding that BIPs are ineffective and not worthy of further study and investment. In this respect, a number of researchers have revisited the same studies examined by Babcock, with varying outcomes. By imposing more rigorous methodological standards, such as preassessment equivalence between treated and comparison groups and multivariate analysis to account for competing factors, somewhat more favorable outcomes have been found. If one considers that change could be more gradual for domestic offenders than other populations commonly treated by psychotherapeutic methods by imposing a minimum 6-month follow-up, the mean effect size has been reported to rise to .26 (moderate effect), suggesting a risk reduction of up to 20%. Some practitioners have argued that even a 5% decrease is far from negligible when translated into the lives of the over 900,000 women annually victimized by IPV in the United States.

Ed Gondolf's extended multisite evaluation is perhaps the most ambitious attempt to critically evaluate BIPs in a quasi-experimental manner. The database assembled captured a *coordinated community response* to domestic violence, whereby program outcomes were assessed in relation to the extent of criminal justice involvement, such as type of legal sanctions levied, probationary monitoring, and coordination between the legal system and treatment providers. He found that by including such predictor variables, as well as weighted statistical models to develop *propensity scores*, the estimated efficacy of program completion increased significantly for completers versus non-completers. Relative reductions in recidivism in

the range of 40–50% were found, supporting benefits associated with including BIPs as a component of a broader set of interventions. Moreover, these results were more encouraging than those reported in prior meta-analytic studies. Nonetheless, the impact is still considered relatively modest, especially when compared to effect sizes generally reported for psychotherapeutic intervention with conditions such as anxiety and depression (e.g., .85 or 70% improved).

However, it should be noted that BIP intervention is an evolving technology addressing one of society's more complex and perhaps resistant problems. Developmental psychologists have long held that aggressive conduct is a challenging behavioral problem that is prone to becoming a stable trait without early intervention. Attempts at treatment or *rehabilitation* of violent adults, even in the context of controlled and intensive prison programming, have often led to meager results. Many treatments have been tried with violent juvenile offenders, such as immersive boot camps, individual therapy, and highly evocative *Scared Straight* programs with limited and nonlasting results. Moreover, unlike the treatment of many conditions, problem reduction is still considered a failure given the fact that zero tolerance is the only socially acceptable outcome for violent behavior.

Ongoing Developments to Enhance Efficacy

Studies have indicated that existing protocols can be enhanced, to some extent, by reducing dropout, particularly among younger, less educated, and partially employed participants who are more prone to premature cessation of treatment. Although having a court-mandate for attendance can increase compliance, this is often not assured unless attended by ongoing notification of concerned victims and active monitoring by court agencies. Offering culturally sensitive versions of treatment can also decrease early dropout in programs but does not appear to enhance ultimate treatment outcomes for African American populations. Although specialized protocols have also been developed for Hispanic, Native American, and gay and lesbian offenders, there are little empirical data available regarding their comparative effectiveness. More generally, attempts to

integrate motivational interviewing principles into BIP protocols have been productive in combating client resistance, improving therapeutic engagement, advancing *readiness for change* indicated by stage assessment, increasing homework compliance, and improving mastery and retention of program concepts thought to be instrumental for desistance from violence and abuse.

However, surveys also indicate that many BIPs have failed to integrate important aspects of research into ongoing treatment efforts. Existing data support the conclusion that the group-based, *one size fits all* approach, commonly used for treating domestic violence offenders, may be inappropriate. It has been established that there are typological differences in cases commonly referred for treatment based on dimensions of severity; generality of behavioral history (e.g., family only vs. extrafamilial plus family violence); and the concomitant presence of various types of psychopathology such as antisocial, borderline, and narcissistic personality disorders.

The history of intervention with domestically violent offenders has been to essentially provide a rehabilitative disposition and alternative for the criminal justice system and an attempt to treat all comers who minimally comply. This scenario is compounded by existing standards for credentialing providers for BIPs (a bachelor's degree supplemented by specialty hours and a limited amount of supervision in many cases) that often fall short of those required for serving more compliant, less treatment resistant, and lower risk mental health populations. As a result, assessments are often limited to review of police reports, prior treatment, interview-based behavioral history, and nonsystematic risk assessment. Moreover, the average length of treatment for BIPs in the literature is around 6 months of weekly sessions totaling about 50 hr, far short of what may be necessary for treatment-resistant or high-risk offenders.

A major population study of 17,999 domestic violence offenders conducted by researchers at the University of Florida over a 10-year period with multiple follow-ups evaluated the impact of a multilevel intervention program designed to target differential program response geared to batterer characteristics. Offenders were assigned to one of three levels of treatment based on violence history as well as the presence or absence of co-occurring

problems including (1) first-time convicted, remorseful family-only offenders with no pattern of escalating coercion and control and no compounding emotional or psychiatric issues; (2) family-only offenders with repeated violence associated with a pattern of escalating power and control tactics and/or the presence of some emotional or psychiatric issues, alcohol or drug abuse, but with no history of prior domestic violence treatment failure (the most commonly referred case in Gondolf's IPV outcome studies); and (3) complex cases with serious forms of violence (e.g., strangulation, punches to the head, use of weapon, stalking, presence of serious mental health disorder), prior criminal history, probation, or protection order violations.

The overall recidivism for domestic violence across all conditions occurred at the rate of 8.4% for those individuals who completed the program compared to an overall recidivism rate of 21.2% for those who did not complete the program. Even though the study did not include a more rigorous measure of spouse/partner report, such results are promising in that it is relatively better than the 20–30% indexed recidivism rate reported by Gondolf and his colleagues for *one size fits all* approaches. However, the level of expertise required by screeners is also greater, given that a formal psychological evaluation is required to confirm a participant's placement, particularly with regard to complex cases.

In a review of over 400 studies of what is known about best practices for IPV offenders throughout the United States and Canada, it was concluded that present limitations in the efficacy of BIPs may be due, in large measure, to restrictions prematurely imposed by existing state standards regulating what can and cannot be done in terms of intervention. The authors recommended adoption of more evidence-based guidelines for intervention, as opposed to those based on preconceived ideology. A call was made for further exploration of differential treatment approaches based on typology and risk profile, expanded targets of intervention, such as faulty attachment and trauma within family of origin, and reconsideration of all treatment modalities including individualized work and properly screened, violence-specific couple intervention. If such regulation is also expanded to include support for comprehensive

assessment and ongoing program evaluation, it is possible that better treatment outcomes will result for IPV offenders and their families.

Roland D. Maiuro

See also Domestic Violence Courts; Domestically Violent Offenders: Treatment Approaches

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DRIVING UNDER THE INFLUENCE

Driving under the influence (DUI)—also known as driving while intoxicated in some jurisdictions, drunk driving, or impaired driving—refers to when the driver of a motor vehicle has consumed an amount of alcohol or drugs, including prescription medication that causes impaired functioning. This consumption negatively impacts processes involved in driving such as attention, sense, perception, decision-making, and execution, resulting in an increased likelihood of a traffic accident. DUI is considered a serious criminal offence in most countries and is punishable by heavy penalties including civil or criminal (although in the United States, penalties for DUI are criminal in nature).

This entry reviews road traffic injuries as a public health concern, DUI as a major risk factor for road traffic injuries, effects of DUI, strategies to reduce or prevent DUI, and methods used to detect DUI.

Road Traffic Injuries: A Public Health Concern

Road traffic injuries are an international health problem of pandemic proportions and play a dramatic role in mortality rates throughout the world. In fact, the World Health Organization has identified traumas caused by road accidents as one of the major public health problems to be tackled by countries.

According to the World Health Organization's *Global Status Report on Road Safety 2013*, 1.3 million people are killed and 50 million are injured on roads worldwide each year, with 90% of these casualties occurring in developing countries. At the current rate, it is predicted that road deaths will climb to 2.4 million by 2030. Consistent with these findings, traffic accidents are the main cause of death for men and women under 40 years of age, and it has been estimated that more than half of these deaths are related to DUI.

According to the World Bank, road accidents are an economic burden and pose a major challenge to the health-care system. The economic cost of road crashes and injuries is estimated to be 1–1.5% of gross national product for low- and middle-income countries, which is more than these countries receive in development assistance.

Thus, road accidents affect life quality, cause deaths and injuries, and have a high social and economic cost, including direct and indirect, to both society and individuals.

DUI as a Major Risk Factor for Road Traffic Injuries

Road crashes occur as a result of interactions between road and vehicle conditions, and human factors; however, approximately 90% of automobile accidents are caused by human factors (driver error).

A risk factor is defined as any attribute, characteristic, or exposure of an individual that increases the likelihood of an accident, and DUI is one of

the most significant risk factors. Available data confirm that presence of alcohol, recreational drugs, or medicinal drugs influences both the risk of an accident and the severity of sustained injuries.

Moreover, alcohol is a precipitating factor. Alcoholic beverages are widely consumed throughout the world by about 2 billion people worldwide. Thus, it is little wonder that alcohol is the most influential substance in DUI cases. Studies have shown that more than one third of adults and one half of teenagers admit to DUI at some point in their lives.

Effects of DUI

In simple terms, DUI impairs the ability to drive and increases the risk of an accident. The risk of having an accident after consuming alcohol increases exponentially with increasing concentration of alcohol in the blood. For example, every 0.8 g of alcohol per liter of blood increases the risk of an accident by 4 times. The effects of alcohol consumption on driving-related functions are modulated by some factors, such as form of consumption (regular or infrequent), expectations about their consumption, driving expertise, and driver's age. For example, a low blood alcohol level can increase accident risk for an inexperienced driver or occasional drinker intolerant to alcohol.

After drinking, the rate of alcohol absorption is largely determined by various factors including speed or rate of consumption, and alcohol type (fermented drinks such as beer or wine, or distilled beverages such as rum or whisky). Alcohol tolerance is also largely dependent on sex, age, body size, weight, and previous ingestion of food. There are also some widespread myths and misconceptions regarding how a driver can neutralize the effects of alcohol before driving, including drinking coffee, having a cold shower, or breathing fresh air. However, these are myths and only the passing of time can effectively reduce the blood alcohol level and subsequent impact.

In the scientific literature, in comparison with alcohol, less information is available regarding the incidence and prevalence of illicit substance use while driving. It is known that consuming illicit substances affects the central nervous system and that different drugs, because of their chemical

structures, affect the central nervous system differently. For example, stimulants' (e.g., cocaine, amphetamines, methamphetamines) effect on the central nervous system produces feelings of extreme well-being and increased mental and motor activity. Opiates (e.g., heroin, morphine, opium, and methadone) provide pain relief, euphoria, sedation, and in increasing doses induce coma. Hallucinogens (e.g., cannabis, LSD, ecstasy, psilocybin mushrooms) cause changes in a person's perception of reality. Such effects will impair one's ability to safely operate a motor vehicle. Available epidemiological research examining illicit drugs (i.e., other than alcohol) indicate that cannabis is the most prevalent drug detected in impaired drivers, motor vehicle accidents, and fatally injured drivers.

The combination of alcohol and illicit substance use is particularly problematic due to compounded effects significantly increasing risk of accident. A number of studies of alcohol-impaired drivers found that the majority of ethanol-intoxicated subjects presented with two or more drugs in their system.

Aside from motor vehicle accidents, DUI is also closely correlated with problematic behaviors such as road rage, inappropriate and excessive speed, failing to take safety measures (e.g., not wearing seatbelts), failing to stop after an accident, or failing to report an accident. Some of these behaviors also increase the probability of an accident and subsequent severity of injuries. Studies show that drivers are not usually aware of the risk they assume when they drive under the influence.

Strategies to Reduce or Prevent DUI

One strategy for reducing DUI is imposing consequences for instances of DUI. Legislation varies by country and even within countries (e.g., by states in the United States). In other words, there are different regulations and penalties for DUI offenses by jurisdiction. Some examples of these penalties are temporary impounding of the vehicle, a fine or mulct, driver's license suspension, community service, completion of substance abuse classes at one's own expense, or jail incarceration. In some jurisdictions, impaired drivers who injure or kill another person while driving—as well as repeat offenders—may face heavier penalties such as

prison time. Depending on the country and insurance company policies, when an accident occurs as the result of a drunk driver, insurance may not assume any responsibility for damages.

Another strategy is to enhance detection. Along these lines, a commonly used strategy is sobriety checkpoints—that is, designated traffic stops where law enforcement officers assess drivers' level of impairment. Law enforcement at checkpoints are trained in detecting not only alcohol impairment but also effects from illicit drugs.

Prevention is yet another strategy. For example, ignition interlock devices are used to prevent the operation of a vehicle by anyone with a blood alcohol concentration above a specified safe level (e.g., 0.08 mg/L). Usually, ignition interlock devices are installed in the vehicles of people with prior DUI convictions or in vehicles for professional drivers (e.g., long-haul trucks, buses).

Educational campaign and awareness communication countermeasures can effectively spread messages about the physical dangers and legal consequences of DUI. Such messages persuade people not to drink and drive and encourage them to keep other drivers from doing so. These messages also promote refusing to ride with drunk drivers and the use of safe and sober designated drivers. Complementary school-based instructional programs can be effective for teaching teenagers similar messages.

Methods to Detect DUI

To detect alcohol and other drug use among drivers, direct and indirect methods can be used. However, all methods have problems or limitations. Limits of sensitivity and precise quantification of concentrations are common problems. Procedures to combat these problems have been developed.

Detection of Alcohol

Blood alcohol concentration represents the volume of alcohol in the blood and is measured in grams of alcohol per liter of blood (g/L) or its equivalent in the exhaled air. Any amount of alcohol in the blood, however small, can impair driving, increasing the risk of accident. Therefore, the trend internationally is to lower the maximum rates allowed.

In many countries, the maximum rate of alcohol in blood allowed for a driver is 0.50 g/L and 0.25 mg/L in exhaled air. For novice drivers and professionals, the limit is 0.30 g/L in blood and 0.15 mg/L in exhaled air.

Blood alcohol concentration may be measured using three methods: breath, urine, or blood. For efficiency, expediency, and cost, breath is the preferred method for law enforcement purposes. Common problems, however, include complaints of improper testing and equipment calibration. These complaints are often used in defense of a DUI. Therefore, calls for strict controls and frequent calibration of equipment have been made.

Detection of Illicit Drugs

The principal problem with estimating *drugged* drivers has been the relative unavailability of drug detection methods or devices to routinely test suspected impaired drivers. In addition, tests to detect illicit substances in a person's system are costly. Because of the invasiveness of the collection procedure and the cost of laboratory analysis, routine screening of blood for drugs in drivers has not been practical. In some jurisdictions, though, any level of prohibited drug detected in the blood is considered evidence of DUI (*zero tolerance* laws).

Drug testing looks for traces of drugs in the body using samples of urine, breath, hair, saliva, or sweat. In saliva (oral fluid-based) drug tests, for example, a sample of the driver's saliva is taken by specially trained police officers, using an absorbent collector placed in the mouth or touching the tongue. This test takes only a few minutes to complete. The main limitation of the saliva test is that it measures some but not all drugs. If the preliminary screening for drugs test is positive, several countries, regulations require a blood test be employed as a second step.

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See also Alcohol Abuse and Campus Crime; Crime Prevention, Policies of; Drug Testing; Policing; Substance Abuse and Crime, Linkages Between; Theory of Reasoned Action and Theory of Planned Behavior

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DRIVING WHILE INTOXICATED

Alcohol-impaired driving presents unique criminal justice challenges. Drinking is legal for most adults, and driving is legal for adults with licenses. However, when alcohol is consumed in sufficiently high concentrations and combined with driving, it becomes illegal behavior. Law enforcement must target the co-occurrence of driving and drinking that poses a risk to the public. This entry discusses laws and enforcement, costs of driving while intoxicated, young adults and drinking and driving, prevention in high-risk locations, drugged driving, and future challenges.

Laws and Enforcement

Prior to the 1980s, drinking while intoxicated received limited attention from the public, policy makers, or law enforcement. In the 1980s, however, community groups such as Mothers Against Drunk Driving formed a grassroots movement to change public attitudes, laws, and enforcement. Nationwide legislation was passed to raise the minimum legal drinking age from 18 to 21 years. Also, all 50 states set .08% blood alcohol concentration (BAC) as the legal limit for driving while intoxicated (i.e., driving under the influence; drunk driving), with slightly lower levels of alcohol (.05%) combined with evidence of driver impairment leading to lesser charges of driving while impaired. For drivers under 21 years of age, a zero tolerance limit is enforced, meaning that detection of alcohol in the young driver could result in driving while intoxicated charges. These charges carry substantially heavier penalties than being charged with simply underage drinking.

High visibility enforcement coordinated with publicity regarding increased enforcement are effective strategies for reducing drunk driving and related fatalities. These strategies operate on the principle of general deterrence. Effectiveness is based upon the perceived risk of arrest for drunk driving being high, thus deterring individuals from engaging in such behavior. Ways to further reduce the injuries, deaths, and economic losses due to drunk driving are thought to be attainable by making laws more stringent (e.g., raising the drinking age to 25 years or reducing the illegal drinking limit to .05% BAC). Internationally, many countries enforce a much lower level of alcohol permitted in the body when driving (.05% BAC or lower) than the United States. Communities can reduce drunk driving by supporting a more rigorous enforcement of drinking and driving laws to maximize effectiveness. These enforcement strategies are expensive, however, and not all communities engage in sufficient levels of enforcement to sustain deterrence.

Enforcement is aimed at deterring all potential drivers who consume or plan to consume alcohol. However, a small percentage of repeat offenders contribute disproportionately to the problem. Studies in the mid-1990s showed that one in three of all arrested drunk drivers had a prior offense.

By the early 2000s, this had dropped slightly to one in four. However, drunk drivers involved in fatalities are 7 times more likely to have had a prior conviction for driving while intoxicated than are drivers involved in fatalities who had no alcohol present in their body. Repeat offenders pose a particular concern if they have diagnosable levels of alcohol that indicate alcohol dependence or alcohol abuse. In many states, there is mandatory screening for alcohol with requirements to seek treatment as part of a conviction sentence.

Costs Associated With Drinking While Intoxicated

The loss of human lives and the costs associated with injuries are real potential costs associated with driving while intoxicated. In 2014, slightly less than one third of all motor vehicle crash fatalities involved drunk drivers. In 2010, costs associated with drunk driving (e.g., injuries, insurance premiums, legal costs, productivity losses) were estimated at US\$44 billion and another US\$157 billion for lost quality of life each year. These losses occur not only for the individual engaged in the drinking and driving but also for passengers, individuals in other vehicles, and/or pedestrians. Although fatal crashes involving alcohol dramatically decreased following legislative changes in the 1980s, alcohol is still involved in about one fifth of all fatal crashes and remains an important contributor to deaths among pedestrians.

For individuals convicted of driving while intoxicated, the out-of-pocket expenses are high, with potentially serious life-altering economic consequences. Although penalties vary from state to state, consequences include fines, restitution to victims, loss of license, and possibly even jail time. Offenders also incur costs associated with increased insurance fees, court costs, legal defense fees, and time off work. Furthermore, driving while intoxicated is a felony, and having a record can negatively impact offenders' careers and life options.

Young Adults and Drinking and Driving

Younger drivers are disproportionately affected by drinking and driving. National survey data indicate that young adults (ages 18–25 years) have

higher rates of alcohol and drug use combined with driving than older adults. Of all the drivers involved in drunk driving crashes, 21- to 24-year-olds make up the largest group (30%), followed by 25- to 34-year-olds (29%). For younger and less experienced drivers (ages 16–20 years), alcohol is particularly dangerous. An 18-year-old with a .08 BAC is nearly 4 times more likely than a 24-year-old with a .08 BAC to die in a motor vehicle crash. Research from the 2010s indicates that the risks of drinking and driving for young women are on the rise.

Preventing Drunk Driving in High-Risk Locations

In addition to law enforcement strategies for deterring drunk drivers, implementing prevention strategies in environments where alcohol and drug use co-occur is important. On-premise drinking locations, such as bars, restaurants, and nightclubs, are locations for these prevention efforts. To encourage efforts to prevent drunk driving, states have passed laws increasing the liability for owners and bartenders who serve drunk patrons. Providing service to someone who is drunk can result in financial penalties to the bar owner and the bartender and can expose them to civil suits. Prevention efforts to reduce the overservice of alcohol to individuals who are already intoxicated or drunk include training for bartenders. This training covers the laws that penalize the server and owner of the bar for serving individuals who are already intoxicated. Training also includes learning how to identify the intoxicated individual and the techniques or skills needed to handle the situation.

Another prevention effort is to enlist the help of the general public in stopping drunk drivers. Public service campaigns have made major efforts to prevent drunk driving by appealing to friends to keep drunk drivers off the roads with slogans such as “Friends don’t let friends drive drunk.” When the intoxicated individual gets behind the wheel despite efforts to deter, the general public is encouraged to report drunk drivers who are on the road.

Efforts have been made to initiate prevention efforts at nightclubs where young adults congregate for entertainment and where driving to and

from the club may result in driving while intoxicated. Based upon several research studies covering a decade in the early 2000s, an estimated one in four drunk patrons exit clubs on any given night. In addition, young adults in clubs are often using marijuana and other drugs in combination with alcohol, resulting in increased driving impairment for those who drive. An estimated one in 10 patrons both drunk and on drugs leave the clubs on any given night. Furthermore, among drivers, an estimated one in five are impaired by their level of alcohol use. However, young adults in clubs who are drivers tend to drink less than their passengers and those who arrived via taxis or car ride services. This suggests that the message of *don’t drive drunk* is adopted by many young adults. Data on drug use, however, suggest a different story. There is no difference between drivers and passengers in their use of drugs, and there is some indication that driving while on drugs is not considered a driving concern. Although drivers who are intoxicated may allow a friend who is not intoxicated to drive them home in their car, drivers who are on drugs typically do not turn over their keys to a friend who has not used drugs to drive them home.

Drugs and Driving

In the late 1990s, legalized marijuana use for medical purposes emerged as a new concern regarding safety while operating motor vehicles. By 2016, trends toward legalization of cannabis for both medical and/or recreational purposes further complicate efforts to reduce risks associated with driving. Although more science is needed to determine what drugs and what levels of use create risks and increase crashes, drugged drivers are becoming more prevalent on the roadways. States that have legalized cannabis for recreational use have established rules that make cannabis use illegal while driving. However, the tools for detection and enforcement of drugged driving are far less established than they are for alcohol. When police officers stop drivers on suspicion of impaired driving, they have breathalyzers to test for the amount of alcohol present in the body and validated field sobriety tests that indicate impairment. These tests can be used to justify placing a suspected drunk driver under arrest.

These same type of tests to detect drug-impaired drivers have not been validated to the same degree. Furthermore, although such technology is currently in development, there is no accepted method for testing for the type or quantity of drug in the field.

Drugged driving risk is not limited to illegal substances. Prescription drug use is often linked to crashes. Among drivers who were involved in deadly crashes and who tested positive for drugs, nearly half of the drivers tested positive for prescription drug use. Painkillers are the most common prescription drug identified. For drugged driving, the risks are found not strictly among young drivers. For example, among drugged drivers involved in fatal crashes, approximately one in four are aged 50 years or older.

Challenges Ahead

There are a number of reasons why drugged driving is more difficult to address from a public policy and public health point of view. There are a number of different types of drugs with vastly different physical effects. In contrast, alcohol is a more uniform substance with a known level of alcohol consumed per ounce. Recreational drugs attained from noncontrolled sources may contain varying amounts of the actual drug, making it difficult to predict how the dosage will impact performance. Far more performance tests have been completed with alcohol versus all other drugs. Enforcement is easier for alcohol because there are devices that can accurately measure the amount of alcohol in the bloodstream that can be used in the field. Although drug-testing devices are being developed, field-testing for drugs lags behind the tools for alcohol assessment. As well, the public is not well informed or sensitized to the hazards of driving after consuming drugs, especially in the case of prescription drugs. Public perception of driving under the influence of recreational drugs and the need for enforcement may differ for recreational drug use versus prescription drug use. The young are disproportionately represented among the recreational drug users, and the older adults are more likely to use prescription painkillers.

Use of both recreational drugs (e.g., marijuana) and prescription drugs (e.g., painkillers) poses challenges for drivers and for communities

concerned about impaired driving. Despite those challenges, there is a clear need to expand efforts to control drunk driving and address drugged driving. A more diversified approach may be required because of the different types of substances involved, the different segments of the population affected by such prevention efforts, and the need for more precise data to determine which substances are of most concern when addressing the impaired driving problem. Finally, the impaired driving problem may look different with the emergence of the driverless and smart cars. Already, the use of devices to prevent individuals from driving while intoxicated is available. The expense of these devices limits their use to only drivers who have had convictions for driving while intoxicated. However, it is possible that a relatively low cost device for detecting impairment might become standard in cars. Also, camera and detection devices are available to detect risky driving such as traveling at high speeds, swerving, and other erratic driving behaviors. Thus, technology in vehicles may offer additional environmental prevention strategies for drunk and drugged driving.

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See also Alcohol and Aggression; Driving Under the Influence

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DRUG COURTS

Approximately 60–80% of adults arrested for a criminal offense in the United States test positive for illicit drugs, and more than 40% meet diagnostic criteria for a moderate to severe substance use disorder. Continued illicit substance use is associated with a 2- to 4-fold increase in the likelihood of committing a new criminal offense. Although substance use disorder treatment can reduce recidivism significantly, only about one quarter to one half of persons referred to treatment by the criminal justice system will complete treatment successfully. Low completion rates for

treatment are attributable, in part, to the fact that only about one quarter of community treatment programs offer specialized services for criminal justice populations. Most treatment providers are untrained and unprepared to deal with justice involved clients, who frequently present with serious risk factors for criminal recidivism and treatment failure, including low intrinsic motivation for change, unstable housing, poor health care, substantial trauma histories, and aggravating co-occurring conditions such as antisocial personality disorder. This entry describes drug courts and other types of problem-solving courts designed to address the needs of this population and improve outcomes. Research findings are reviewed that demonstrate the effectiveness and cost-effectiveness of the programs and identify best practices that optimize outcomes.

Drug courts combine community-based substance use disorder treatment with continuous monitoring by criminal justice authorities and immediate and consistent consequences for treatment noncompliance. The first drug court was founded in Miami-Dade County, FL, in 1989. As of mid-2017, there were more than 3,000 drug courts in the United States and more than 1,300 other types of problem-solving courts serving persons with other social service needs, such as homelessness, mental health disorders, domestic violence, and gambling.

In drug courts, the judge serves as the leader of a multidisciplinary team of professionals, which typically includes a program coordinator, treatment representatives, clinical case manager, prosecuting attorney, defense attorney, probation officer, and law enforcement representative. Participants are required to complete substance use disorder treatment and other indicated services, undergo frequent and random drug and alcohol testing, and attend frequent status hearings in court during which the judge reviews their progress in treatment and may administer a range of consequences contingent upon their performance. The consequences increase gradually in magnitude in response to successive infractions or accomplishments in the program and may include rewards such as verbal praise or certificates of accomplishment, adjustments to the participant's treatment regimen, or sanctions such as writing assignments, community service, or brief periods of jail

detention (typically 1–5 days in duration). Successful graduates have their criminal charges withdrawn or reduced or receive a substantially reduced sentence in lieu of incarceration. Graduates may also have the arrest or conviction expunged from their legal record. Record expungement helps to avoid many of the collateral consequences associated with having a criminal record, such as a loss of voting rights or reduced access to public housing and educational loan subsidies.

Studies confirm that drug courts significantly reduce illicit substance use, reduce crime, improve participants' emotional and social functioning, and return cost-benefits to taxpayers. Studies have also identified the most effective target population of participants who should be treated in drug courts as well as a range of best practices that are associated with significantly better outcomes. In light of this success, the original drug court model has been adapted to serve other justice involved populations, such as juveniles charged with delinquency offenses, parents with serious substance use disorders involved in child abuse and neglect cases, and arrestees suffering from severe mental health disorders.

Effects

Drug courts are among the most thoroughly researched programs in the criminal justice system. Hundreds of studies published in peer-reviewed scientific journals and government-sponsored evaluation reports have confirmed that drug courts significantly reduce criminal recidivism and produce other positive benefits. Leading scientific organizations such as the Campbell Collaboration, National Institute of Justice, and U.S. Government Accountability Office have synthesized the vast body of research on drug courts in meta-analyses and systematic literature reviews. In addition, National Institute of Justice sponsored a national study of 23 drug courts called the Multisite Adult Drug Court Evaluation (MADCE). The MADCE followed over 1,100 drug court participants for 18–24 months and carefully measured program impacts on illicit substance use and other indices of participants' psychosocial functioning using saliva tests and in-person structured assessment interviews.

A consistent finding from the meta-analyses, systematic reviews, and MADCE is that drug courts significantly reduce criminal recidivism—typically measured by rearrest rates over at least 2 years—by an average of approximately 8–14%. Drug courts that received independent evaluations and concomitant training and technical assistance from experienced experts reduced recidivism by an average of 32% and by as much as 80%. The effects on recidivism have been shown to persist for at least 3 years, well after participants were discharged from the programs. Results from the MADCE further revealed that drug courts significantly reduced illicit drug and alcohol use, improved participants' family relationships, reduced family conflicts, and increased participants' access to needed financial and social services. Finally, drug courts have been determined to be cost-beneficial. Several meta-analyses and the MADCE reported that drug courts produced an average return on investment of approximately US\$2–4 for every US\$1 invested. This has translated into net economic savings of approximately US\$3,000–22,000 per participant for local communities.

Target Population

Studies indicate that drug courts do not work for everyone. The greatest benefits are derived by persons who have a moderate to severe substance use disorder and other risk factors for criminal recidivism or failure in treatment, such as prior criminal convictions, previous failures in treatment, or co-occurring antisocial personality disorder. Referred to as *high-risk, high-need* individuals, these are the persons who require the combined regimen of treatment and supervision services embodied in the drug court model. Drug courts are approximately twice as effective at reducing crime and 50% more cost-effective when they serve high-risk, high-need participants. Individuals who do not have serious substance use disorders or other risk factors for failure in treatment can be managed as, or more, effectively in less intensive and less costly programs, such as pretrial diversion, traditional probation, or a simple referral to treatment.

This finding is consistent with a general body of evidence-based principles referred to as

Risk-Need-Responsivity (RNR). Risk-Need-Responsivity is derived from decades of research indicating that the best outcomes are achieved when the intensity of criminal justice supervision is matched to participants' risk of recidivism or likelihood of failure in treatment (risk principle), and treatment focuses on the specific disorders or conditions that are responsible for participants' crimes (need principle). Requiring participants to receive too much treatment or supervision in light of their actual needs or risk level can make outcomes worse by interfering unnecessarily with their engagement in productive activities, like work, school, housekeeping, or parenting. Most important, studies indicate participants should not be mixed in the same treatment groups or residential treatment programs with higher risk or higher need peers. Mixing populations with different levels of risk or need has been shown to increase crime, illicit substance use, and other undesirable outcomes by exposing low-risk participants to antisocial peers and values. For these reasons, drug courts achieve the best results when they target their intensive blend of treatment and supervision services to persons who require those services and avoid overtreating or oversupervising persons with lower levels of risk or need.

Best Practices

Studies have reported a wide range of outcomes in drug courts. Although about three quarters of drug courts have been found to reduce criminal recidivism, a sizable minority of drug courts (about 15%) had no discernible impact on crime, and a small percentage (about 6%) were found to have increased crime. Researchers have looked carefully at what practices characterize effective drug courts and distinguish them from the ineffective or harmful ones. Practices that are consistently associated with better effects (typically 50–100% greater improvements in outcomes) are referred to as *best practices*.

Studies have found, for example, that outcomes are significantly better in drug courts when all team members attend precourt staff meetings routinely to review participants' progress in treatment, court hearings are held at least every 2 weeks for the first several months of treatment, judges spend at least 3 min interacting with

participants in court, random drug testing is performed at least twice weekly, jail sanctions are no more than a few days in duration, and participants receive evidence-based treatment matched to their assessed clinical and social service needs. These examples are by no means exhaustive, but they demonstrate how far research has advanced in defining best practices for drug courts.

Best Practice Standards for Drug Courts

Armed with empirical knowledge of what works, the National Association of Drug Court Professionals published the Adult Drug Court Best Practice Standards to guide drug court operations. The National Association of Drug Court Professionals Standards are derived from reliable scientific evidence indicating which practices produce significantly better results in drug courts and avoid harmful side effects. Responsibility for enforcing the standards is the province of state or local courts and treatment systems; however, the standards create a measurable and enforceable standard of care against which to evaluate the policies and procedures of individual drug court programs.

Adaptations of the Drug Court Model

The success of drug courts in serving adults charged with criminal offenses has spawned a wide variety of other types of drug court programs. These adaptations of the original drug court model include, but are not limited to, driving under the influence courts for individuals charged with repeated instances of driving under the influence of drugs or alcohol, juvenile drug courts for teens charged with drug-related delinquency offenses, family drug courts for parents or guardians with serious substance use disorders facing allegations of child abuse or neglect, reentry drug courts for parolees or other persons released conditionally from jail or prison who have a moderate to severe substance use disorder, and tribal healing to wellness drug courts that apply traditional Native American healing and communal practices to serve persons charged with drug- or alcohol-related violations of tribal laws.

In addition, other types of problem-solving courts have been created to address a wider range

of social service needs encountered frequently in the court system, such as domestic violence, homelessness, mental health disorders, gambling, prostitution, and school truancy. These programs deliver many, but not all, of the services delivered in drug courts, such as frequent judicial status hearings, gradually escalating rewards and sanctions, and evidence-based treatment. All problem-solving courts share a commitment to principles of therapeutic jurisprudence and believe that the courts should play a critical role in addressing some of society's most pressing ills. As the name suggests, they seek to solve problems in their community rather than simply adjudicate controversies and punish malfeasance.

Research is identifying the appropriate target populations and best practices for these newer program models, and the lessons have been similar to those learned in adult criminal drug courts. For example, studies indicate outcomes are significantly better for driving under the influence, juvenile, and family drug courts that serve high-risk, high-need participants. In addition, outcomes are better for programs that hold frequent status hearings, perform random weekly drug and alcohol testing, apply gradually escalating incentives and sanctions, limit jail sanctions to no more than a few days, and match treatment services to the assessed clinical needs of the participants. Research is ongoing to increase confidence in the target populations for these programs and identify a wider range of best practices to enhance treatment outcomes.

Douglas Marlowe

See also Drug Possession; Risk-Need-Responsivity; Principles of; Specialty Courts; Substance-Abusing Offenders; Therapeutic Jurisprudence and Problem-Solving Courts; Treatment of Criminal Behavior; Substance Abuse Counseling

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DRUG CRIME SENTENCING DISPARITIES

There are long-standing racial disparities in the sanctions imposed on drug offenders in the United States. However, the policies and practices pursued under the war on drugs of the 1980s greatly exacerbated these disparities and the punitiveness of drug sanctions generally. These racial disparities do not appear to be attributable to racial differences in the prevalence or frequency of drug use or involvement in drug distribution. Instead, racial disparities appear to be best explained by racial differences in the nature of drug use and drug distribution, place-based differences in drug enforcement that are correlated with race, and racial bias in the administration of drug sanctioning. There is a growing movement to change drug sentencing, and drug enforcement more generally, to reduce their punitiveness and racial disparities in drug sanctioning.

Drug Sanctions in the United States

Drug sanctioning in the United States is currently guided by policies and practices adopted under the war on drugs of the 1980s. The architects of the war on drugs asserted that implementing tough, more punitive policies toward drug law violations would suppress drug use, drug distribution, and drug-related crime. Specifically, proponents of the war on drugs persuaded jurisdictions across the United States to increase the number of drug arrests, even for low-level offenses (e.g., possession of small amounts of illicit drugs), make drug arrests and prosecutions easier by relaxing rules concerning search and seizure, and increase the punitiveness of sanctions imposed on convicted drug offenders (e.g., more prison sentences, longer prison sentences). In fact, long mandatory prison sentences have been one of the hallmarks of the war on drugs.

The clearest manifestations of this shift in drug policy are the number of offenders arrested for drug crimes and serving prison sentences for drug crimes, both of which increased sharply after the launch of the war on drugs in the mid-1980s. For instance, in 1980, prior to the war on drugs, there were approximately 581,000 drug arrests reported

to the Federal Bureau of Investigation. Yet, in 1989, that number rose to 1,362,000 and continued to grow in the 1990s and into the new millennium. Furthermore, large shares of these arrests were for possession offenses and offenses involving marijuana, which illustrates that many of those arrested were low-level drug offenders. This increase in drug arrests was achieved by law enforcement adopting a set of drug control tactics aimed at making an abundance of low-level drug arrests, such as place-based drug crackdowns, place-based *street sweeps*, buy-busts, reverse stings, controlled buys, and the use of drug courier profiles.

Not only did the number of drug offenders arrested increase, but also those arrested were more likely to be sentenced to prison—some to long mandatory terms of imprisonment. For example, for every 100 drug arrests, there were two state prison commitments for a drug offense in 1980, 10 state prison commitments in 1990, and nine state prison commitments in 2010. Similarly, the average time served for state-level drug offenses increased from 1.6 years in 1980 to 1.9 years in 2010. The federal system exhibited similar increases in drug sentencing punitiveness.

The end result of this increased punitiveness was a marked increase in number and proportion of inmates serving time for drug offenses. The proportion of prison inmates serving time in state prisons for a drug offense went from 8% in 1980 to more than 20% in the 1990s, and roughly 17% in 2016—and as of 2016, approximately 50% of inmates in federal correctional facilities are currently serving time due to a drug offense. Perhaps more telling is that state incarceration rates for drug offenses went from 15 per 100,000 in 1980 to more than 150 by 2000 and just below 150 in 2010. In short, drug enforcement and sanctioning practices implemented as part of the war on drugs dramatically increased the punitiveness of drug sanctions, lead to a marked increase in the number of inmates serving time for a drug offense, and are a major contributor to the substantial rise in the U.S. prisoner population.

Ironically, while the number of drug arrests and drug prisoners was growing, drug use was generally declining. In fact, drug use had been declining even before the war on drugs was declared in the mid-1980s. For example, past month illicit drug

use for those 12 and over dropped from 14% in 1979 to 12.1% in 1985. Drug use continued to drop after the war on drugs; by 1988, past month drug use was 7.7% of those 12 and over, 5.9% by 1993, before rebounding and then stabilizing at approximately 8.5%. Thus, while there was variation in the illicit drug use over time, the general trend in drug use was downward—even prior to the drug war. This finding suggests that changes in drug enforcement and drug sanctioning produced the growth in drug arrests and drug prisoners—not increases in the number of illicit drug users.

Racial Disparities in Drug Sanctions

The enhanced punitiveness of drug sanctioning has not affected all Americans equally. Politically and socially marginalized groups have been most affected, particularly African Americans. In fact, another hallmark of the war on drugs has been its legacy of exacerbating preexisting racial disparities. For instance, prior to the war on drugs, the drug arrest rate for African Americans was 3 times higher than that of Whites. Yet, at the height of the war on drugs (1989), this disparity in drug arrest rates rose to approximately 6 to 1 and subsequently stabilized at approximately 4 to 1.

In turn, the growth in racial disparities in drug arrests has produced differential effects on incarceration across racial groups. African Americans' rates of imprisonment have been considerably higher than those of Whites, even prior to the previously discussed policy changes. In 1980, the imprisonment rate of African Americans was 6.5 times higher than that of Whites. By 1990, this ratio grew to 6.8 before declining to 6.3 in 2000. The growth in racial disparities in imprisonment rates that occurred in the 1980s and 1990s is directly attributable to the differential effect of drug policy changes by race. As evidence, in 1999, Alfred Blumstein and Allen Beck estimated that 17% of the total growth in the number of Whites imprisoned in the United States between 1980 and 1996 was attributable to changes in drug sanctioning. By contrast, 36% of the total growth in the number of African American prisoners was the result of such changes. This finding illustrates that the increasing punitiveness of drug sanctions affected all drug offenders, yet African Americans were most affected by the enhanced punitiveness of drug sanctions.

Explaining Racial Disparities in Drug Sanctions

The available evidence indicates that racial disparities in drug sanctions are not attributable to racial differences in the *extent* of drug use or involvement in drug distribution (i.e., drug sales, drug manufacturing). Surveys measuring drug use reveal that White youth are more likely to use illicit drugs, and White youth use illicit drugs more frequently than Blacks youth. Among adults, Blacks are more likely than Whites to use marijuana but not other drugs. Race differences in drug use generally have been converged over time. Survey data assessing involvement in drug distribution are relatively rare. Yet, here again, the available evidence indicates that Whites are more likely to be involved in this kind of drug offending than are Blacks.

Three factors appear to be most salient in explaining racial disparities in drug sanctions: (1) racial differences in the *nature* of drug offending, (2) place-based differences in drug enforcement, and (3) racial bias in drug policy making and law enforcement. In regard to racial differences in the nature of drug offending, Blacks are more likely to use and sell drugs in public places and sell drugs to strangers than are Whites. These differences in the nature of drug offending are products of racial inequality; Blacks are more likely to live in urban, high-poverty areas with limited access to private space, leading to illicit drug activity taking place in public places, which in turn leads to violent disputes among drug sellers over access to these public spaces. Furthermore, public, *open-air* drug markets are often associated with other kinds of crime such as robbery, prostitution, and general disorder. By contrast, Whites' more privileged social status increases access to private spaces, and as a result, Whites' illicit drug activities are more likely to take place behind closed doors and in the company of acquaintances. The end result is that Whites' drug activities are less vulnerable to police surveillance and apprehension.

Common drug enforcement tactics focus on public drug activities and drug activity associated with violence. Police drug enforcement strategies, such as street sweeps, buy-busts, drug market crackdowns, and drug courier profiling, often

combined with consent searches, are most often employed in minority neighborhoods or places minorities frequent (e.g., bus and train stations). The greater utilization of such police tactics in minority neighborhoods leads to White and Black drug offenders having markedly different likelihoods of apprehension.

Racial bias in policy making and the administration of drug sanctions also contribute to racial disparities in drug sanctions. Some of the policies adopted as part of the war on drugs were not race neutral. Most notoriously, federal sentencing laws punished offenses involving crack cocaine, a drug associated with Black drug offenders, more harshly than offenses involving powder cocaine, a drug associated with White drug offenders. The policy makers responsible for these laws note that crack cocaine was associated with violent crime, disorder, and high addiction risks. Critics of these laws counter that the punishment gap between crack and powder cocaine offenses was too large to be justified by these factors.

In regard to the administration of sanctions for drug offenses, the relatively few empirical studies examining racial disparities in drug arrest find that these disparities cannot be completely explained by racial differences in drug offending. For example, in a 2015 study, Ojmarrh Mitchell and Michael Caudy found that there are large racial differences in the likelihood of drug arrest for African American and White drug offenders. After statistically controlling for racial differences in prior drug use, drug sales, nondrug offending, and living in high-crime neighborhoods, these racial disparities are still large, with African American drug offenders being more likely to be arrested for a drug offense than White drug offenders. Likewise, another study by these authors found that Black drug dealers had odds of arrest for drug distribution offense 150% higher than those of White drug dealers, after statistically adjusting for racial differences in drug and nondrug offending. These findings comport with the work of Katherine Beckett and colleagues who studied racial disparities in drug arrests in Seattle, WA, in 2005–2006. These authors found that Black drug offenders were much more likely to be arrested for drug offenses than White drug offenders.

In contrast to the relatively small body of research assessing racial disparities in drug arrest,

there is a sizable body of sentencing research that demonstrates that African Americans convicted of drug offenses are more likely to receive a harsh sentence than similarly situated Whites. In fact, in 2005, Mitchell found that racial disparities in sentencing for drug offenses are larger than those for either property or violent offenses. According to this study's estimate, based on 19 independent sentencing studies, the odds of receiving a punitive sentence were 40% higher for African American drug offenders than for White drug offenders.

Taken together, these studies indicate that there are sizable racial disparities in drug arrest and sentences for drug offenses. These disparities can be partially explained by racial differences in drug offending, particularly the nature of drug offending. Yet, even after taking these differences into account, there remain significant racial disparities—some of which appear to be attributable to racial bias.

Changing Paradigms

While the policies implemented under the war on drugs still dominate drug policy in most jurisdictions, there is a growing movement to abandon these policies in favor of less punitive policies and tactics. Several jurisdictions have departed from the war on drugs' emphasis on low-level drug offenses by decriminalizing marijuana (i.e., fines instead of jail time) or making marijuana offenses the *lowest priority* of law enforcement. More prominently, Colorado, Washington, Alaska, Oregon, and Washington, DC, have legalized personal use amounts of marijuana via voter initiatives. Still other jurisdictions have mandated treatment instead of incarceration for drug offenders with limited criminal histories. Notably, racial disparities in drug sanctioning have been a key issue in nearly all of these reforms. These policy changes seem to be a harbinger of larger changes in drug policies. It is difficult at this point in time to predict the exact nature of these policy changes; yet, it seems likely that the new paradigm in drug policy will focus less on punitive sanctions, focus more on drug treatment, and promote greater racial fairness.

Ojmarrh Mitchell

See also Bias in Crime Policies and Prevention;
Neighborhood and Crime; Poverty and Crime; Race,
Racism, and Crime

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DRUG POSSESSION

Drug possession, as a crime, is difficult to discuss because there is little standardization across the globe or within the United States on what constitutes *illegal* substances. For instance, Denmark has criminalized very few substances taken for recreation; the list of illegal substances for possession in England differs from that found in the United States; and within the United States, some states allow marijuana possession and use for recreation whereas others do not. This entry defers to the U.S. drug possession criminal code. According to Title 21 U.S. Code Controlled Substance Act, unlawful drug possession occurs when a person knowingly and intentionally possesses a controlled substance that was not provided to the person directly or in pursuit of a valid prescription order. The substance and/or the prescription order

must come from an authorized person, such as a practitioner, acting in their professional practice or under other authorized conditions.

Drug possession is different than drug distribution because illegal drug possession is most often for small amounts considered for personal use rather than large amounts for monetary reasons (e.g., trafficking, selling, and manufacturing drugs). Despite varying and vague definitions of drug possession, this entry highlights the U.S. drug schedule, theories and factors associated with drug possession and use, and discusses possession prevention efforts.

Illegal Substances

Most countries criminalizing certain substances do so along a *schedule* or continuum based on the drug's potential for dependency and abuse and the acceptability of the drug for medical uses. At the U.S. federal level, drugs, chemicals, and substances deemed illegal to possess are divided into five schedules. The lower the schedule, the lower the penalties for possession of that specific drug. The higher the schedule, the more potentially harmful the drug is viewed by the criminal justice system.

The drugs in Schedule I include heroin, methylenedioxymethamphetamine (ecstasy), LSD, methaqualone, marijuana, and peyote. Drugs in Schedule II include cocaine, methamphetamine, methadone, products with less than 15 mg of hydrocodone per dosage unit (e.g., Vicodin), oxycodone, fentanyl, Ritalin, Adderall, meperidine (e.g., Demerol), and Dexedrine. Drugs in Schedule III include anabolic steroids, testosterone, ketamine, and products containing less than 90 mg of codeine per dosage unit. Drugs in Schedule IV include Valium, Xanax, Soma, Ativan, Darvon, Darvocet, Tramadol, Talwin, and Ambien. Drugs in Schedule V are often used for antitussives, antidiarrheal, and analgesic purposes and include Lomotil, Motofen, Parepectolin, Lyrica, and products with less than 200 mg of codeine per 100 mL (e.g., Robitussin AC).

Why People Possess Illegal Substances

People may possess and use these drugs for many reasons. Cognitive–affective theories suggest that people choose to use drugs due to (a) the

perceptions and expectations of the drugs by an individual and (b) the influence of other variables, such as personality traits and how others influence them. Therefore, a person determines to use drugs based on the perceived costs and benefits of using the drug. Conventional commitment and social attachment theories are social learning theories and suggest that people learn motives and justifications for possessing and using drugs from those with whom they have emotional attachments, such as friends and family. In contrast, strain theories suggest that people may use drugs to cope with stress in society, such as joblessness and economic pressures. Regardless of theory, scientists have found some factors that are empirically associated with drug possession and use.

Many factors are associated with drug use and addiction. They vary from individuals' biology and personal experiences to their environment and perceptions of society. For instance, research shows that some people are more genetically predisposed to become addicted to drugs than others. Additionally, those who have undergone traumatic experiences, such as physical and sexual abuse, are more at risk of using drugs to cope with these experiences than those who have not been victims of these traumas. Those who live in communities stricken by poverty and drug possession commonly have a higher likelihood of possessing illicit drugs than those who live in economically prosperous communities. Biological, psychological, and sociological factors are associated with drug possession, so there is not a solitary theory that can fully explain drug possession and use in its entirety.

Despite the theoretical complexity of drug use, a continuum of illicit drug use, for which possession is essential, has been identified, and it is divided into four phases. People who are in the first phase of drug use continuum are in the *experimental phase*; they are trying a new drug. People who are in the second phase are experiencing their use being *culturally endorsed* by others, meaning the use of the drug is either accepted or refuted by users' family or friends. People in the third phase of the continuum are in the *recreational phase* in which they seek opportunities to possess and use, such as using on the weekends or holidays. Finally, people who are in the fourth phase are in the *compulsive phase*, meaning that they are psychologically dependent on the drugs they are using.

Regardless of where people are on the drug use continuum, their possession of drugs is considered illegal by the laws of the United States, and the penalties of possessing illegal drugs depend on the type and amount of drug.

Drug possession explanations are complicated by individual state laws that do not always fall in line with the federal laws. For example, as of December 2016, 28 states have medical marijuana laws in which it is legal to use marijuana for medical purposes. Recreational marijuana use is legal in the following eight states: Colorado, Washington, California, Oregon, Alaska, Nevada, Maine, and Massachusetts. Recreational use is also legal in Washington, DC. Public perceptions of marijuana and its benefits and harms have evolved over time, changing from the 1930s to 2017, so people possessing drugs in one state may be considered criminals whereas those possessing in other states are not in violation of the law.

Prevention Efforts

In the 1970s, President Richard Nixon first declared a *War on Drugs*. The goal was to eradicate the drug problem in the United States by going after *drug kingpins* (those distributing drugs). This punitive attitude toward drug suppliers created harsh penalties for drug possession in the form of long prison sentences. As this effort evolved in the 1980s, crack cocaine possession and use was seen as destroying Black communities in the country and as more dangerous than powder cocaine, even though the main ingredients are the same. A disparity resulted in which the sentencing for being in possession of the same amount of crack cocaine compared to powder cocaine was 100:1. This disparity has been attributed to racist ideologies in the criminal justice system because the majority of crack cocaine users are Black and the majority of powder cocaine users are White. In 2010, President Barack Obama's administration passed the Fair Sentencing Act in which the crack versus powder cocaine disparity was reduced to 18:1 at the federal level. Still, some believe that there should not be a sentence disparity between crack and powder cocaine possession at all. Others believe that because crack cocaine is smoked rather than simply inhaled, it is more harmful to people than powder cocaine.

The War on Drugs did not only focus on crack. Individuals were arrested for being in possession or distributing all types of drugs. Thousands of people were imprisoned for long periods of time. Even though the War on Drugs may have had good intentions, many believe that it caused more harm than good. The majority of those arrested and incarcerated during this period were users or low-level dealers, not *kingpins* or major suppliers. It also resulted in prison overcrowding, straining precious resources for crime prevention in the areas of primary, secondary, or tertiary use. The war on the supply of drugs left few resources to address the demand people had for initiating drug possession and use, intervening in possession and use before it became chronic, and preventing the spread of the demand for drugs to others.

The perceptions of drugs and drug use are constantly changing. The War on Drugs began during a time when drug possession was seen as supplying an uncontrollable threat to the well-being of U.S. citizens. This resulted in a zero-tolerance attitude toward drug use and the people who used or sold them. A good example of how the perception of drug use changes is the needle exchange program. In 1988, the government banned federal funding for needle exchange programs, in which people who use intravenous drugs could receive clean needles in order to prevent the spread of infectious diseases. In 2009, this ban was lifted briefly until 2011. People who opposed the needle exchange claim that it promotes drug use and does not address the issues surrounding people's drug use. Proponents believe that drug possession and use is a public health concern and that people are going to possess and use drugs regardless of needle exchanges, so the exchanges at least stop the spread of blood-borne diseases. The needle exchange program is considered a harm-reduction approach to drug possession and use, the goal of which is to reduce the harm associated with drug use.

As of the early 2010s, the War on Drugs, or the punitive stance on drug possession, appears to be lessening. Alternatives to the mass incarceration of drug possessors are being used to address the demand for drugs and the need for drug treatment. For instance, drug courts have been established to divert low-level drug possessors from

receiving jail or prison time. The goal is to keep people in their communities and to focus more on treatment in order to stop the revolving door of drug use and crime. This evolving perception of drug possession and use as a medical or public health concern can be connected to presidential administrations. When drug possession and use are simply viewed as crimes, there is more likely to be a War on Drugs and a focus on criminal justice agents to control the drug problem. In contrast, the more focused presidential administrations are on drug possession and use as a mental health concern, the more focus is placed on treatment and rehabilitation. Although the future of drug possession prevention efforts is uncertain, elections at the U.S. state and federal levels will direct what substances are illegal to possess and use from 1 year to the next, the penalties for drug possession, and the focus of prevention efforts.

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See also Drug Crime Sentencing Disparities; Drug Trafficking; Drug Treatment Courts; Substance Abuse, Untreated Mental Illness, and Crime; Substance Abuse and Crime, Linkages Between; Substance-Abusing Offenders

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DRUG TESTING

The term *drug testing* refers to a biological process for examining an individual to determine whether she or he may have used drugs (or alcohol) in the recent past. For criminal justice purposes, the process consists of a clinical screening conducted by a designated agent to evaluate the evidence of drug or alcohol use. There are several kinds of drug testing, including urinalysis, hair testing, blood testing, saliva testing, and breath testing.

The criminal justice system has long sought to reduce drug use among offenders, and the links between the criminal justice system and the drug treatment field are historically strong. The criminal justice system in the United States uses drug testing to measure prevalence of drug use among offenders at virtually every level of correctional custody.

In working with offenders, it is important to know their drug and alcohol use history. Many inmates have a long history of drug and alcohol use and abuse, and for those working toward offender rehabilitation, the issue of drug and alcohol use is important. Rehabilitation is particularly difficult for an individual who abuses drugs and/or alcohol. Also, research reveals a strong association between criminal behavior and violence and drug/alcohol abuse. Drug testing is a reliable means of assessing the extent to which offenders may be using or abusing drugs.

After reviewing the rationale for and methods of drug testing, this entry focuses on drug testing in the criminal justice system.

Drug Testing Versus Self-Reports

After many years of relying on self-reports of individuals in custody about the extent of their drug

and alcohol use, in the 1970s questions were raised among researchers as to the validity of self-reported drug/alcohol use. The suspicion among many was that arrestees and prisoners were underreporting their drug use. Similarly, probation and parole officers began to note that drug use was often associated with renewed criminal behavior. It was particularly troublesome because the 1960s and 1970s had been a time of rampant growth in drug use among citizens and students on college campuses. In the 1960s, heroin was most often used by criminals, but as the Vietnam War wound down and soldiers returned home, it became common to find that many had begun using heroin while in Asia. Meanwhile, marijuana, LSD, and cocaine were becoming popular throughout the country, at first in urban areas, but eventually use spread to the suburbs and, finally, even middle schools and high schools.

As a result of the increasing links between drugs and crime, the attitude of policy makers became punitive. It was well-known that drug use was typically common among criminal offenders, but it was not well-known to what extent. The advent of the Drug Use Forecasting (DUF) program in the 1980s began to provide evidence-based answers.

DUF was initiated by a National Institute of Justice fellow named Eric Wish. Wish was convinced that an objective, empirical approach to measuring drug use among offenders was needed, and his preliminary research confirmed that offenders typically underreported their drug use, when asked. He instituted a program of drug testing via urinalyses that began in New York City among jailed arrestees. Wish's research assistants approached arrestees, introduced themselves, and asked newly arrived offenders to give an anonymous urine sample. Perhaps surprisingly to some, most arrestees complied, and almost immediately, the urinalyses revealed substantially higher drug use than what then-current research—based on self-reported drug use—had previously revealed. The findings had important ramifications for the criminal justice system and local communities and jurisdictions. In 1989, the DUF program found that 76% of male arrestees tested positive for cocaine as well as 74% of those in Philadelphia and 65% of those in the District of Columbia. This was important

information for virtually every branch of the justice system. After all, not all arrestees would be imprisoned. One question that came to mind: Would drug use be even more pronounced among those who were sent to prison? After all, presumably the offenders sentenced to prison were among the worst—not the best—of all arrestees. A new era of drug testing was implemented, and the links between drug use and crime were soon more effectively established than ever before. DUF was followed by another federal program, Arrestee Drug Abuse Monitoring, and eventually drug testing found its way into virtually every branch of the justice system. This trend continues today.

Rationale for Drug Testing

Drug testing is beneficial both directly and indirectly to the criminal justice system. Not only does it measure drug use prevalence among arrestees and prisoners, it is a means of measuring the relative success or failure of drug treatment programs. Consequently, criminal justice and drug treatment professionals work collaboratively to reduce drug use among clients, many of whom end up in correctional custody or drug treatment—or both.

Drug testing facilitates the answers to questions related to contrasting models of drug treatment that have been instituted over time. Drug treatment experts frequently debate the efficacy of one drug treatment model over another. For instance, which type of drug treatment is more effective at reducing drug use and criminal behavior over the long term: abstinence-based treatment or prescription-based programs (e.g., methadone treatment)? Drug testing of those in correctional custody or treatment is an effective way of conducting ongoing assessment or follow-up for those serving their sentences or participating in mandated drug treatment—or completing their sentences or drug treatment programs.

Methods of Drug Testing

As already mentioned, there are several methods of drug testing. Each has its place, but over time, some have been found more or less useful to the criminal justice system.

Breath Testing

Police typically use breath testing when stopping a motorist suspected of driving under the influence of alcohol. Because alcohol disappears quickly from the body, urinalyses and hair testing are not practical tests for the police to use in this setting. Thus, the drug testing instrument most frequently used by police is the breathalyzer. The breathalyzer assesses the blood alcohol concentration of the motorist. The breathalyzer measures the amount of alcohol contained in the air in the lungs, as it has been established that the alcohol content of air in the lungs is a reliable indicator of the amount of alcohol in the blood stream. The breathalyzer is a valid method of measuring blood alcohol concentration, but since alcohol does not remain in the body for long, it is not effective at assessing whether or not an individual has been drinking as recently as yesterday or last week. For that reason, it is rarely used with probationers or parolees who are in the community, even those with a well-known alcohol history. Only if the clinician detects alcohol on the breath of the subject will the breathalyzer be used, although saliva testing is often preferred.

Saliva Testing

Strips or swabs are considered to be a noninvasive method to screen for drugs and alcohol in the saliva. Again, however, the issue of assessing alcohol use in previous days or weeks remains unresolved. Saliva (also known as *oral fluid*) tests can be used to test for the use of cannabis, ecstasy (MDMA), cocaine, opiates, or methamphetamines, and it can also detect certain benzodiazepines.

Blood Testing

Blood testing can be used to screen for both licit (e.g., prescription) and illicit drugs. A finger prick can be used, or a needle can withdraw blood from a vein in the arm. The blood is then examined for licit and illicit substances, including alcohol.

Hair Testing

Hair testing is an effective way of establishing over what period of time a specific drug was used.

A tuft of hair (40–50 strands) is removed from the scalp, usually the crown of the head. Chronic use of specific drugs can be detected for as long as a few months by a laboratory examination of the hair.

Urinalysis

Overall, the criminal justice system has tried many methods of biological drug testing, but urinalysis is the most frequently used. The individual is asked to urinate into a container for the initial screening. If the specimen appears to be positive for any drug, the urine is forwarded to a laboratory for analysis. Only after the lab has confirmed the results can the individual be sanctioned.

One benefit to urinalysis is that the urine test procedure can add new drugs to the testing kit, which is important in the new millennium in that many so-called designer drugs are increasingly developed and used. However, the costs associated with adding new drugs to the drug testing process are considered to be prohibitive by many jurisdictions. This means that many criminal justice subjects may be using drugs that they are not being tested for and thus escape detection.

Drug Testing in the Criminal Justice System

As already mentioned, virtually every branch of the criminal justice system uses biological drug testing to establish the extent of drug abuse among offenders, both in the aggregate and individually. Drug testing is used by the police, the courts, and corrections, including the following:

- Pretrial—Arrestees and pretrial detainees may be tested for drug and alcohol use in order to provide information to the court that may affect probation or sentencing decisions.
- Drug courts—In some jurisdictions, offenders with a history of drug abuse may be offered the opportunity to participate in a drug court where the judge or the court's designee will work collaboratively with the offender to reduce or stop drug and alcohol use.
- Probation—Many probation programs use random testing of probationers to assess whether or not they are abiding by the rules of

probation which typically forbid the use of drugs and alcohol.

- Prison-based drug treatment programs—Inmates in prison drug treatment are often treated in a segregated unit (not in the main prison population). Again drug testing is used to ensure that the offender in treatment is not using drugs surreptitiously.
- Prison population—Drug testing is often used when an inmate in the general population is suspected of using drugs or alcohol.
- Parole—Parolees are often required to participate in drug testing to ensure that they are not violating conditions of parole that require abstinence from drugs and alcohol.

Offenders are typically tested, either randomly or regularly. Probationers and parolees may be rearrested immediately or sent to treatment if they test positive for drug use. Also, many community-based criminal justice treatment programs also test the urine of clients to ensure that they remain drug free. In most jurisdictions, the drugs tested for by urinalysis include but are not limited to the following:

- amphetamines (speed, Adderall)
- barbiturates
- benzodiazepines
- cannabis (marijuana)
- cocaine
- methadone
- methamphetamines
- MDMA (ecstasy)
- opiates (heroin, pain killers)
- phencyclidine

Onsite and Offsite Drug Testing

Drug testing may be conducted onsite and offsite. Onsite means that the drug test (e.g., urinalysis) occurs following receipt of the specimen. Typically, an assigned officer or research assistant ensures that the specimen provided is from the individual being tested and that it is not adulterated in any way. The specimen is then tested via a carefully orchestrated chain of command to ensure that drug test findings are recorded and maintained. Often, if the process or specimen appears to be suspect, it is forwarded to a

preidentified laboratory, where findings are reviewed and checked, then conveyed to the sending agency.

Growing Challenges to Drug Testing Procedures

The so-called designer drugs and/or synthetic drugs pose an ever-growing challenge to biological drug testing procedures. These new varieties of drugs are multiplying and make it difficult for the developers of drug tests to keep up with the advent of new substances to test for. For those whose job is to manage drug users in the criminal justice population, the task is particularly daunting, in that most offenders turn to the new drugs as a way of subverting the drug testing process. The *traditional* drugs (listed above) have been included in most drug testing procedures for years, but the new drugs have succeeded in circumnavigating drug test results. Thus, drug courts, probation or parole divisions, and police and treatment professionals who try to measure drug use prevalence among offenders may undercount the actual number of drug users in their jurisdictions.

The Future of Drug Testing

Drug testing is not likely to disappear in the near future. As long as the problems associated with drug use continue, society has a vested interest in trying to reduce drug and alcohol abuse. Biological drug testing is an evidence-based method of providing answers and assessing drug trends and prevalence. The criminal justice system is not the only organized entity with an interest in drug testing. Others include employers, fire departments, hospitals, schools, mental health groups, scientists, and the aviation industry. Consequently, it is reasonable to infer that drug testing proponents will strive to meet the challenge of tracking new drugs of abuse and reducing the costs associated with testing for them.

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See also Correctional Rehabilitation Services, Best Practices for; Rehabilitation; Treatment of Criminal Behavior; Substance Abuse Counseling

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DRUG TRAFFICKING

Drug trafficking can include the sale, large-scale purchase, cultivation, manufacture, processing, and transportation of illegal, addictive, and sometimes mind-altering drugs. Drug trafficking is often thought of more specifically as the illegal transportation of narcotics for profit, often from one country to another, but also within a country. It is highly profitable, in part, because governments prohibit or heavily regulate drugs. This makes them more difficult to acquire (reduces supply), thus increasing price and profits for drug traffickers. Drug trafficking is risky because law enforcement hunts for traffickers and their wares and enforces stiff penalties on those it catches, and this serves to further increase drug trafficking profitability. Organized crime groups often carry out drug trafficking. Those that make a bulk of their profits from it are referred to as *drug trafficking organizations* (DTOs). Drug trafficking is relevant to the study of criminal psychology because it is a major and highly profitable criminal activity in which criminals with various psychological motivations engage. This entry delves into the motivations for drug trafficking, trafficking methods, the role of organized crime in drug trafficking, and government strategies to combat it.

International Drug Trafficking

The United Nations has three treaties with international support that lock nations into an international drug prohibition regime. The chief United Nations body addressing drug trafficking is the United Nations Office of Drugs and Crime.

Drug trafficking has expanded with globalization. To give a sense of the size and scope of drug trafficking, the 2011 United Nations Office of Drugs and Crime report *Estimating Illicit Financial Flows from Drug Trafficking and Other Organized Crime* estimated that, in 2009, drug and transnational organized crime activities amounted to more than \$870 billion or about 1.5% of total world gross domestic product. The report further specified that drugs accounted for 17–25% of all crime proceeds, half of all organized crime proceeds, and 0.6–0.9% of world gross domestic product. According to the White House Office of National Drug Control Policy, Americans spent approximately US\$100 billion annually on cocaine, meth, heroin, and cannabis between 2000 and 2010.

Types of Drugs

The World Drug Report is United Nations Office of Drugs and Crime's annual report. The 2016 report identifies various drug types, including opioids, amphetamine-type substances, cocaine, cannabis (marijuana), and new psychoactive substances. New psychoactive substances include synthetically produced drugs (sometimes called *designer drugs*) that may be so new that they are not technically prohibited until law enforcement can detect them and work within legal frameworks to prohibit them.

Drug Smuggling Versus Trafficking

The term *drug smuggling* is often used interchangeably with *drug trafficking*. George Diaz argues in his book *Border Contraband* that a *drug smuggler* is one who smuggles prohibited goods (specifically, petty amounts for personal consumption) and a *drug trafficker* is one who smuggles professionally and at commercial scale. Other legal definitions describe drug smuggling as avoiding paying state tariffs, customs duties, and taxes, while *trafficking* is the more expansive term

relating to any activity involving prohibited drugs. Again, the terms are often used interchangeably.

Common Terms for DTOs

The most common term for an organization that traffics drugs is *cartel*, although it is widely considered by scholars to be inaccurate and deceptive. As Michael Kenney describes in his book *From Pablo to Osama*, government agencies and the media have an incentive to portray drug networks as large, threatening, hierarchical organizations, all of which the term *cartel* connotes. This, however, is not necessarily the reality nor is it technically accurate. *Cartel* is an economics term that means a number of firms that, when working together, can control the price of a commodity through the control of the supply. Drug cartels have always had competition among each other and have never been able to achieve this control over supply. Nor are they, as Kenney points out, as hierarchical as one may think. He argues that drug networks often organize themselves as flat networks that are more nimble and adaptable than traditional hierarchal bureaucracies.

Scholars use many terms for actors that traffic drugs. These include DTOs, transnational criminal organizations, drug networks, clandestine transnational actors, and organized crime groups, among many others. Street gangs, prison gangs, *maras* (large Central American gangs), mafias, and organized crime also traffic drugs.

Drug trafficking tends to be a violent business because there is no court system to resolve disputes. This makes organized crime groups that maintain a reputation for violence particularly well suited to the business. Corruption is an explanation for the resilience of drug traffickers. In Mexico, traffickers are famous for their *Plata o Plomo* strategy ("take my silver or take my lead"), which artfully describes the combination of violence and corruption used to coopt the highest levels of government.

Motivations for Drug Trafficking

Most drug traffickers and DTOs are rationally motivated by profit and act in accordance. This makes economists particularly adept at the study of drug trafficking.

Although the profit motivation appears simple and obvious, the reality is often more complex. For example, in economically unequal societies such as Mexico, many young people see drug trafficking as the only viable path to upward social mobility. For example, some young men in the Mexican state of Sinaloa (where drug trafficking has been entrenched in the culture since the 19th century as documented by Mexican scholars such as Lusi Astorga and journalist Anabel Hernandez) see drug trafficking as the only way to be respected and get young women to pay attention to them.

Some in this same society would avoid drug trafficking but are forcibly recruited under duress by organized crime groups. Some are tricked into trafficking unwittingly as *blind mules*. A mule is a drug courier often carrying smaller quantities of drugs on their body past customs agents for profit. A blind mule is a person who unwittingly traffics drugs (e.g., a smuggler places drugs in a person's bag at the airport and steals the luggage upon arrival in another location having already passed through security).

Some become drug traffickers because of the lifestyle. The Narco-Juniors of the 1990s in Tijuana were children of Tijuana's wealthy and middle class who became enamored with the *fast life*. Their dual citizenship allowed them to cross freely between the United States and Mexico with loads of cocaine and low penalties if caught with limited amounts. They glorified films such as *Godfather* and became traffickers not out of economic necessity but to live this lifestyle.

Narco Cultura

Narco cultura has become a catchall term for the cultures that have emerged around drug trafficking in Mexico and Latin America. These subcultures have many features, such as the worshipping of narco-saints such as Jesús Malverde, a possibly fictional Mexican Robin Hood bandit killed by the government for smuggling and theft, and the *Santa Muerte* or Saint Death. In Mexico, there are *narcocorridos* or drug ballads that glorify the exploits of drug traffickers. Drug traffickers who fund the construction of legitimate churches; provide cash payouts to supporters; and build roads, schools, and public works in their bases of

support sustain *narco cultura* economically. *Narco cultura* reinforces the legitimacy of criminal activity in the minds of the people who participate and benefit from it, thus decreasing the ability of authorities to stop it.

Narco-Terrorism

Narco-terrorism is an ambiguous term coined by Peruvian President Fernando Belaúnde Terry in 1983 that can refer to either the use of drug profits to support terror operations or the use of terrorism to promote drug trafficking. Insurgent actors use drug trafficking instrumentally for profit. Insurgent or terrorist actors are politically motivated and seek to overthrow or change the policy of an existing government, per the Central Intelligence Agency's definition. These groups traffic drugs to fund their terror operations, such as bombings.

There are numerous examples of insurgent groups using drug trafficking to fund their political revolutionary agendas. The Revolutionary Armed Forces of Colombia, known as *FARC* for its initials in Spanish, used profits from drug trafficking to fund its insurgent operations, which included bombings in the capital city Bogota in the early 2000s. According to *Washington Post* reporting, the Bureau of Alcohol, Tobacco, Firearms and Explosives has proven in court that Hezbollah, the Shiite terror group based in southern Lebanon, used cigarette diversion/tax evasion in the United States to fund its operations.

The Juarez Cartel of Mexico used car bombings to intimidate government officials and rivals to protect its drug business in Mexico in 2010. Pablo Escobar, leader of the Medellin cartel (Colombia), used car bombings, kidnappings of politician's family members, assassinations of government officials and police, among other tactics, to protect his drug business in the early 1990s.

Trafficking Techniques

Whatever their motivations, drug traffickers have developed ingenious techniques to traffic drugs around law enforcement. These techniques include, but are not limited to, hidden compartments in vehicles, body couriers, or mules swallowing

packets of drugs; hiding drugs inside cans of chili peppers; using fake travel documents, trebuchets, and catapults to launch drugs across borders; sea semi-submersibles (submarines); corrupting law enforcement agents to allow drugs to pass; unmanned aerial vehicles or drones, planes, go-fast boats; and more.

Fighting Drug Trafficking: Supply-Side

Policy makers and scholars conceptualize two approaches to the fight against drug trafficking: the supply-side approach and the demand-side approach. The supply-side approach focuses on targeting the supply of drugs on the logic that reduced supply will lead to decreased availability, increased price, and therefore, decreased overall use. Examples of the supply-side approach include crop eradication either by hand or by aerial spraying of herbicides. Aerial spraying has been heavily criticized in places such as Colombia because people who live near eradication sites are exposed to harsh chemicals. The primary problem with aerial spraying is that drug traffickers and drug markets are highly adaptable, and when crops are sprayed in one place, more fields simply appear in another.

Another aspect of supply-side policies is interdiction. Law enforcement can target drugs at various stages of processing or en route to consumer markets. Another form of interdiction is bulk cash interdiction. In the context of Mexican drug traffickers supplying the U.S. consumer market, drugs go north but the profits must go south often in the form of bulk cash, where police can intercept it.

Similar to interdiction, law enforcement can also target the organizations and *kingpins* (drug trafficking leaders) that traffic drugs in hopes of disrupting these markets. One common criticism of the kingpin strategy in Mexico has been that when a leader is removed, his subordinates fight for control of the organization, resulting in increased violence for the DTO and society. The lead U.S. antidrug agency, the Drug Enforcement Administration's Consolidated Priority Organization Target program, emphasized this form of interdiction in the United States and abroad. The supply-side approach has predominated the discussion from the 1970s (President Richard Nixon famously declared *war* on drugs in 1971) until the 2000s and in many ways continues through the 2010s.

Demand-Side Approach and Harm Reduction

Scholars have long argued for the demand-side approach, but this has only gained traction recently. Many studies have demonstrated the efficacy and cost-effectiveness of strategies that attempt to reduce the demand for drugs. Such strategies include drug prevention education (to prevent young people from using drugs) and treatment for drug users.

A related, but slightly different, approach is harm reduction. Harm reduction approaches attempt to mitigate the social costs of drug trafficking and use. For example, needle-exchange programs allow drug users to exchange dirty needles for clean needles, thus reducing the spread of blood-borne diseases such as hepatitis and HIV.

Alternative Policies

One way to combat drug trafficking is to consider alternatives to prohibition, such as legalization and regulation, medicalization, and decriminalization of drugs. Changing policy on marijuana in various U.S. states is a case in point. In 2012, Colorado and Washington were the first states to legalize marijuana for recreational purposes. Many others have established medical marijuana systems. These strategies, which allow legal actors to produce marijuana, have generally cut into drug traffickers' marijuana profits. Many states have also decriminalized small amounts of marijuana to varying degrees. Internationally, Uruguay has legalized marijuana, and the sitting and former presidents of Colombia, Guatemala, Brazil, and Mexico have expressed interest in alternative drug policies.

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See also Criminal Organizations and Networks; Human Trafficking; Mexican Mafia; Organized Crime Activities; Organized Crime Typologies

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ECONOMICS OF CRIME

Economics of crime is a field of research comprising both positive (descriptive) and normative analyses of crime. In the descriptive part, crime is typically seen as a result of rational choices that depend on individuals' expected rewards and costs of violating the law. People are assumed to rationally choose activities, legal or illegal, that best satisfy their preferences for money, consumption, sex, excitement, revenge, and more. Just as consumers respond to changes in prices and incomes, potential offenders are assumed to respond to changes in sanctions and gains from illegal and legal activities. In empirical studies, the hypothesis that expected sanctions deter crime is tested, and the quantitative effect on crime of various possible incentives is estimated. In normative analyses, it is commonly assumed that a criminal should compensate the costs endured by society. If an expected fine is set equal to these costs, a rational potential offender will internalize the costs and society will not suffer a net loss. From a political point of view, the goal is to minimize the total costs of crime and crime prevention. An implication is to produce a balance between these costs, a balance that determines the amount of resources that should be allocated to crime prevention. This entry discusses theoretical models of criminal behavior, normative and empirical studies, methodological problems, and behavioral economics.

Theoretical Models of Criminal Behavior

Theoretical models of individual criminal behavior vary in complexity. Simple ones consider just one possible crime and simple monetary gains and sanctions. More complex models emphasize the division of time between legal and illegal activities or distinguish between individuals that are risk neutral, risk averse, and risk loving. Some models assume monetary equivalents of gains and sanctions; others do not.

The simplest models conclude that the effects of sanctions and gains are unambiguous, whereas the more complex ones do not. This diversity in results, together with discussions about rationality assumptions, has made empirical studies all the more important. In empirical studies, mostly based on aggregate data, the sanctions' effects are controlled for a number of socioeconomic factors, such as age and income distribution, benefits of crime and of legal activities, and unemployment. In almost every empirical study, an increase in the probability of arrest has a negative effect on crime, whereas the effect of changes in the severity of sanctions varies.

The Basic Model

Whereas the preventive effects of sanctions have a long history in penal policy, until the late 1960s such effects were more or less neglected in criminology and modern sociology. Then Gary Becker, who later was awarded the Nobel Prize, revitalized the ideas of English philosopher Jeremy Bentham, who had suggested that deterrence works. The

main idea is that a rational person will choose to commit a crime if the monetary gain exceeds the expected fine (the expected fine being equal to the product of the probability of being fined and the size of the fine). In such models, an increase in the probability and/or the severity of sanctions may change a crime's net gain from positive to negative, with the potential offender choosing to be law abiding. Assuming that people maximize their utility (and not their expected monetary net gain), Becker obtained the same effect for the probability of sanctions, whereas the effect of the severity of sanctions was inconclusive.

These results are general in the sense that they hold for any type of crime. Similar results are obtained in models of tax evasion, where the individual decides which proportion of income to report to the tax authorities.

Monetization of Legal and Illegal Activities

In another type of model, the individual may choose between legal and illegal activities, some of which might be boring, discreditable, exciting, or pleasant. The individual's preferences for such aspects of the activities are assumed to be monetized, which implicitly occurs if a person acts rationally according to certain axioms. If convicted, the person's income is reduced by the monetary and monetized costs of sanctions. Some individuals may choose to allocate time to both legal and illegal activities, whereas others may choose to specialize in one of them. If leisure time is fixed, an increase in either the probability or the severity of sanctions will change the optimal mix of activities, whereas such an increase may not be enough to change the behavior of an individual who has specialized in crime. For those who mix activities, an increase in the probability of sanctions will decrease the time allocated to crime, whereas the effect of an increase in the severity of sanctions is inconclusive (without further assumptions).

Various Sanctions and Attitudes Toward Risk

The model with nonfixed leisure time has been extended to include four possible criminal justice states: arrest, clear up, conviction, and serving in jail. Each justice state has its individual

probability. In such a model, the effects of gains and losses of crime, and of sanctions, are more ambiguous than in less general models. In particular, under a common assumption of attitude toward risk (decreasing absolute risk aversion), crime decreases with increasing unemployment. The reason for this result is that unemployment implies a lower income, and therefore a higher risk aversion, and thereby a lower expected utility of crime. Under risk neutrality, a change in the expected unemployment rate does not affect the time allocated to illegal activity.

If leisure time is assumed not to be fixed, an increase in returns to legal activities may increase or decrease the time allocated to both types of activities. The crucial assumption here is the individual's attitude toward risk.

If one does not accept the assumption that psychic factors associated with various activities can be monetized, such factors must be included explicitly in the individual utility functions. In such models, the effect of changes in sanctions, in individual income, and in individual costs and benefits of crime is ambiguous. Strong assumptions about individual preferences will, however, produce less ambiguous effects.

Common and Diverging Aspects of Theoretical Models

Summing up the results obtained in the various theoretical models, an increase in the probability of clear up (crime solved) or arrest has a negative effect on crime. This conclusion holds regardless of assumptions of attitude toward risk. The effect of an increase in the conviction rate for individuals who have been arrested is ambiguous. The same holds true for an increase in the probability of imprisonment for individuals who have been convicted. Reasonable assumptions about attitude toward risk will produce a deterrent effect also for these alternatives. In all, the theoretical models give some support for the probability portion of the deterrence hypothesis but less so for the severity portion.

Normative Studies

In the normative part of economics of crime, sanctions are perceived as incentives for individuals to

behave in a manner that is socially optimal. In contrast to theories of retribution, which consider the primary goal of criminal law as punishment for past actions, economic analysis focuses on how to influence potential offenders' future behavior.

In order to minimize the total costs of crime and crime prevention, one must assess the effect on crime of changes in the amount of resources allocated to the criminal justice system. Although the costs of such resources are rather easily obtained, the costs saved by a reduction in crime are difficult to assess. Some of the costs saved consist, for example, of fewer broken homes and fewer stolen cars. Other costs may be obtained by asking people how they would value reductions in specific crimes. Empirical studies include such assessments.

Empirical Studies

In empirical studies, the effects on crime of changes in various incentives are studied by using cross-sectional data, time series data, or panel data. Effects on both total crime and specific crimes are studied. Among the latter are studies on corporate crime, corruption, environmental crime, tax evasion, cybercrime, and terrorism. Evidence shows that increases in the probability of punishment produce substantial decreases in most crimes. By contrast, the effect on crime of increases in the severity of punishment is small. In particular, if prison sentences already are long, the deterrent effect of an increase appears to be negligible. One reason for this minor effect might be that many criminals have a high discount rate, which means that costs that come about far into the future are almost irrelevant. However, if the probability of sanction is high, even short sentences seem to deter.

Empirical studies of the effect of the death penalty also produce mixed results, possibly because life imprisonment may be just as scaring as a death penalty, at least in countries where death penalties are seldom carried out.

To the extent that sanctions deter, one would expect that more police would produce less crime. The results of empirical studies, however, are mixed. Indeed, most studies seem to corroborate the expected effect of more police, but some studies indicate that more police produces more crime.

The ambiguous conclusions might be a consequence of methodological problems and deficient statistics.

Methodological Problems

One of the problems in empirical studies of crime is to distinguish causation from correlation. In cross-sectional studies, it is commonly found that crime rates are low in police districts in which the probability of sanctions is high. One may too easily interpret such a correlation as an example of deterrence. The correlation might rather be caused by other differences among the police districts than differences in the probability of sanctions. If these other differences are positively correlated with the probability of sanctions, the latter can mistakenly be taken as a cause of low crime rates.

Another problem is simultaneity. Crime may depend on sanctions, but sanctions may also depend on crime. A negative correlation between crime rates and probability of sanctions cannot by itself be taken as evidence that an increase in the probability of sanctions has a deterrent effect. The correlation might be because an increase in crime will overload a police department, resulting in a decrease in the probability of sanctions.

Deficient statistics are of great concern in empirical studies of crime. It is well known that statistics on crime underestimate the true amount of crime. Also, police statistics on clear ups (number of crimes solved) and sanctions are often not correct. Such deficient data will produce flawed conclusions. Moreover, people who choose between legal and illegal acts may have poor information about the probability and severity of sanctions.

Behavioral Economics

Behavioral science consists of a literature comprising a number of laboratory experiments and other empirical studies that raise the question of the rationality assumption predominant in economic analysis of crime (and of other fields of research). Several of these studies' conclusions have resulted in generalizations of the more specific economic models of crime. As an example, laboratory experiments have shown that the choice people make is not always consistent with the assumption that

they maximize expected utility (as assumed in simple economic models). Their choices suggest that they tend to put additional weight on low probabilities of alternatives they dislike. This result is easily included in economic models of crime by substituting a weighted (higher) probability of sanction for the objective probability. Moreover, in some models, the potential criminals' subjective probability of sanction is substituted for the objective one before weighting.

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See also Behavioral Theory of Crime; Bias in Crime Policies and Prevention; Crime Prevention, Policies of; Poverty and Crime; Sociological Theories of Crime; Theory of Reasoned Action and Theory of Planned Behavior

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EDUCATION AND CRIME

Education and crime have had a causal link to each other for as long as criminal behavior has been recorded. In fact, lack of education is a

central risk factor for predicting crime. The link is most often associated with education and employment, with employment and wages having a positive correlation with education level. To better understand the connection of education and crime, one must consider the education level of individuals who engage in criminal behavior and examine education's impact on individuals' propensity to commit criminal acts. This entry examines the correlation education has with criminal behavior and crime.

Links to Criminal Behavior

Factors that are associated with a lack of education are the same factors that are common with at-risk youth. The most prevalent factors include lack of family support, poverty, drugs and alcohol present in the home, and negative influences of peers. Poverty and education are inextricably linked, whereby education is a primary means of social mobility, enabling those born into poverty to rise in society. However, for many at-risk youth, education is compromised when they enter the criminal justice system.

At-Risk Youth

The phrase *school-to-prison pipeline* refers to the policies and practices that contribute to the funneling of juveniles from the classrooms into the juvenile and criminal justice systems. This pipeline reflects a prioritization of incarceration over education. It is hard to pinpoint the reason for the school-to-prison pipeline. Some argue that the zero-tolerance policies that were implemented after the 1999 Columbine High School massacre are too harsh, resulting in many students being overpunished for seemingly minor infractions. Others point to the emphasis placed on standardized testing scores. The students most likely to have behavior issues are often the same students who do not do well on these standardized tests.

Another theory that may help to explain the school-to-prison pipeline is social disorganization theory. According to this theory, the neighborhood environment plays a significant role in criminal activity. In general, socially disorganized neighborhoods are characterized by low socioeconomic factors, a lack of community participation, and a

lack of support in policing. In addition, such neighborhoods are challenged by multiple issues such as crime, drugs, and violence. Consequently, education may not be a priority or be adequately supported.

Impact of Education on Criminal Behavior

Education has been shown to reduce the likelihood of post-incarceration recidivism. Individuals who participate in educational programming while incarcerated are less likely to be rearrested after release from prison. The types of educational programs that are shown to be most effective are job training and basic education programming such as a high school diploma or GED. College education appears to be the most influential with regard to desistance from criminal behavior. Taking a college-level course while incarcerated not only can broaden an individual's knowledge level but also can increase his or her sense of self-esteem.

Education in Prisons

Educational programming inside of prisons varies for many reasons. The security levels of correctional facilities have direct correlation with the type of programming available. In higher security facilities, where education programming is not as high a priority as security, certain types of programs may be restricted due to a lack of resources needed to successfully implement the programs. For example, vocational programming provides technical training and teaches job-specific skills (e.g., mechanics, plumbing), but many of these programs must use tools or equipment that is restricted inside of higher security correctional facilities. Another issue affecting educational programs inside of prisons is a lack of teachers who are willing to follow the strict security conditions and constraints required in correctional facilities.

Future Outlook

Education is clearly connected to criminal behavior and crime. Whether it be education in schools or prisons, beneficial programming that is supported and productive to the individuals who

participate in it does have a direct relation to the desistance of criminal activities. Future endeavors that support education of at-risk youth, unemployed young adults, and prisoners inside of correctional facilities could have a lasting impact on the lowering of criminal activities.

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See also Correctional Rehabilitation Services, Best Practices for; Poverty and Crime; Prisons; Vocational Education

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ELECTRONIC MONITORING

Simply put, electronic monitoring is a technological advance to a common form of social control that has existed for centuries—house arrest. People have been restricted to their places of residence (e.g., homes, military barracks) as a condition of pretrial release, as a form of punishment and control following criminal conviction, as a condition of release during probation or parole, and as a means to emphasize and ensure treatment, among other functions. Electronic monitoring extends the conditions of house arrest by electronically tethering an individual to a generally static location, such as a residence. Early electronic devices sent repeated signals, indicating that the individual was in his or her home or within a specified distance from where the signal was generated, usually a monitoring device attached to a phone line. Current versions of electronic monitoring are more complex and versatile and will be a primary

concern of this entry following a brief discussion of electronic monitoring's origins.

Origins of Electronic Monitoring

While house arrest has been around at least since biblical time, the addition of an electronic monitor to increase surveillance is relatively new. Early experiments with technology as a form of control and rehabilitation began in the 1960s at Harvard University: Young criminal offenders volunteered to be linked electronically in a two-way system whereby they could transmit their whereabouts, as well as their perceptions and emotions, to researchers at the university. At that time, the researchers were more interested in rehabilitation than control. Specifically, following B. F. Skinner's behavioral psychological approach, their goal was to provide positive and negative feedback in an effort to promote the rehabilitation process.

Early attempts to popularize electronic monitoring did not bode well. The 1970s, however, brought about expansion of technology as a *panacea* for solving all problems, including problems associated with substantial changes in the criminal justice system. Story has it that a New Mexico state district judge (Jack Love) determined to keep nonviolent offenders out of jail was intrigued by a news story relating the use of an electronic device to monitor animals (in this case, cows) and a Spiderman comic in which a villain attached an electronic device to Spiderman to track his movements. He became convinced that such technologies could be used in the field of corrections, and he worked with numerous agencies to develop and promote electronic technology to monitor offenders outside of jails and prisons. While his efforts were not an overnight success, his work led the way to a tremendous expansion in the use of electronic monitoring, primarily through radio and phone signals, in the criminal justice system.

Early Empirical Assessment of the Effectiveness of Electronic Monitoring

Although there were a few small case studies focused on the utility of electronic monitoring, including a few conducted by Love, the first real quasi-experimental examination of a fully

implemented electronic monitoring program was based in Palm Beach County, FL, beginning in 1984. The evaluation lasted about 5 years and included follow-ups of 415 offenders electronically monitored during their probationary period. The results of the evaluation were promising, showing that virtually all (over 90%) completed their commitment on electronic monitoring and a clear majority (approximately 80%) successfully completed their entire probationary period without an arrest or revocation.

The following decades saw a tremendous overall expansion in the use of electronic monitoring. This development could be found in a variety of areas under the umbrella of the criminal justice system, including pretrial release, as a punitive intermediate sanction (more severe than standard probation and presumably less severe than straight incarceration); as a condition of release following a period of incarceration; as a method of victim protection (especially in domestic violence cases); and in combination with other intermediate sanctions such as work release, community service, or treatment (e.g., anger management, substance abuse, sex offender treatment). Along with the expansion of electronic monitoring came a plethora of studies examining its effectiveness. Outcomes for these evaluations varied from program completion to various measures of recidivism (e.g., technical violations, rearrests, new convictions, returns to custody). However, many of these studies were haphazard and not rigorous in terms of study design. Indeed, a major review of evaluation studies conducted by Marc Renzema and Evan Mayo-Wilson, published in 2005, concluded that there were few solid studies that support the effectiveness of electronic monitoring in reducing crime (i.e., recidivism). Consequently, they called for more rigorous evaluations to support the use of electronic monitoring for moderate- to high-risk offenders who might be diverted from jail or prison.

The Current State of Electronic Monitoring

Throughout the 1980s and 1990s, electronic monitoring was primarily conducted via radio signals and phone lines. Offenders were monitored primarily when they were restricted to their homes but were often allowed times when they

were not monitored, for example, on their way to and from work, during work, during treatment or counseling sessions, and for religious services. The development and proliferation of technology, especially as it related to global positioning systems (GPS), allowed for 24/7 tracking of offenders. As a result, law enforcement officers could confirm that offenders were indeed on their way to or from work; inclusion zones could be created outside the home where offenders were expected to be at certain times (e.g., at work, in treatment sessions, for family visits); and exclusion zones could be defined where offenders were forbidden to go (e.g., alcohol establishment for those not allowed to drink, schools and parks for sex offenders, and past victims' homes or work places for those convicted or on pretrial release for domestic violence offenses). At least two other technological advances have also been developed but have not been rigorously tested. First, alcohol sobriety tests can be installed on electronic monitoring/GPS units so that condition of probation or parole can be assessed at regularly scheduled times. Second, given advances in the functionality of GPS, speeding and other erratic driving patterns can be detected and acted on by criminal justice agents.

Recent and More Rigorous Outcome Evaluations

With the increase in the use of electronic monitoring, in conjunction with or without GPS, a number of systematic evaluations funded by the National Institute of Justice (NIJ) have been conducted. Edna Erez and her colleagues investigated the use of electronic monitoring with GPS for domestic violence cases. Their project was three pronged and included (1) a national web-based survey of agencies that use electronic monitoring with GPS for domestic violence case, (2) quantitative analyses of program compliance and recidivism in three jurisdictions that used electronic monitoring with GPS, and (3) qualitative analyses from in-depth interviews of key informants (e.g., victims, defendants, and criminal justice professionals) on the electronic monitoring/GPS experience. Offenders who received radio frequency monitoring had fewer arrests than those receiving no form of electronic monitoring in the

short term (i.e., during their probationary period), but there were no significant long-term (i.e., 1-year follow-up) differences detected. Interestingly, those on GPS had lower levels of program violations than those on radio frequency monitoring even though they had far more restrictions placed on them and were under heightened scrutiny via GPS tracking. Seemingly counterintuitively, the GPS group had higher rates of arrests during this period. The authors suggested that, at least in certain jurisdictions, program violations were taken very seriously and when they occurred they were met with arrests rather than simply violations of probation. In the long run, there were lower rates of rearrest among those placed on GPS than those placed on radio frequency. To summarize, the results suggest that both radio frequency and GPS tracking of domestic violence offenders can offer some promising strategies for dealing with domestic violence offenders. Finding the appropriate ways of utilizing the technology with specific types of offenders seems to be the challenge at this point.

An even larger NIJ-funded study of the effectiveness of electronic monitoring was conducted by William Bales and his colleagues at Florida State University. The study included over 5,000 medium- to high-risk offenders placed on electronic monitoring and a matched comparison group drawn from over 260,000 offenders. There was a significant reduction, approximately a 30% reduction, in failures, defined as offenders absconding or having their parole revoked, associated with electronic monitoring. GPS was significantly (about 6%) more effective in reducing absconding and revocations than straight radio frequency supervision. Importantly, the effects of electronic monitoring, while varied in level, were statistically significant across different crime types, including violent, property, drug, sex, and *other types* of offenders. The results of this study show that electronic monitoring can be a more effective type of supervision than standard parole.

Two other NIJ-funded projects focused on parolees in California. The first project focused on high-risk sex offenders following their release from prison. Then Governor of California, Arnold Schwarzenegger, signed into law that all high-risk sex offenders be monitored via electronic monitoring *for life*. Like the Florida study described

earlier, a true experimental design with random assignment was not possible, so a sample of offenders placed on electronic monitoring as they were released from prison ($n = 258$) was compared to a similar group of matched high-risk sex offenders not placed on electronic monitoring ($n = 258$). Results of the study found higher rates of program compliance and lower rates of recidivism in the 1-year follow-up. For example, sex-related parole violations were approximately 3 times higher among offenders receiving standard parole without GPS, and the overall rearrests were about twice that of those on GPS monitoring. Parole revocations and returns to custody were also significantly lower among offenders on GPS.

The positive impact of GPS on sex offender parolee outcomes and the overall success of GPS in Florida suggested that GPS may be useful for other types of offenders. Qualitative findings from interviews with parole agents using GPS technology suggested that they thought other offenders may be even more suitable for GPS supervision than high-risk sex offenders, for example, gang offenders on parole. Hence, a second project was developed and funded by NIJ to study the effectiveness of electronic monitoring with GPS for high-risk gang offenders serving parole in California.

In this study, the researchers again used relatively sophisticated matching procedures to develop an experimental electronically monitored group and a comparison group, increased the sample sizes to 362 offenders per group (total $n = 784$), and extended the follow-up time from 1 to 2 years. Researchers found that the likelihood of receiving a technical or a nontechnical violation was significantly higher among the group on GPS as might be expected, given the increased number of conditions of parole and the greater likelihood of detection given the level of supervision. Alternatively, the GPS group was significantly less likely to be arrested for any offense and specifically for violent offenses. The researchers argue that the approach taken for gang offenders emphasized suppression as opposed to treatment and rehabilitation that was the emphasis for the high-risk sex offenders. That is, parole agents use parole violations in an effort to take high-risk violent offenders off the street rather than arrests with their associated court processing costs.

Final Thoughts

At a very general level, electronic monitoring is simply a technological enhancement to standard house arrest. It is a tool that can be used for a variety of purposes including punishment and extended control over offenders at various stages in the criminal justice. However, electronic monitoring is not a panacea and cannot on its own solve all the problems inherent in the criminal justice system and, in fact, has the potential to exacerbate existing problems such as net-widening, legal issues, and having negative effects on family and friends of the defendant or offender. Some have argued that electronic monitoring, even with GPS, is nearing its *death* and will soon be replaced with other technologies (e.g., smartphones, kiosks for drug/alcohol screenings). Still, these are just other technological adaptations that, if used wisely, have much to offer the criminal justice system.

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See also Parole; Probation; Probation, Specialized

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EMPLOYEE THEFT

Employee theft occurs when the employee of a business steals tangible property (e.g., cash, tools, raw materials, equipment) or intangible property

(e.g., trade secrets, designs, intellectual property) from his or her employer. This is a serious crime committed against businesses by insiders who possess specialized knowledge about the business and who have the ability to circumvent guardianship mechanisms. Although employee theft is most prevalent in places that handle numerous cash transactions, such as gas stations, corner stores, and restaurants, as many as seven in 10 businesses will experience theft by an employee. As employees engage in their normal and legitimate workplace roles, they gain knowledge of guardianship mechanisms used by the business. Employees motivated to steal use this knowledge in ways that increase the likelihood they will successfully complete their crimes. Because they are able to leverage their inside knowledge, employee thefts can persist for years undetected, with the average theft totaling more than \$150,000. This entry discusses the offenders (i.e., employees) involved in employee theft and describes several important factors that affect individual-level motivations of employee thieves.

Employees as Offenders

Employee theft is characterized by an unconventional relationship between the target of crime and the potential offender, as the offenders typically have regular and unencumbered access to their targets. Employee thieves abuse the reciprocal trust relationship that they have with their employer for their own criminal gains. The widespread nature of employee theft is due, in many ways, to the fact that the individual-level antecedents to this crime mainly develop within the organization, and the development of these deviant motivations is generally not industry-specific. Variations in industry-specific rates of employee theft are primarily due to differences in opportunity structures that exist at the industry and organization levels. When employees become motivated to engage in theft, the presence of an opportunity to steal determines whether a crime can occur. However, the development of individual motivations typically comes from factors found within the organization, and the remainder of this entry provides an overview of these individual-level factors and describes how they can influence motivations for employee theft.

Job Satisfaction

There are many reasons why deviant employees engage in theft; yet, some of the main reasons stem from the interaction of personality factors with situational issues. For example, the personality trait conscientiousness has a significant relationship with workplace deviance, including acts of employee theft. Individuals who possess low levels of conscientiousness are more likely than those high in conscientiousness to engage in counterproductive work behaviors. However, conscientiousness can also moderate the negative effects of situational factors like job dissatisfaction. This means that highly conscientious individuals who experience low levels of job satisfaction are less likely to engage in deviant acts like employee theft than are individuals who have low levels of conscientiousness and low levels of job satisfaction.

Job satisfaction refers to an individual's positive perceptions of his or her job as well as the positive emotions an employee feels about the work they perform. The term *job satisfaction* reflects a continuum of potential perceptions and emotions that range from feelings of complete satisfaction to complete dissatisfaction. When individuals reach levels on the lower end of the continuum, they are experiencing *job dissatisfaction*, which is the negative affective response to one's job performance or rewards associated with that performance. Because of its connection to employees' emotional state and their perceptions of the work environment, employees, and management, job satisfaction is considered to be one of the most important workplace factors affecting the development of employee theft motivations.

However, the specific behaviors dissatisfied employees exhibit are dependent upon the range of display options they have available to them when they choose to express their dissatisfaction. Employee theft is one of the most extreme outward and observable effects of job dissatisfaction. An employee experiencing high levels of job dissatisfaction can externalize this dissatisfaction by taking advantage of opportunities to steal from the business. Employee theft is typically the final form of outward displays of dissatisfaction a deviant employee will undertake because the seriousness of workplace deviance tends to progress as the employee becomes more and more dissatisfied.

Justice and Fairness in the Workplace

Employee perceptions of justice and fairness reflect the individual's subjective interpretations of the work environment and capture his or her interpretation of particular situations and events. Employee theft is one reaction to perceptions of unfair or unjust treatment within the workplace because of the important impact these perceptions have on feelings of job dissatisfaction. Employees who feel poorly treated are more likely to be dissatisfied with their role and may look for ways to show their displeasure that garners organizational attention and provides a feeling of intrinsic satisfaction.

The desire to arrive at a state of intrinsic satisfaction in response to dissatisfaction is most evident when deviantly motivated employees respond to feelings of inequity by choosing to steal from the business. As these employees seek to create balance between the effort they exert on behalf of the firm and the outputs they expect for these efforts, employee theft becomes a viable way to increase outputs realized without increasing input to the organization. This idea is reflected in work on strain theory and reflects the tensions that exist between employment outcomes and expectations that can lead to deviance. These feelings, particularly when occurring in the presence of antisocial peers or where there is a lack of prosocial coping mechanisms, can lead motivated employees to cope with their negative feelings through acts of employee theft.

Pay Dissatisfaction

Another form of dissatisfaction that has strong ties to employee theft is pay dissatisfaction, which is different from job dissatisfaction in that an employee may be very satisfied with their job, yet, dissatisfied with the compensation he or she receives. Because of the goal-directed nature of employment—people perform a job, in part, to receive living wages—pay dissatisfaction is one type of strain within the workplace that is highly likely to lead to feelings of anger. When an employee begins to feel this anger, he or she may be more likely to respond through deviant acts, such as employee theft, as a way to recoup perceived losses. Interestingly, when these same employees begin to feel as though the business is

compensating them properly for their efforts, the desire and motivation to steal from the business may subside. This suggests that, in certain cases, motivated employees will steal only to create balance between the value they perceive the organization receives from their efforts and the value of the compensation they receive from the business.

A potential response to differences between employee expectations and pay realities is for businesses to shape employee expectations of the rewards they should expect to receive, which may have an effect on employees' perceptions of pay parity. When this occurs, the employees' pay will remain the same, yet their relative pay expectation will likely shift so that they are willing to accept pay conditions that might otherwise have contributed to the motivation to steal. However, as with issues of job dissatisfaction, employees will likely engage in a range of deviant workplace behaviors in response to feelings of pay dissatisfaction. As a result, attempts to reach the point of employee perceived pay parity may reduce the occurrence of theft but may have no impact on other types of workplace deviance, such as loafing and absenteeism. Because pay dissatisfaction is often relative in nature, employee theft may be viewed as an extreme reaction to the employee's dissatisfaction with his or her pay.

Role Stressors

As with the other business-based factors leading to employee theft, role-based stressors specific to an individual employee may influence the development of counterproductive behaviors. Stress in the workplace can develop from a number of different sources, including a poor fit between the employee and the job he or she is asked to do, issues within an employee's work group, or from general problems occurring within the company. Just because there is a poor fit between the employee and the business does not necessarily mean that employee theft will occur. Instead, as with pay and job dissatisfaction, a series of outcomes are possible, with employee theft being just one potential response to stress.

Role-based stress can also develop when employees feel the business has violated informal agreements, also known as *breaches of implicit*

relational or transactional contracts. Employee theft can result when the negative feelings result from the violation of informal agreements based upon trust and important interpersonal relationships. Importantly, the quality of these relationships and the importance of the informal agreement have an influence on the types of workplace behaviors an employee displays. A breach of implicit or perceived informal contracts also has the potential to create stress because, at times, contract breach is a signal to the employee that his or her contributions are not valued or respected. In these instances, the employee may feel higher levels of job dissatisfaction, experience feelings of injustice, and perceive greater amounts of unfair treatment in the workplace.

Psychological Ownership

Employees who commit themselves to the business and invest large amounts of physical, cognitive, and emotional energy toward the accomplishment of organizational objectives can come to feel a sense of ownership over the business or business outputs. Generally, these feelings of psychological ownership lead employees to feel strong connections to the organization, leading them to exert effort to protect the organization from harm. However, it is possible that employees who have made what they perceive are unrecognized yet significant contributions to the organization become motivated to steal from the business. As a result, the potential positive benefits gained from increasing an employee's perceptions of psychological ownership are turned into motivations to engage in serious forms of organizational deviance.

Employee theft that occurs in cases when employees feel strong levels of ownership and a strong connection to the business may stem from a desire to create parity between expected outcomes and perceived inputs. Accordingly, feelings of psychological ownership may be tied to issues of justice and fairness, where employees who feel high levels of psychological ownership take less note of justice and fairness issues because they receive some other form of intrinsic satisfaction from their work. This intrinsic satisfaction may also lead these employees to identify more closely with the tangible outcomes of their organizational contributions, leading them to see theft not as a form of

deviance but rather as a way to regain ownership of property they already view as their own.

Theft Reduction

Employee theft is a common occurrence, and no business is immune from this crime. The individual-level factors that lead to the development of theft intentions are found within every industry, as such they provide a common benchmark from which to address theft prevention. Although each industry and business will have structural and operational factors that affect opportunities for theft, the individual-level factors discussed in this entry cut across organizational boundaries. Therefore, these factors represent commonalities that, when leveraged properly, can lead to theft reduction strategies that are not specific to any particular organization.

Jay P. Kennedy

See also Crime Prevention, Policies of; Fraud; Occupational and Corporate Crime; Occupational Crime: Prevalence and Statistics

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ESCALATING SENTENCING RULE

See Repeat Offenders

ESTIMATE OF RISK OF ADOLESCENT SEXUAL OFFENSE RECIDIVISM (ERASOR)

The Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) is a risk assessment tool using a structured professional judgment approach. Instruments like the ERASOR attempt to help evaluators make a decision about sex offense risk (low, moderate, or high). All good tests and instruments attempting to measure human behavior must be valid and reliable. Risk assessment tools must measure what evaluators want to measure (validity), and they must allow evaluators to generate a measure that can be repeated over time, with others coming to the same conclusion (reliability). However, risk assessment with adolescents is more dynamic and changing, so risk assessment may be best looked at as a process that can guide efforts at intervention, treatment, and management.

The ERASOR seeks to allow a trained evaluator to meaningfully combine psychosocial, statistical, factual, and environmental information in a way that allows for responsible and defensible decisions about risk management as well as treatment and placement, if applicable. The ERASOR permits an evaluator to come to a decision about an assessment of risk for reoffense. It also can assist an evaluator to create and develop a plan for treatment and can identify areas where the adolescent might require some motivation to accept and engage in treatment. This entry discusses several general considerations in sex offense risk with adolescents.

Risk must be measured so that professionals can determine how best to intervene, treat, and manage risk and associated factors. With an adolescent, a professional trying to measure risk—because risk factors are often more fluid—is encouraged to measure risk at different points. The adolescent can be assessed after being charged

with a criminal offense, once detained and provided counseling or other treatment measures, and again after treatment and adjudication have occurred. Adolescent sex offense risk assessment is a process that can be used to determine the type and intensity of treatment needed and to help define goals and objectives (*targets*) of treatment and case management.

With adolescents, however, there are issues complicating sex offense risk assessment. The first are base rates. A base rate is the rate at which a behavior (e.g., sexual assault) occurs in the general population of adolescents. These base rates for juveniles are relatively low. So, when trying to measure or assess the likelihood of another sex offense occurring, evaluators can be prone to *inflating* their assessments because the base rate of the behavior is so low to begin with. This can lead to the perception of a higher probability of risk than is actual, a serious error. Another factor complicating risk assessment is that nearly all of the existing research is based on experience with adolescent males. The data on female sex offense risk are emerging.

The ERASOR is a relatively short-term (less than 1 year) risk assessment tool to be used with adolescents between the ages of 12 and 18. It allows for a consideration of both static (fixed and historical) and dynamic (changeable, amenable to treatment) risk factors. The second version, ERASOR 2.0, has 25 items across five relatively self-explanatory areas: sexual interests, attitudes, and behaviors; historical sexual assaults; psychosocial functioning; family/environmental functioning; and treatment considerations. The factors considered (not a complete list) include having two or more victims and whether one is a male, attitudes supportive of offending, threats or use of violence, and peer relations and social isolation. Because the emphasis is on short-term assessment of sex offense risk (very prudent with adolescents), the ERASOR 2.0 is also recommended to be utilized as a repeated risk assessment to evaluate changes over time.

Adolescent sex offense risk assessment with tools like the ERASOR focuses not only on adolescents who commit sexual offenses but also on the systems within which they live and function and upon those whom they depend for nurturance and guidance. In short, risk assessments with

adolescents seek to place behavior and risk factors in the context of the social environment and human development. With adolescents, because these factors are very dynamic and changing, the assessment of sex offense risk is also considered to be time limited.

The ERASOR is considered to be an *empirically guided* instrument, not a true actuarial tool. Therefore, an assessment using the ERASOR does not have cutoff scores. However, the research continues to grow, indicating that the reliability and validity of the ERASOR is improving judgments of adolescent sex offense risk assessment. A prominent feature of the ERASOR is its inclusion of dynamic, or changeable, risk factors, making evaluations using the ERASOR especially helpful in intervention planning for adolescents and to make adjustments to case management plans as they evolve.

However, despite an evolving base of research regarding the validity of common risk factors for adolescent sexual reoffending, the knowledge is theoretical and conditional; there is not definitive evidence regarding risk factors for sexual recidivism in adolescents. It is also likely that complex interactions among different risk factors are at play at different times in the development of children and adolescents and that these dynamics are exceptionally difficult to disentangle and document empirically. Similarities found between risk factors and other problem behaviors, including general antisocial conduct, complicate matters even further.

The ERASOR 2.0 has not been as widely examined as have some other measures of adolescent sex offense risk, but like others, assessments using the ERASOR are not considered to lead to findings that can be considered strongly predictive regarding sex offense risk. The ERASOR also employs only a clinical rating system based on the evaluator's judgment of risk associated with the presenting risk factors (e.g., it does not allow for a more precise assessment of risk such as one that might be obtained using an actuarial method).

Although risk factors are the foundation of virtually all risk assessment instruments, in recent years, more attention has been given to protective factors and their role in mitigating risk. The role of protective factors in juvenile delinquency prevention has long been recognized. Their appearance in the sex offense risk literature and their consideration in the process of evaluating

adolescent sex offense recidivism is relatively new. Attention must be paid to the possibility of factors that protect against antisocial conduct as well as to those that predispose to it. Similarly, it is critical to understand factors that suggest the absence of offending behavior as well as those that suggest reoffending and the moderating effects that protective factors can have.

Perhaps most important, findings from risk assessment with instruments like the ERASOR must be integrated into a comprehensive assessment process that produces a thorough understanding of the adolescent being assessed. With adolescents, the value of sex offense risk assessment can lie in a consideration of dynamic risk factors that might serve as a basis for case management rather than in the capacity to accurately predict risk. However, it has been shown that different raters using the ERASOR can significantly differentiate repeat adolescent sexual offenders from those who do not reoffend.

However, evaluators using the ERASOR 2.0 to assess the potential for adolescent sexual offending behavior should consider evaluations with the instrument as one part of an ongoing process. It should also be a process involving contributions from many professionals involved in the adolescent's life (e.g., teacher, probation officer). Any assessment using the ERASOR 2.0 is strengthened when it considers multiple sources of data. Adolescent sex offense risk is one aspect of an adolescent's behavior at a particular point in time. The ERASOR 2.0 is a tool that should be used, as indicated, as one part of a comprehensive assessment process that looks at the factors involved in this behavior which change over time, like the adolescents themselves.

George Geysen

See also Criminal Risk Assessment, Juvenile Offending; Criminal Risk Assessment, Sexual Offending; Juvenile Sex Offenders: Assessment; Sexual Offenders; Sexual Offending

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EVIDENCE-INFORMED TOOLS FOR ASSESSING CORRECTIONAL REHABILITATION PROGRAMS

By conducting controlled studies, researchers are able to determine if a correctional program is effective in reducing recidivism. Through years of research, there has emerged a large body of knowledge that has identified the characteristics of effective correctional rehabilitation programs. This research is often referred to as the *what works* literature. Programs that have demonstrated reductions in recidivism have certain attributes, which in turn have led to the development of several tools designed to assess and measure the degree to which correctional programs are consistent with the research. In some ways, the process of correctional program assessment is similar to the assessment of an offender: Research is conducted, and risk factors are identified, then an assessment tool is formulated, and a process is followed to examine the characteristics of the offender to determine his or her risk of reoffending. Factors, including prior record, substance use, employment history, attitudes toward the crime or victim, whom the offender spends time with, and other factors that have been found through research to be related to the probability that the offender will or will not recidivate, are examined through the risk assessment process. In the case of a correctional program assessment, the principle is the same, except rather than look at an individual offender, the process assesses a correctional program to determine if the program has certain characteristics (e.g., strong leadership, qualified

staff, sound assessment processes, use of effective treatment model, quality assurances in place) that have been identified through research to be related to reductions in recidivism. This entry provides an overview of evidence-informed tools for assessing correctional rehabilitation programs, namely, the Correctional Program Assessment Inventory (CPAI) and the Correctional Program Checklist (CPC), and explores the purpose, scoring, limitations, and benefits of these tools as well as the findings related to their use.

Development of Correctional Program Assessment Tools

As a challenge to those who believed that correctional rehabilitation was not effective, a group of Canadian scholars began to look more closely at the evidence and to identify some key principles that needed to be followed in order for the correctional programs to be effective in reducing recidivism. Led by Canadian psychologists Don Andrews, Paula Gendreau, and James Bonta, some key principles were identified and became known as the Risk-Need-Responsivity (RNR) model. The essence of the RNR model is that in order to be effective in reducing recidivism, correctional programs need to focus on higher risk offenders (Risk), target the major criminogenic needs of offenders (Need), and deliver program and services based on cognitive behavioral and social learning theories that address individual learning styles and the barriers that program participants often face (Responsivity). The emergence of the RNR model led to the need for a program assessment tool to better gauge the degree to which correctional programs were adhering to the model.

CPAI

In the 1980s, Paul Gendreau and Don Andrews developed the CPAI. This tool was designed to assess a correctional rehabilitation program to determine the degree to which it was consistent with the RNR model and the principles of effective intervention. The CPAI was based on the clinical experience of the authors as well as a large body of research, including the results of meta-analytic reviews that demonstrated that correctional programs could be effective in reducing

recidivism. The original CPAI consisted of 65 items in six basic areas: Implementation, Staff, Offender Assessment, Treatment, Evaluation, and Other. Each item was scored, and an overall rating was obtained. Over the years, the CPAI has been used to assess hundreds of correctional programs, and there are now several versions of the tool.

CPC

Using the CPAI as the foundation for additional studies, researchers at the University of Cincinnati conducted several studies involving over 45,000 offenders and several hundred correctional programs. This research led to the development of the evidence-based CPC. Through these studies, the researchers were able to validate specific items and to identify new items that were significantly correlated with reductions in recidivism.

The CPC is divided into two basic areas: content and capacity. The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area: Program Leadership and Development, Staff Characteristics, and Quality Assurance. The content area includes the Offender Assessment and Treatment Characteristic domains, and it focuses on the extent to which the program meets certain principles of effective intervention. There are a total of 73 scored indicators, and programs are rated as either *Very High Adherence to Evidence-Based Practices (EBP)*, *High Adherence*, *Moderate Adherence*, or *Low Adherence*. Over the years, researchers have conducted approximately 1,000 assessments of various programs, including those serving adults and juveniles across a wide range of settings such as prisons, residential programs and halfway houses, outpatient settings, probation and parole agencies, and court programs. The CPC is now used by a number of states and correctional agencies to assess their programs. There have also been several new versions of the CPC created for use in different types of correctional settings, allowing for increased specification for commonly seen offender treatment programs. These include versions for assessing stand-alone groups, drug and mental health courts, and community supervision agencies.

Purpose of Program Assessments

Tools such as the CPAI and the CPC have several purposes, including:

- evaluating the extent to which correctional treatment programs adhere to the principles of effective intervention;
- providing feedback that can be used for program development and improvement;
- providing a tool to assist correctional agencies in monitoring program integrity and helping ensure quality delivery of services provided to offender populations;
- assisting agencies in evaluating and selecting service providers for funding; and
- stimulating research on the effectiveness of correctional treatment programs.

Conducting Program Assessments

Conducting program assessments combines a qualitative and a quantitative process. Information is gathered through structured interviews, group observations, and reviews of materials, and it is then scored following a detailed scoring guide. Both the CPAI and the CPC assessment processes require a site visit to collect program information. These include, but are not limited to, interviews with executive staff (e.g., program director, clinical supervisor), direct service delivery staff, and key program staff; interviews with offenders; observation of direct services; and review of relevant program materials (e.g., offender files, program policies and procedures, treatment curricula, client handbook). Once the information is gathered and reviewed, the program is scored and ratings are given. The program also receives a detailed report that identifies the strengths of the program (i.e., areas that are consistent with the research) and the areas that need improvement (i.e., areas that are not consistent with the research). Recommendations are also made which essentially provide a road map for program improvement.

Limitations of Program Assessments

There are several limitations to the CPAI and CPC that should be noted. First, these instruments are based upon an *ideal* program; that is, the criteria

have been developed from a large body of research and knowledge that combines the best practices from the empirical literature on *what works* in reducing recidivism. As such, there is no perfect program. Second, as with any explorative process, objectivity and reliability are an issue. Although steps are taken to ensure that the information gathered is reliable and accurate, given the nature of the process, decisions about the information and data gathered are invariably made by the assessors. Third, the process is time-specific. Changes or modifications may be planned for the future or may be under consideration; however, only those activities and processes that are present at the time of the review are considered for scoring. Fourth, the process does not take into account all of the *system* issues that can affect the integrity of the program. Finally, the process does not address the reasons that a problem exists within a program or why certain practices do or do not take place. Rather, the process is designed to determine the overall integrity of the program.

Advantages of Program Assessments

Despite these limitations, there are a number of advantages to the process. First, it is applicable to a wide range of programs. Second, unlike a traditional audit process that often examines a program based on some derived standards that are not necessarily linked to outcomes, the CPAI and the CPC are based on a large body of empirical research, and in the case of the CPC, all of the indicators have been found to be correlated with reductions in recidivism. Third, the process provides a measure of program integrity and quality; it provides insight into the *black box* of a program, something an outcome study alone does not provide. Fourth, the results can be obtained relatively quickly; usually the site visit process takes a day or two, and a report is generated shortly after. Fifth, the program assessment process identifies strengths and areas that need improvement as well as specific recommendations that will result in the program more closely adhering to evidence-based practices. Finally, it allows for benchmarking. Comparisons with other programs that have been assessed using the same criteria are provided. Since program integrity and quality can change over time, this process

also allows a program to reassess its adherence to evidence-based practices.

Findings From Program Assessments

The results from program assessment conducted throughout North America and several other countries have revealed that there is still a great deal of work to be done when it comes to improving correctional programs. Data from hundreds of assessments (both CPAI and CPC) indicate that only about 25% of all programs that have been assessed would be considered as adhering to the principles of effective intervention. While many programs have strong leadership and qualified staff, the areas of offender assessment, treatment, and quality assurance still need improvement.

Edward J. Latessa

See also Cognitive Deficits, Effects on Rehabilitation; Correctional Program Assessment Inventory (CPAI); Correctional Rehabilitation Programs, Evaluation of; Correctional Rehabilitation Services, Best Practices for; Correctional Rehabilitation Services, Intensity of; Risk-Need-Responsivity, Principles of

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EXHIBITIONISM

Exhibitionism is commonly defined as exposing one's genitals to unsuspecting strangers in public places for purposes of sexual gratification. It is one of eight paraphilias included in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Paraphilias are defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* as persistent, intense, and atypical sexual interests, and these are thought to be highly comorbid. In other words, the presence of one paraphilia, such as exhibitionism, increases the likelihood that other atypical sexual interests or paraphilias will also be present. For instance, research conducted by Kurt Freund and colleagues in the 1908s, which examined a large sample of male exhibitionists referred to a psychiatric teaching hospital for paraphilic behaviors, revealed that many of these exhibitionists also admitted engaging in voyeuristic activities (e.g., watching others in a state of undress or engaging in sexual activity) or frotteurism (e.g., touching or rubbing against a nonconsenting person for sexual purposes)—40% and 34%, respectively. High comorbidity with telephone scatologia (i.e., obscene telephone calls) has also been reported in additional research studies which may not be surprising given this behavior, like exhibitionism, also has unsuspecting victims and does not involve physical contact.

After providing background information on exhibitionism, this entry focuses on its conceptualization as a psychiatric disorder, including prevalence and implications with regard to criminal behavior, risk and recidivism, and treatment.

Background

In 2004 at the annual championship of the National Football League held in Houston, TX, the New England Patriots defeated the Carolina Panthers by a score of 32–29. At the time, this game was called “the greatest Super Bowl of all time.” Today, it is perhaps more well known for its controversial halftime show in which a *wardrobe malfunction* resulted in the exposure of celebrity singer Janet Jackson's right breast. Following this incident and just before the start of the second

half, Mark Roberts, an infamous British streaker who has run naked during several international events, ran on to the field disguised as a referee, undressed, and performed a little dance wearing only thong underwear before being arrested for trespassing.

Events such as these involving the public exposure of body parts that are not normally exposed, such as the breasts, buttocks, or genitals, have been recorded since classical times. In a well-known legend dating back to the 13th century, English noblewoman Lady Godiva was said to have rode through the streets naked, covered only by her long hair, in protestation of her husband's oppressive taxation practices. However, the exposure of sexual body parts in public was first conceptualized as a psychiatric disorder in 1877 by French physician Charles Lasègue. But when does such exposure become *indecent* or *disordered*? Is the *accidental* exposure of a right breast to millions of unsuspecting television watchers *indecent*? Are those individuals who are called *streakers* psychologically *disordered*?

The answers to such questions are complex and may depend on the jurisdiction (e.g., local laws and social customs) and circumstances in which sexual body parts are exposed (e.g., public vs. private settings), including to whom (e.g., consenting adults or nonconsenting individuals including children or minors) and for what purpose (e.g., for sexual gratification or some other reason such as reducing taxes), as well as any resulting consequences (e.g., harm caused to self and/or others). Collectively, these may be all exhibitionistic behaviors—a term derived from the Latin *exhibere* meaning to display. However, the term *exhibitionism* is usually reserved for a subset of these behaviors involving sexual fantasies, urges, or behaviors.

Prevalence and Diagnostic Considerations

The prevalence of specific paraphilias, including exhibitionism, is difficult to estimate. Paraphilic behaviors are often underreported by both victims and perpetrators. Prevalence rates also vary by setting with forensic and clinical samples having higher rates than community samples. In one of the largest community surveys conducted to date comprising 2,500 randomly selected adults in

Sweden, approximately 4% of men and 2% of women reported engaging in exhibitionistic behavior. However, only male gender was associated with *paraphilia-like* behaviors, which supports the notion that males are more likely to engage in exhibitionistic behaviors and to meet criteria for exhibitionism than are females. For this reason, offender samples are predominately male. Classic research conducted by Gene Abel and colleagues in the late 1980s found prevalence rates of 25% for exhibitionistic behavior in a sample of nonincarcerated sex offenders. Moreover, each exhibitionist reported having hundreds of victims. More recently, in 2003, Judith Becker and colleagues found that 14% of sexual offenders petitioned for sexually violent predator commitment in Arizona met criteria for exhibitionism. In comparison, only 5% met criteria for frotteurism. Such research provides further confirmation for the litany of studies that have identified exhibitionism as one of the most common paraphilias and sexual offenses.

A pattern of exhibitionistic behavior repeated to obtain sexual satisfaction may also constitute a psychiatric disorder. In order to meet *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* criteria for exhibitionistic disorder, exhibitionistic fantasies, behavior, and/or urges must occur over a significant period of time (e.g., 6 months) and cause harm (e.g., feelings of distress). Specifically, the exhibitionist may experience self-harm as a result of exhibitionistic behavior (e.g., mental anguish) and/or may inflict harm upon others as a result of this behavior (e.g., violation of legal rights).

Exhibitionism has also been conceptualized as a *courtship disorder* in which one of the phases of courtship, dating, or partner-based sexual interaction is extremely intensified and disordered (in this case the pretactile interaction phase), while others are omitted (e.g., sexual intercourse). However, studies have not fully supported this hypothesis and it has been debated whether exhibitionistic behavior may be an invitation or replacement for sexual intercourse.

The extent to which those who perpetrate exhibitionistic behaviors are *sexually deviant* has also been debated. Deviant sexual arousal is most commonly evaluated via phallometric assessment in which changes in penile circumference in response

to visual or auditory stimuli are measured using a strain gauge. In a 1991 matched study of men convicted of indecent exposure and men with no history of indecent exposure conducted by William Marshall and colleagues, those in the exhibitionist group displayed greater arousal to scenes of exposing than nonoffenders, but the actual degree of deviant preference was not marked. (In this study, the offenders had exposed themselves to an average of 18 people each, all adult females.) It has been argued that seemingly counterintuitive and mixed findings in this area could be attributed to small and diverse samples. However, Marshall and colleagues also found that phallometric responses to exposing scenarios were not correlated with reoffending. More recently, there have been data to suggest that exhibitionists may be *hypersexual* or sexually compulsive.

Exhibitionistic Behaviors and Impacts

The majority of exhibitionistic behaviors occur in urban areas—on public streets, public parks, parking lots, places of transportation (e.g., subway platforms), places of business, or from within a vehicle. Individuals exposing themselves from inside a vehicle are more likely to be masturbating. In general, more than half of all exhibitionistic behaviors are thought to involve masturbation. Few cases involve any attempted physical contact with the victim.

Victims of exhibitionistic acts tend to be unknown to the perpetrator and are predominately female. Although few victims report exhibitionistic behavior to police, research by Stephanie Clark and colleagues in 2016 highlights the potential impact of victimization including changes in behavior after exposure (e.g., avoiding being alone) and psychological distress (e.g., feeling scared, shocked, and violated).

Perpetrator Characteristics, Risk of Escalation, and Recidivism

Much of the available research identifying the characteristics of exhibitionists has been conducted on offender samples—that is, perpetrators whose exhibitionistic behaviors have brought them in contact with legal authorities resulting in formal charges or convictions. As a group, these

perpetrators are typically male, with a mean age between 25 and 35 years (although problematic behaviors typically began in adolescence), a history of substance misuse, difficulties with impulse control, and general criminal involvement. Early research also identified problems in interpersonal relations (e.g., intimacy deficits, poor social skills) and possible symptoms of mental illness.

While the majority of perpetrators expose themselves to adult females, a minority are sexually aroused by exposing their genitals to pubescent or prepubescent individuals. As such, identifying the *target* of exhibitionistic urges may assist in identifying comorbid paraphilias (e.g., pedophilia). Perpetrators typically have one or two victims per exposure and those who masturbate during the offense have been found to have a greater number of exhibitionism charges.

Philip Firestone and colleagues have conducted some of the few long-term follow-up studies of exhibitionists. In a sample of 280 exhibitionists referred to a university teaching hospital that were followed up, on average, for over 13 years, approximately 39% were charged with or convicted of a further criminal offense. In addition, roughly 31% of the men were charged or convicted for a violent offense and 24% for a sexual offense. Compared with nonrecidivists, sexual recidivists were less educated and scored higher on measures assessing alcohol misuse, psychopathy, and sexual deviance (i.e., pedophilia). Those who recidivated with *hands-on* or contact sexual offenses had a greater number of prior criminal charges than did the *hands-off* or non-contact recidivists.

Law enforcement and mental health professionals may be asked to assess the *dangerousness* of those who engage in exhibitionistic behavior including the likelihood that a noncontact exhibitionistic offender will escalate to contact offending. Based on their critical review of the exhibitionistic behavior literature, published in 2014, Matthew McNally and William Fremouw estimated that 5–10% of exhibitionistic perpetrators escalate to contact offending over an average follow-up period of approximately 5 years. In this review of 12 peer-reviewed studies, a history of antisocial behavior or general criminality was found to be the most well supported factor for escalation.

Implications for Assessment, Intervention, and Treatment

Historically, reports of high recidivism rates, large numbers of victims, and poor treatment outcomes relative to other sexual offenders have characterized exhibitionistic offenders. Reinvigorated efforts to explore this relatively understudied subgroup of sexual offenders using modern methods (e.g., standardized forensic assessment tools) have yielded some important findings in recent years while at the same time highlighting the potential heterogeneity of this subgroup and need for further research.

There are research findings to suggest that community treatment programs that focus broadly on the criminogenic, or crime-related, needs of men who exhibit (e.g., emotional, cognitive, and interpersonal needs) evidence greater promise than more restrictive programs with a narrow focus on sexually deviant attitudes and interests. In addition to psychological interventions, medications are sometimes used as an adjunct treatment to assist individuals in regulating highly compulsive behaviors including exhibitionistic acts. However, more high-quality research is needed to elucidate and evaluate specific applications of evidence-informed models (e.g., Risk-Need-Responsivity or RNR) of assessment and treatment to this offender subgroup.

Future Directions

Although the majority of exhibitionists do not engage in contact sexual offenses, offenders who exhibit are at risk of criminal recidivism and may require specialized assessment, intervention, and/or treatment to reduce the risk of harm toward themselves and others. Advances in technology (e.g., social media) may provide additional avenues for exhibitionistic behaviors and pursuits, and in the future, online sexual behavior including *electronic exhibitionism* may warrant exploration by law enforcement, forensic mental health professionals, and researchers alike.

Keira C. Stockdale

See also Frotteurism; Internet Sexual Offenders; Noncontact Sexual Offenders; Noncontact Sexual Offending, Theories of; Sexual Offending

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EXPERIMENTAL CRIMINOLOGY, RESEARCH METHODS IN

Experimental criminology refers to research that uses experiments to evaluate the effects of a policy, program, or intervention in criminal justice. As used here, an *experiment* is not to be confused with how this word is typically understood by laypeople to mean “the action of trying something new.” In contrast, when used by experimental criminologists, it has a very specific meaning: It is a study that implements the random assignment of units to experimental (E) or control (C) conditions before the introduction of a program, policy, or intervention. An experiment’s main advantage over other research methods is that it provides the greatest assurance that the results achieved are valid. This entry presents a more detailed understanding of experimental criminology by providing a brief history of the use of experiments in the social sciences, the formation of the new field of experimental criminology, the challenges faced by experimental criminologists, and current trends in this field.

Experimentation Versus Experiment

Searching social science databases for titles containing the word *experiment* results in the appearance of thousands of studies. However, only a miniscule number of these publications refer to the more rigorous definition used by experimental criminologists. For these individuals, an

experiment entails a comparison in which people (or places or things) are randomly assigned to groups. One group receives the intervention (the experimental, or E, group) while the other does not (the control, or C, group).

Random assignment is the cornerstone of an experiment. Where large numbers of persons are used, probability theory asserts that, within the limits of slight statistical variation, the two resulting groups should be equivalent. If the researcher then finds differences between the groups after applying the intervention, it can be safely assumed that these differences are due to the intervention. As such, the randomized controlled trial (RCT) offers three benefits not found when using nonexperimental designs. The first is that it minimizes bias in the selection of the two groups, thereby increasing the likelihood that the groups will be equivalent before the intervention is given. In addition, to the extent that random assignment provides every person an equal chance of being selected into the experimental or control group, it controls for chance variability. In other words, this equal probability of selection method uses chance to control for the influence that chance plays on outcomes. Finally, for a comparison between groups to be fair, the groups must not differ in ways that might affect the outcome prior to the introduction of the intervention under study. Random allocation leads to equivalency of the groups prior to the introduction of the intervention by ensuring the even distribution of factors—both those known and unknown to the researcher—that may be related to the outcome.

As the groups are the same prior to the introduction of the intervention, any changes observed in the groups post-intervention will be attributed to the only difference between the groups—the intervention. This allows a researcher using an RCT to make an unequivocal link between the intervention being studied and the outcome observed, thereby providing the least ambiguous evidence of an intervention’s effectiveness. Given this, it should not be surprising that experimental research is referred to as the *gold standard* in evaluation research, as results from an experimental study are more likely to be an accurate reflection of the intervention’s true effectiveness (what is called *internal validity*) in comparison to other nonexperimental methods.

Although there have not been a lot of experiments conducted in the social sciences, those that are done typically attract a good deal of attention. For instance, the 1984 Minneapolis Experiment studied police response to domestic violence calls and the effect this had on repeat violence. Upon answering a domestic violence call for service, police were randomly assigned to either mediate the situation, separate the couple, or arrest the perpetrator. Findings indicated an arrest, even without a subsequent conviction, had a strong deterrent effect on individuals. These results led to changes in how police departments handled domestic violence incidents throughout the United States, with many departments mandating that their officers arrest when responding to these calls.

Scared Straight is a program that brings delinquents into prison where hardened inmates spend 3 hr attempting to terrify them about prison life so as to *scare them straight*. The program was originally highly lauded, leading to jurisdictions nationwide adopting it. However, later experimental research indicated that it was not only ineffective in reducing these teens' likelihood of reoffending, but worse, it demonstrated harmful effects. That is, those who went through this program were more likely to reoffend when compared to the control group who had not been given this program. While some jurisdictions closed their Scared Straight program, there are still many nationwide that continue to run this program.

Finally, one of the most widely known and cited experiments, the Cambridge Somerville Youth Study, randomly assigned boys who were 10–16 years of age and starting to get in trouble with the law into either a control group or a treatment group. Those in the control group received no additional services from this program. But the boys and their families in the treatment group received case management services to assist them when they faced problems. In addition, the boys received an array of services including counseling, summer camp, tutoring, job training, and referral to specialists when thought necessary. The program ran for 5.5 years. It was assumed that the program had a positive impact on the boys' lives. However, the researcher, Joan McCord, returned 30 years later and was able to find and survey 98% of these men on an array of outcomes.

Results indicated that those who received these services had fared worse (e.g., they were more likely to be convicted of a crime, more likely to be alcoholic, more likely to be divorced, less likely to be steadily employed, less pleased with their lives) than those who were not given the program.

In each of these cases, the use of a quasi-experimental design would not have allowed the researcher to rule out competing explanations for observed differences in the outcomes. Using non-experimental designs means that the groups being compared might have been dissimilar prior to receiving the intervention. To counter this, researchers may use matching or engage in statistical controls in an attempt to make the groups equivalent. Although these methods can improve the study's validity, they are not without problems. To the extent that social scientists have yet to fully explain all the causes of social behaviors, it is always conceivable that other unknown and therefore uncontrolled factors influence the outcome. As such, an examination of posttest results will not be able to disentangle whether differences between the groups were due to the intervention or to differences existing between groups prior to the intervention. It should not be surprising, therefore, that researchers find a consistent and negative relationship between the rigor of the research and the likelihood of (falsely) finding an intervention effective.

In the United States, experimental research has had a relatively short but illustrious history. During World War II, a period when the wrong decision could cost lives and perhaps lead to losing the war, the Department of Defense placed a great deal of faith in experimental research. If the government was unsure about which helmet provided better protection, how long a soldier could continue to be effective in military engagement, or which propaganda technique had the greatest impact, an experiment would be implemented. However, by the end of the 1940s, RCTs were declining in use, possibly due to their failing to find many of the programs they evaluated effective. Experimental research reemerged in the 1960s with the start of the War on Poverty. With this massive investment in social programs to eradicate poverty and solve urban problems, the government wanted to determine whether they delivered on their promised outcomes. The

Department of Defense's scientific approach became, once more, the favored methodology. But interest in using experiments to evaluate social programs came to an end in the 1980s due, once again, to this methodology's failure to find most of these interventions effective.

The Start of Experimental Criminology

In an acceptance speech for the 2008 Stockholm Prize in Criminology, Jonathan Shepherd, a medical researcher, voiced concern that there were not more RCTs in criminal justice given the field's focus on public health. Shepherd noted that the medical field had only begun utilizing experimental research in 1946, but, since that time, cures for many diseases had been found largely due to the use of experimental research. This link between medical and criminological research continued with the advent of the Cochrane Collaboration, whose mission was to conduct and disseminate systematic reviews on the effectiveness of medical treatments to assist policy makers, doctors, and patients when making health-care choices.

In 1999, medical researchers began speaking with social scientists about using a similar infrastructure to provide systematic reviews of research that evaluated interventions used in criminal justice, education, and social work. The Campbell Collaboration grew out of these discussions and, within a year, began providing and disseminating systematic reviews. The impetus for both collaborations was the desire to make high-quality research written in a manner that made it accessible to policy makers, agency personnel, and the public. At the heart of both the Cochrane Collaboration and the Campbell Collaboration is the systematic review of experimental research on a given intervention followed by a meta-analysis. As science is built on cumulative knowledge, systematic reviews conducted for the Campbell Collaboration use stringent methods for collecting studies within a given area. Meta-analysis then integrates the evidence from these studies and provides an easily understandable synopsis of an intervention's effectiveness.

Challenges in Experimental Criminology

Criticisms of experimental research in criminal justice settings typically point to these studies

being expensive, time-consuming, and labor-intensive. However, research indicates that they are not significantly costlier, time-consuming, or more labor-intensive than quasi-experiments. In fact, many of the problems that plague experiments apply equally to quasi-experiments conducted in criminal justice. However, there are some difficulties that are unique to RCTs and need to be addressed as the field matures.

One problem is that it is typically more difficult to get agency support when using an experimental design. RCTs have been used so infrequently in criminal justice settings that agency personnel may view them as too difficult or impractical to implement. In addition, it is not uncommon for individuals to hear the word *experiment* and equate it with the Tuskegee Experiment conducted on poor African American sharecroppers from 1932 through 1972 or the Nazi experiments conducted on innocent Jewish civilians during World War II. But neither of these used an experimental design with random assignment to control and experimental groups; therefore, they would not be implemented by an experimental criminologist.

In addition, agency personnel may view RCTs as arbitrary, capricious, or even unethical, especially when it means that an individual viewed as most in need of treatment is randomly assigned to the control group and therefore does not receive the experimental intervention. This situation leads to two potential problems. The first is that agency personnel facing this situation may subvert the random assignment to provide the intervention to the individual in need. Somewhat related is the problem that some individuals may mistakenly view the refusal to provide an intervention in this situation as unethical or illegal.

In fact, it is neither. Many experimentalists make the point that the aforementioned position rests on the assumption that the program being evaluated is beneficial. However, if the intervention has already been found to be beneficial, then there is no need to evaluate it. Experimental criminologists work only with those interventions that have not been rigorously tested. As already noted, without a rigorous evaluation, there is the risk that authorities may unknowingly be providing, or even mandating, interventions that might be ineffective or even harmful (e.g., Scared Straight, Cambridge Somerville Youth Study). Therefore, the

mandate to do no harm would argue for the need to experimentally test new interventions before they are allowed to be widely implemented.

There is also the question about the legality of using an RCT when conducting criminal justice research. While as of 2018 the U.S. Supreme Court has not heard a case on the constitutionality of using random assignment in such settings, expert opinion indicates that this is not viewed as a denial of either equal protection or due process under the law. Specifically, in 1981, Chief Justice Warren Burger assembled a group of nationally recognized scholars to examine this issue. In the end, the group concluded that experiments should be allowed to continue, though they asked that caution be applied when used. In the same year, the Federal Judicial Center, the research arm of the Supreme Court, developed standards for the use of experimental research. These standards included that (a) the results of the intervention were not already known, (b) there were no alternative methods to scientifically determine an intervention's effectiveness, (c) the results would be used to improve the specific intervention, and (d) the rights of the individuals would be protected throughout the study.

Current Trends in Experimental Criminology

Criminology has been one of the social sciences that has taken the lead in experimental research. The Academy of Experimental Criminology was founded in 1999 to advance experimental research in criminology, provide more visibility for studies using an experimental design, and give experimental researchers recognition for the work they are doing. One method used by the Academy of Experimental Criminology for advancing experimental research is providing mentorship to young scholars pursuing an advanced degree to begin their careers as experimental criminologists. The mentorship is provided by Academy of Experimental Criminology fellows who have experience running experiments and are widely respected in their fields of expertise. In addition, in 2005, the *Journal of Experimental Criminology* was established to provide an outlet for experimental research. Despite its brief existence, it is already considered a top-ranked journal for experimental criminologists to publish in. Finally, in 2009, the

Division of Experimental Criminology was formed within the American Society of Criminology, the professional association for criminologists, demonstrating the widespread acceptance of experimental research in the criminal justice field.

Lynette Feder

See also Meta-Analysis; Research in Criminal Psychology; Treatment or Program Outcome Evaluations

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EXTORTION

Extortion is a crime committed in many countries around the world by means of violence against property or persons. There exists, however,

regulatory asymmetry in countries' criminal legislation that hinders both the identification of the offender and the appropriate treatment for the victim. If the extortion is occasional and carried out in a private setting (e.g., a son extorting money from his father to buy drugs), in addition to violating a patrimonial right, it is an action that creates an undeniable wound in the victim's psychological integrity, even a tear in his or her moral identity. This entry explores extortion exercised by mafia crime organizations. It discusses extortion's origins, typologies, character, and mode. A final aspect covers the most common articles in sociological and economic studies of extortion.

Extortion generates extensive social damage that extends beyond the direct and immediate relationship to the victim. Extortion has a silent element and those who endure it often file no complaint. This makes it nearly impossible to quantify the phenomenon in different locations, as it is an offense with a high level of *dark numbers* (i.e., crimes committed but not reported).

Extortion by Mafia Crime Organizations

From an economic point of view, extortion as an illegal activity carried out by mafia criminal organizations that produces disruptive effects on the victim and on the economy in question. It discourages investment and distorts an area's economy, making companies vulnerable. It is often utilized in business relations to eliminate competition, networking with other illegal and lucrative activities and thereby reducing the community's sense of security.

Extortion also has a serial element, constituting an activity that discriminates itself as that of a mafia criminal group from a generic criminal group. If a group of young people, set on committing predatory crimes, robberies, or thefts, intends to avoid criminal marginality (thus creating for itself a *Mafioso* profile), the first activity they carry out is extortion.

Extortion is one of the core strategies that the mafia uses to infiltrate legal markets and the public contract cycle. In mafia home territories, extortion precedes any other kind of illegal activity. It is a mother crime, which then leads to other crimes. New mafia settlement areas follow this pattern

and extortion becomes part of the corollary of illegal activities the mafia utilizes.

From a zemiological point of view, the various kinds of damage and social costs that extortion creates can be studied. Taking part in illegal opportunities, however, is not an attribute of the marginal classes alone. An unconventional, circular perspective is bidirectional and also considers criminality originating from white-collar crimes, such as those committed by local administrators, officials and bureaucrats from public agencies, entrepreneurs, professionals, political staff, and on-duty employees. Mafia organizations are able to offer services for the legal and illegal markets. This double integration generates connections with economic, political, and administrative actors. The relationships that are generated, the advantages, the exchanges, and the business that these different actors produce establish a gray area, intermediate, inhabited by a political, entrepreneurial, administrative class that at best represents itself as dishonest rather than criminal.

Social players in legal markets interact with those of illegal markets, resulting in associations that currently underpin the unmentionability of the connection. The zemiological analysis must include, therefore, not only those who already enjoy their criminal connections but also those who exploit or ally themselves in order to achieve personal gain.

Origin

In addition to having an intrinsic illicit nature and a strong dormant character, extortion feeds on conditions where the interaction is a relevant outcome variable, categorized among the following factors:

- the subjection of the victim
- the ability to blackmail the victim
- a way to carry out said event
- a type of economic sector, the enterprise size, local labor market vulnerabilities
- the strength of workers unions
- the criminal group's local area roots and organizational model
- level of presence and dispersion in areas of illicit economic, criminal, and illegal activities
- the level of local social fabric disintegration

- the effectiveness of prevention policies, security, investigative strategies, and court trial processes/findings
- the associative, organizational, and mobilization skills of victims and local communities, who are stakeholders in their affected rights and in the interests that relate to the common legal good

Leopoldo Franchetti (an Italian politician and economist who lived in the late 1800s and early 1900s) provided historical evidence indicating the origin of extortion activities from Sicily. This extortion was provided as protection services and market governance and carried out by the mafia to favor entrepreneurs. In a famous inquest conducted with Sidney Sonnino, Franchetti's (1876) work, *Political and Administrative Conditions in Sicily*, recounts a cartel created by a mafia group formed of several mill companies in the province of Palermo. Members of the cartel, while maintaining a mutual commitment of noncompetition, created a monopoly so that prices would remain high. Therefore, business owners were assured high profits, minimizing risks in market competition, while mafia members ensured pacts were respected by gaining a percentage of the profit.

The mafia was not immediately an official organization, but it is clear that a number of organized groups were created in Western Sicily from the mid-19th century, taking advantage of an agricultural economy still based in large estates and a weak state presence with limited capacity to ensure adequate protection to subsidiaries' interests and rights. This graft was realized by resorting to an existing behavior model based on the use of violence (dilating expressions later) taking over economic resources. The term *mafiusi*, in fact, meant "bully" and the first written document in which it appears in that period is the comedy *The Vicar of Palermu's Mafiusi* by Giuseppe Rizzotto and Gaspare Mosca, first shown in 1863. If the origin of extortion in Sicily is evidenced by several documents from the postunification (1861) period (in which criminals were described as *camorristi*), it was already seen in Naples in the 16th and 17th centuries. The imposition of a *duty* (a kind of tax introduced by long time offenders in prison) began to spread on everything that would enter the prison destined for other inmates.

In the second quarter of the 19th century, prisons and barbaric penal colonies would prove to be

ideal places for camorra cultural development as well as for learning extortion (*pizzo*) and legitimizing it culturally.

This parasitic practice, which dates back to the oldest roots of the Neapolitan camorra phenomenon, extended to legal activities (e.g., the popular markets, the port, every little transaction) and illegal ones (e.g., smuggling, undercover lotteries, the management of popular games). In 1860, even the police prefect, Filippo De Blasio, stressed that the police had to face an association of perverse men who cut anyone by imposing unjust taxes in exchange for peace.

In 1862, Marc Monnier defined the practice of extortion as a permanent and widespread practice applied to any business or commercial activity. He argued that the actions of camorra organized crime are structurally facilitated by a wide cultural and social lawlessness not only rooted in the populace but also inset in segments of bourgeois life. It is an element that still persists in Campania region. It takes the form of illegal activities, many of which (e.g., smuggling, theft, selling counterfeit goods, prostitution) are practiced by marginal people or groups in order to survive. It is also expressed in terms of collusion, the availability for corruption, and increasing one's own interests.

Extortion, therefore, immediately manifests itself in two separate, but cross-functional, properties. It is a primary form of the illegal accumulation of economic resources, which outlines the difference between organized crime and common crime. In addition, it is an effective strategy in controlling a business or economic sector or even an entire area. If the racket is an activity that aims to provide a service (e.g., protection), extortion does not necessarily reveal itself as such and can maintain its exclusive predatory nature. The original activity of extortion by the camorra and the mafia extended to southern areas, spreading to the 'Ndrangheta in Calabria and the Sacra Corona Unita in Puglia.

Today, extortion is the only permanent criminal activity that has spanned the history of criminal organizations and adapted to changes in Italian society. It has expanded beyond the confines of their traditional home territories to national and international levels, to many criminal organizations or global mafias, who preside over trafficking or oversee preparatory functions for entry into legal markets.

Typologies, Character, and Mode

The submerged character of the crime, and in particular the victims' reluctant collaboration, stands in contrast to the crime itself. The dark number varies between regions as a consequence of some of the aforementioned factors. Also of significant importance is the type of criminal organization, the victims' response (which is never unequivocal), the effectiveness of the criminal investigative regulatory framework, and the intensity/decisiveness of the local police force. The profit gained from crime is used both to deal with the so-called *criminal welfare* (e.g., maintaining families of the affiliated organization, expenses in judicial processes, and affiliated salaries) and as an investment into other criminal activities by criminal organizations (e.g., exploitation, the purchase of drugs, smuggling and illegal trafficking). These goals make extortion a functional means of offense with the aim of achieving other objectives.

The manner in which extortion is expressed varies. Sociological and victimology studies in Italy (and in some other European Union countries) have shown that extortion does not express itself only through its traditional protection of private economic players (as it originally did) but is utilized in different forms and adapts to local economies. It can be traditional *protection money*, imposed on commercial activities, businesses, and all legal and illegal economic sectors as a protection fee. The fee can be monthly, periodic, sporadic, or even a one-time payment required as a percentage (e.g., 3%, 5%) proportionate to the amount of the contract. It can also be multiple extortion (a combination of the *pizzo* and the imposition of products, services, and labor). The *pizzo* can be blanket (the victim pays little but pays all economic players within a selected area) or selective (only a few in proportion to turnover).

Other forms of extortion include:

- *masked* extortion, which is the purchase of goods at low prices by means of a front man or by using free goods or services which belong to the victim;
- *predatory* extortion, which is the imposition of a *pizzo* (protection money) without any kind of compensation;
- *extended* extortion, which involves the payment of altered invoices and the setting up of extrabudgetary funds by the victim that are then transferred to the clan/mafia group;
- *entrepreneurial* extortion, which offers (at favorable prices) services, goods, products, and supplies that the victim currently requires; and
- *purchase extortion*, which is based on a combination of extortion and exploitation as a long-term strategy in acquiring control in a business or company.

Protection racket fulfills two functions. First, it allows a predatory accumulation of economic resources. Second, it allows the exercise of territorial sovereignty. The mafias offering (or sometimes imposing) protection services to entrepreneurs restrict competition and are capable of extralegal enforcement of economic transactions in the markets they penetrate. For entrepreneurs, then, mafias provide business development opportunities.

The wide range in forms of extortion helps to explain why not all mafia or camorra groups utilize all types of extortion (e.g., entrepreneurial extortion and multiple extortion are carried out by more established, submerged organizations that have access to legal markets and have a dense distribution network). Activities expand and the victims' reactions vary. Many victims, for example, are in collusion with criminal groups because they can buy goods and services at affordable prices, profiting themselves at the expense of consumers. They may also create an entrepreneurial cartel with other companies and clans to make gains in the form of monopolizing market segments. Other victims operate in illegal conditions (e.g., by violating labor, tax, social security, or environmental laws) and therefore are vulnerable to blackmail. Economist Thomas Schelling claimed the black and submerged markets provide the infrastructure for the business of the underworld.

Extortion in Legal and Illegal Markets

Sociological studies of extortion introduce and refine the insights of precursors Franchetti and John Landesco, an American sociologist and Chicago Crime Commission consultant who

published *Organized Crime in Chicago* in 1929 (a study of organized crime in Chicago during the era of prohibition). The study claims that, in addition to the Italian mafia, the Italian-American mafia, the triads in Hong Kong, the Russian mafia, and the Japanese yakuza are all organizations that offering extralegal services, especially protection. This approach is known as the property rights theory and considers the specialized mafia organizations in the regulation of business affairs, legal property, and economic rights.

Economic studies consider extortion as a rent-seeking activity. Determined by what Douglass C. North terms “institutional and social order), rent-seeking results from inefficiency of the public administration, limited control or deficit in moral legality by the state, local economies in which private investment is reduced, dominating guidelines of rental rates, and decreasing spending on social protection. This vicious cycle makes normal economic activity vulnerable and strengthens economic activity when there are submerged movements in the black market. It is inconsistent work that hinders and distorts development in an area, multiplying the working poor within the fabric of small working businesses, and appearing right at the beginning of the development of a market resembling an official, legal one.

Giacomo Di Gennaro

See also Criminal Lifestyle; Criminal Organizations and Networks; Economics of Crime; Organized Crime Activities; Organized Crime Typologies

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EXTRAFAMILIAL CHILD MOLESTATION

Child molestation is legal term that designates a crime involving a range of indecent or sexual activities between an adult (or someone older than the victim) and a child. Although the age of the child victim may differ across states, such crimes usually involve a child under the age of 14 years. *Extrafamilial* molesters have abused a victim or victims who are unrelated to the offender, whereas *intrafamilial* molesters have abused family members. *Pedophilia* is recurring sexual fantasies, urges, or behaviors involving prepubescent

children. Not all pedophiles are child molesters because some pedophiles have not acted out on their sexual proclivities. Nor all child molesters are pedophiles because abusive sexual behavior toward children can be motivated by opportunism and impulsivity rather than by intense arousal or preference for children. This entry discusses the differences between child molesters and rapists, differences among child molesters, etiological models of child molestation, predictors of recidivism, and assessment and treatment.

Although the legal definition of child molestation focuses exclusively on the age of the victim, research definitions also take into account the differential age between the perpetrator and the victim to more accurately differentiate child molesters, rapists, and age-appropriate sexual behavior. Researchers operationally define child molestation as sexual activity with a minor who is younger than the perpetrator by a specific number of years. Although this tactic attempts to rule out confusion about the determination of child molestation versus *statutory rape* (sexual abuse of a postpubescent minor), it is still problematic because children's sexual developmental trajectories vary considerably. A 14-year-old girl may look like a 10-year-old, whereas her same-aged friend may look more like a 16-year-old. The Tanner Scale has been used in psychological research to improve classification by focusing on primary and secondary sex characteristics, such as breast development and testicular volume. This scale better differentiates victim's sexual development characteristics, and researchers have combined this scale with sexual arousal measurement tools, such as penile plethysmography, in an attempt to understand how offenders with various age preferences differ (e.g., *pedophilic* [children under 12 years or Tanner Scale 1], *hebephilia* [children at the early stages of puberty between ages 12 and 14 years or Tanner Stages 2 and 3], *ephebophilia* [postpubescent minors, Tanner Stages 4 and 5]). Because only victim's age is typically available in most record sources, this improved differentiation is often difficult to use.

The definitional complexities and motivational pathways among those classified as child molesters result in the de facto creation of a heterogeneous group of offenders whose diverse attributes are not captured by a single profile. Indeed, the

variations among them are important in etiological models, treatment planning, and risk evaluation. Coupled with the problem of the low frequency of reporting child molestation, these definitional discrepancies make it difficult to estimate the prevalence of child molestation in general and extrafamilial and intrafamilial in particular. Using data from adult surveys, plethysmographic studies, and general research on child molestation, Michael Seto in 2008 estimated that the upper limit of pedophilia in the population was 5%. The actual estimate of child molestation is problematic. In 2008, Seto's review indicated that between 30% and 50% of offenders with child victims were likely to be pedophilic.

Despite the heterogeneity among child molesters, there is also ample empirical evidence to support the hypothesis that sexual age preference is an important discriminator among those who have sexually offended, and offenders against children differ from offenders against adults in multiple important ways. Understanding child molestation requires both a description of their general differences from rapists and a delineation of the heterogeneity within this class of offenders.

Differences Between Child Molesters and Rapists

Substantial empirical data support the differentiation between rapists and child molesters. In addition to their unique erotic age preferences, child molesters are differentiated from rapists on a number of criminological and behavioral characteristics that are relevant to their treatment and dispositions. These include lower social competence, lower aggression in both sexual offenses and general behavior, less psychopathy, less drug and alcohol abuse, more sexual specialization, and less extensive criminal histories. Specific neurodevelopmental perturbations (e.g., low IQ, short height, increased birth complications) also discriminate offenders who are intensely sexually aroused by, or prefer, children from those who assault adults. Finally, recent data from the Massachusetts Treatment Center (MTC) follow-up study found that risk assessment instruments developed to capture the unique attributes of child molesters and rapists may yield more accurate predictions of each group's sexual recidivism.

Differences Among Child Molesters

From the beginning of the psychological and forensic study of offenders with child victims, their heterogeneity has been apparent. The earliest descriptive studies of these offenders focused on speculative systems that attempted to discriminate among purported types. The MTC Child Molester Typology (MTC:CM), now in its fourth version (MTC:CM4), remains the only extensively empirically validated typological system for these offenders. It provides a framework for understanding the differences among child molesters. This typology, which focuses on extrafamilial offenders against children, comprises the overarching dimensions of fixation/social competence and externalization/psychopathy.

Fixation measures the degree to which a child is the focus of the offender's sexual fantasy and behavior, analogous to the sexual arousal to children component in David Finkelhor's four preconditions model of child sexual abuse. *Social competence* assesses the degree to which the offender has negotiated life's social demands and responsibilities, a parallel of the blockage component in the four preconditions model. The confluence of these two independent dimensions yields a group of high-fixated, low socially competent offenders who are high on the neurodevelopmental perturbations cited earlier. In the large MTC sample, neurodevelopmental perturbations were found to be distributed as a *taxon* (a distinct, naturally occurring category of offenders) that was largely populated with high-fixated, low social competence pedophilic child molesters who had a more exclusive sexual focus on children, as opposed to adults. High-fixated, low social competence taxon members were more likely to have male victims and to have offended predominantly against prepubescent children. The categorical distribution of pedophilia has been replicated in a European sample, using self-report and performance-based measures of sexual preferences.

The externalization/psychopathy dimension in the MTC:CM4 model, which is similar to the disinhibition component in four preconditions model, has been found to be independent of fixation but correlated with the social competence dimension such that lower competence is related to higher externalization. In both child molesters and

rapists, aspects of externalization/psychopathic continuum have consistently correlated with hypersexuality, which is unrelated to fixation and sexual preference. Moreover, the externalization continuum has also been found to covary substantially among child molesters with the relationships that offenders have with their victims in nonsexual contexts. This link provides an informative description of variation along the externalizing continuum. Offenders at the low end tend to be pedophiles who seek interpersonal relationships with their victims, spend considerable time with children in nonsexual contexts, are low in their general impulsivity, and low in the amount of physical damage they do to victims. In the middle of this continuum are exploitative, opportunistic offenders who abduct their victims and show moderate amounts of impulsivity. At the high end are sadistic offenders who manifest a synergistic convergence of sex and aggression in their sexual crimes and gain gratification from harming their victims.

Etiological Models of Child Molestation

The major discriminators among child molesters identified in MTC:CM4 also constitute key domains in etiological models that have been proposed for child molestation. In retrospective studies of adolescents who have sexually offended, the convergence of high fixation and low social competence that was identified in MTC:CM4 corresponds to a pedophilic path that covaries with sexual and masculine inadequacy. Seto has referred to this etiological path as the motivational path. The retrospective studies indicate that developmental experiences of emotional and sexual abuse and poor attachment to caregivers are the earliest predictors of this path, and they hypothetically interact with neurodevelopmental perturbations in increasing the likelihood of sexual attraction to children.

A second etiological path has been found to coincide with the MTC:CM4, externalizing/psychopathy domain. Experiences of physical, emotional, and sexual abuse predict higher externalization on this path, which Seto has referred to as the facilitation path. He speculates that the self-regulation and emotional dysregulation problems associated with this path are an

important differentiator between noncontact child pornography users and contact child molesters.

Predictors of Recidivism for Child Molesters

Multiple actuarials and structured clinical guidelines have been generated to evaluate reoffense risk of sexual and nonsexual crimes, but little research has examined their differential predictive power for child molesters and rapists. Analyses of the MTC follow-up database found that the most frequently used risk instruments for predicting subsequent sexual offenses yielded marginal to modest accuracy for child molesters. Items that tapped into a sexual deviance–repetition dimension in the assessed instruments predicted better for child molesters than rapists, and items assessing a criminality–general violence dimension were superior predictors for rapists.

Consistent with these results, Sébastien Brouillette-Alarie and colleagues' analysis of more than 2,500 sex offenders examined the factor structure of the two most frequently used actuarials to assess recidivism risk in sex offenders (Static-99R and Static-2002R). They identified a three-factor solution: (1) persistence/paraphilia, a construct related to sexual criminality, especially of the pedophilic type; (2) youthful stranger aggression, a construct centered on young age and offense seriousness; and (3) general criminality, a construct that reflected the diversity and magnitude of criminal careers. In light of the analyses of the MTC follow-up study, it is likely that the first factor will predict better for child molesters, and the second and third factors will be more accurate for rapists. It is important to note the consistency of these factors with the critical domains found important in the etiological and typological models discussed above.

Assessment and Treatment

Karl Hanson, Guy Bourgon, Leslie Helmus, and Shannon Hodgson demonstrated in 2009 that the three treatment principles (risk, needs, and responsivity) that Don Andrews and James Bonta had established as the cornerstones of effective correctional intervention also applied to the treatment of those who had sexually offended. These principles

prescribe the allocation of treatment resources to those at the highest risk, interventions that target criminogenic needs (i.e., dynamic risk factors associated with the probability of recidivism), and treatment that is individualized to the needs and response styles of offenders.

To prioritize limited agency resources and identify the positive impact on recidivism reduction, the risk, needs, and responsivity treatment model requires the assessment of criminogenic needs prior to intervention and the tracking of the dynamic change of such needs during treatment. In accordance with this model, the treatment of extrafamilial child molesters requires assessing and targeting dynamic factors that have been identified as critical factors in predicting recidivism specifically for them. This includes sexual age preferences, intimacy deficits/emotional congruence with children, sexualization/hypersexuality/paraphilias (found both to predict recidivism and covary with the externalization continuum), and self-regulation/emotional dysregulation difficulties. These dynamic targets for treatment are not only important in predicting recidivism but also play essential roles in the etiology of child molestation and the typological differentiation among those who sexually offend against children.

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See also Criminal Risk Assessment, Sexual Offending; Extrafamilial Child Molestation, Theories of; Extrafamilial Child Molestation, Typologies of; Pedophilia

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EXTRAFAMILIAL CHILD MOLESTATION, THEORIES OF

Extrafamilial child molestation is child sexual abuse involving contact between a child and a nonfamily member. Extrafamilial sexual abuse may be categorized as stranger or nonstranger perpetrated. The majority of extrafamilial offenders know their victims. These offenders are often found in roles of authority, volunteered positions, or in nonfamilial caregiver roles. Except for offenders who took vows of celibacy, most offenders are married. Intrafamilial and extrafamilial offenders who know their victims are very similar in psychological factors.

Both offender types are also similar in the number of victim disclosures that occur. Only one third of child molestation survivors disclose their abuse during childhood, and 60% delay disclosing for 5 or more years after the first child molestation episode. Many survivors wait decades before disclosing their abuse, and 20% of survivors never disclose. This may be partly because offenders that know their victims gradually become intrusive and continue offending for long periods of time. Unlike intrafamilial offenders, extrafamilial offenders' roles are not as conducive to penetration of the victims. Therefore, intrafamilial offenders are more likely to complete intercourse with their victim.

Upon suspicion or knowledge of extrafamilial molestation, concordant maternal belief and protective action by the mother is more likely when the mother postponed childbirth until adulthood and the mother is not in a sexual relationship with the offender. Mothers without prior knowledge of their child's sexual abuse are more willing to believe their child's disclosure than mothers aware of previously reported incidents of sexual abuse of their child. However, children demonstrating sexualized behaviors are deemed less reliable by a nonoffending parent and nuclear family. These sexualized acts with other children can taint the child victim's unconscious cry for help and adult intervention. The child victim may not psychologically understand his or her feelings or physically understand his or her body's language for several years. This entry discusses the identification and determinants of extrafamilial child molestation.

Offender Profiles

The largest demographic difference between intrafamilial and extrafamilial offenders is sexual orientation. More extrafamilial offenders report their sexual orientation as nonheterosexual, with higher recidivism rates, as compared to intrafamilial offenders. Research confirms higher rates of recidivism for male extrafamilial child molesters whose victims were boys (35%) compared to intrafamilial child molesters (13%). These men, who were also gender nonconforming in childhood, were noted as significantly more likely to report having a history of child sexual abuse than their gender-conforming counterparts or those of the opposite sex. Although small, the differences between extrafamilial and intrafamilial offender psychological factors exist. Extrafamilial offenders show greater antisocial tendencies and atypical sexual interests. To date, no one factor explains why some people sexually offend against related children versus unrelated children.

Offenders' need for emotional congruence with children is an exaggerated cognitive and emotional need for childhood and children. Emotional attachment and dependency needs are likely met by interactions with children. There is a lack of research exploring offense-related psychological risks associated with emotional congruence with children. Therefore, the following three factors

should be considered for exploratory research only. If sex offenders are blocked from satisfying intimate relationships, they may feel the need to reach out to children as less threatening, and equally desirable, partners. Some sexual deviants, beginning in their adolescent years, are attracted to children and prefer children as intimate partners. Other offenders may have a preoccupation with sex or poor sexual self-regulation, which may co-occur with emotional congruence with children. Extrafamilial offenders typically have greater emotional congruence with children than intrafamilial offenders.

Extrafamilial offenders who know their victims engage in grooming behaviors that often occur over time. Although intrafamilial offenders also engage in grooming behaviors with their victims, their tactics involve more tangible rewards, threats of danger to friends and family, or disbelief by relatives. In contrast, extrafamilial offenders' grooming tactics resemble an adult courtship, anticipating a long-term relationship. The offender's goal is to gain the child's trust so that the child does not disclose the abuse, which most do not. In doing so, the offender's precarious search is over and his or her sexual desires are met. However, when the source of intimacy is lost, the offender will be primed to reoffend and once again use adult-like grooming tactics.

Extrafamilial molestation offenders who are strangers to their victims exhibit very different and distinct behaviors. Stranger offenders show no affection and typically use force on their victims. It is not uncommon for the offenders to kill their child victims. No grooming behavior is involved because the offender does not want the child to become familiar with his or her physical appearance or personality. Such knowledge makes the offender vulnerable to discovery if the child discloses the abuse.

Offenders who selectively target children unknown to them represent a very small minority of child molestation offenders. These offenders are more likely to be antisocial and pedophilic. Offenders perpetrating on children unknown to them typically have higher rates of reoffending than with intrafamilial offenders and extrafamilial offenders who know their victims. Offenders and their unknown victims lack relationships, which has been found to be related to higher rates of

sexual offense recidivism. If both categories of extrafamilial offenders are combined, then the recidivism rates for extrafamilial offenders are 3 times greater than the recidivism rates for intrafamilial molesters.

There are systematic criminal patterns in males convicted of sexual offenses against children. Extrafamilial offenders usually have already committed nonsexual crimes before their first sexual contact with children. They are more prone to relapses into sexual offending than intrafamilial offenders when there is a lack of a relationship between the offender and a child. These offenders also have been found to relapse into violent, rather than sexual, criminality. These sexual offenders have been found to show, after 10 years, reconviction rates of almost three of four, for non-sex offenses.

Crime Theories

The routine activities theory suggests that crime occurs when there is an offender and victim not in the presence of a guardian. This theory emphasized the importance of daily life routines in an offender's life. This is true for extrafamilial offenders working with children on a daily basis, yet there is a gap in the research regarding this influential context when examining child molestation. The crime pattern theory also applies to children of sexual abuse offenders. When an offender is primed and comes into the same spatiotemporal space repeatedly with a child victim, the offender will commit a crime. Previous models and theories exist pertaining to risk-relevant patterns within child molester behaviors. A more recent theory concerning recidivism is based on the four themes of fixation, regression, criminality, and aggression. Fixation and aggression proved to be effective in predicting recidivism.

Fixation involves conscious, explicit planning, along with well-crafted strategies for sexually offending. When explored, fixation was evidenced by the relationship between sexual deviance and persistence of sexual offending. The second theme is *regression*, involving the regressed sexualization of the victim. The offender rationalizes his repeated assaults on the victim. Sexualization is usually in the form of fondling, tickling, and offender gratification. The offender is usually older, has a closer

victim–offender relationship, and has usually cohabitated with a partner during his adult life. The fixation theme typically applies to intrafamilial and extrafamilial offenders who know their victims.

The third theme, *criminality*, describes offenders who abuse children as part of their antisocial behavior. The offender is not fixated on the child victim but on prior and future acts of criminality, specifically rape. The fourth theme, *aggression*, is evidenced in offenders with a history of violence and offending. Signs of aggression and sexualized violence are expected at crime scenes where sexual abuse has occurred. Sadly, most child victims do not survive because of the risk of disclosing and identifying the perpetrator.

Implicit Theories (ITs)

Distorted ITs supply an offender with explanations of events or rationalizations as to why his or her abnormal thoughts are normal, regardless of the reasoning. For obvious reasons, exploratory psychological research into human behavior and cognitive thought processes are central to research involving child sexual abuse. Offenders have distorted beliefs that children want sex, enjoy it, and that it does no harm to them because they are sexual creatures. Differences have not been found between ITs for extrafamilial versus intrafamilial molesters. However, not every researcher or clinician divides extrafamilial molesters into stranger and nonstranger groups. For the purpose of the information presented here, differentiations will be made between the two groups of molesters (extrafamilial and intrafamilial) as well as the subgroup of extrafamilial molesters, stranger molesters.

It is thought that individuals who sexually offend against children experience adverse events during childhood that make them incapable of explaining the events that occurred. Theorists posit that as these children grow older, they develop inappropriate ITs for the adverse events that occurred during their childhood. It is believed the ITs become offenders' framework for explaining, understanding, and anticipating victim's thoughts as well as their desires and beliefs. A classification of six ITs describes the entire range of child molesters' cognitive distortions. These ITs

are as follows: entitlement, nature of harm, uncontrollability, child as sexual being, it is a dangerous world, and child as a partner.

Based on behavioral differences among intrafamilial offenders, extrafamilial offenders, and extrafamilial stranger offenders, the ITs represent some offender types better than others. Because human behavior is unpredictable and involved, there is no set framework or master descriptive that represents all cases. Aggressor types feel entitled and believe they possess a special status that authorizes them to do as they please. Intrafamilial offenders may feel they deserve sexual pleasures because they are head of the household.

Both types of offenders could interpret the nature of harm IT as having sex with a child is not necessarily bad or harmful. They may try to justify their actions based on the child's young age and the chance that the child will never remember the sexual encounters. The uncontrollability IT reflects the idea that offenders are helpless and lack control of their emotions and needs. These offenders may demonstrate this by their willingness to patiently groom a child for sex rather than confront an adult about his or her true feelings and desires. Child as a sexual being, the fourth IT, is interpreted by both types of offenders to mean that children are sexual by nature. Offenders can convince themselves that children are sexually mature and capable of consenting to sexual activity. An incarcerated offender stated in an interview, for example, that his young daughter seduced him because she walked around with her hands in her pants.

Cognitive distortions may seem ludicrous to some, but a child molester interprets a dangerous world IT to be a way to punish those who he or she thinks could or might harm him or her. The victim may be an innocent child, left abandoned and sexually abused, but the offender demonstrated his or her power so that all would know he or she would not be rejected. The last, and more recent IT, is child as a partner. Both types of offenders demonstrate this theory in different ways. For example, an intrafamilial offender may choose to replace his wife, if she becomes distant or withdraws emotionally from him, with his daughter as his intimate partner. An extrafamilial, nonstranger offender may never have felt comfortable around members of the opposite sex yet has

sexual desires and needs. Choosing a child is less threatening and safer for the offender.

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See also Advocacy Organization; Child Maltreatment and Psychological Development; Criminal Profiling; Criminal Risk Assessment; Sexual Offending; Intrafamilial Child Molestation; Sexual Offenders; Trauma-Focused Cognitive Behavioral Therapy

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EXTRAFAMILIAL CHILD MOLESTATION, TYPOLOGIES OF

Extrafamilial child molestation refers to child sexual abuse that takes place outside the family dynamic. Extrafamilial child molestation or child sexual abuse involves a child being exposed by an adult outside of his or her family to sexual behaviors, such as fondling, intercourse, and oral sex, or other sexual activities, such as viewing pornography. Extrafamilial abusers may be babysitters, neighbors, or family friends. The impact of child sexual abuse can lead to devastating outcomes, such as higher rates of psychological and social distress, cognitive difficulties, emotional imbalances, and suicide. Children often do not understand what is happening and experience high levels of psychological distress, guilt, poor self-esteem, and self-doubt after being molested. For these reasons, child sexual abuse is one of the most unreported sexual crimes. Extrafamilial child molestation may be easier to prevent than intrafamilial child sexual abuse because abusers typically have to go to greater lengths to molest. As such, this entry discusses the etiology and typologies of extrafamilial child molesters.

Etiology

Child sexual offenders are dissimilar in their characteristics, coming from a wide variety of backgrounds and demographics. It has been found, however, that offenders are more likely to have experienced caregiver inconstancy, a highly correlated predictor of sexual violence in adults, which causes attachment disorders. An estimated 93% of all child molesters have displayed an insecure attachment, which leads to difficulties coping,

interpersonal deficits, and low self-esteem. Research also indicates that child molesters are also more likely than nonoffenders to have been victims of sexual and physical abuse at a young age. In comparison, rapists and child sexual molesters have earlier onsets of heightened sexual experience, such as exposure to pornography, sexual experience involving animals, higher prevalence of child sexual abuse, and earlier onset of masturbation. It is thought that these types of psychosocial shortcomings and past history of sexual abuse may cause individuals to be unable to have healthy adult relationships and thus turn to children to fulfill their sexual needs.

Pedophilic and Nonpedophilic Distinction

Child sexual molesters are distinguished by either being pedophilic or nonpedophilic in nature. Extrafamilial child sexual abusers are more likely to be diagnosed with pedophilia than intrafamilial abusers. Pedophilia is described as being sexually attracted to children, which may or may not lead to child sexual abuse. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, pedophilic disorder is defined by a person who is at least 16 years old, having reoccurring, intensely arousing sexual urges, fantasies, or behaviors involving sexual activity with prepubescent children, for 6 months or longer. The individual has either acted on these experiences or feels great distress or interpersonal difficulty due to these urges. Acting on these sexual urges does not necessarily mean molesting a child; for example, it can include masturbation involving fantasies with children or viewing child pornography. Other specifiers include exclusive type (attracted only to children), nonexclusive type, sexually attracted to males, sexually attracted to females, sexually attracted to both, and limited to incest.

Individuals diagnosed with pedophilia are typically single males who demonstrate poor social competence, have low self-esteem, and have a comorbid antisocial or narcissistic personality disorder. They often go out of their way to be involved with children by having occupations involving children or have childlike hobbies. They typically have lower IQs, difficulties with processing speed, and have higher rates of being

left-handed than nonpedophilic controls. Individuals diagnosed with pedophilia are more likely than those who are not diagnosed with this disorder to have multiple victims. They are also prone to recidivism.

Groth's Fixated Versus Regressed Subtype

Another distinction of the different types of child sexual abusers is known as the fixated-regressed subtype. In 1982, A. Nicholas Groth and colleagues developed this dichotomy based on how deeply the deviant sexual behavior is rooted and the underlying reason for psychological need. Fixated child molesters do not have healthy adult sexual relationships and are sexually preoccupied with, and prefer, children. Their victims are extrafamilial and are often vulnerable children who are lonely or somewhat neglected. Their offenses are premeditated and often involve long periods of grooming. *Grooming* is the process in which child sexual abusers gain their victim's and caregiver's trust and isolate the child in order to create secrecy around the sexual abuse and relationship. Fixated offenders' motivation to molest is not stimulated by stress and often begins during adolescence.

Those of the regressed subtype have normal sexual adult relationships and tend to molest during stressful periods of times as a coping mechanism. The behavior emerges in adulthood and is accompanied by periods of low self-esteem and poor self-confidence. Regressed offenders are not pedophilic per se, unlike their fixated counterparts. Fixated abusers are more likely to have male victims, have psychopathic traits, and be more violent to their victims. They are also more likely to have multiple victims and high rates of recidivism. Regressed offenders have lower rates of reoffending and are more remorseful for their crimes.

The Federal Bureau of Investigation (FBI)'s Typologies

The United States FBI expanded upon Groth's *fixated* and *regressed* typologies and developed five additional subtypes. These are morally indiscriminate, sexually indiscriminate, inadequate, seductive, and sadistic.

The regressed, morally indiscriminate, sexually indiscriminate, and inadequate typologies are situational offenders who molest when their environment permits or encourages these behaviors. According to the FBI's typologies, *regressed* offenders target easily accessible children as a substitute for adult sexual contact. This type of offender demonstrates poor social skills. The *morally indiscriminate* subtype are offenders who do not have a preference for children but use child victims to fulfill their own interests and/or sexual needs if they are easily accessible. These offenders may also victimize adults as well. *Sexually indiscriminate* offenders are most interested in sexual experimentation and molest children out of boredom. *Inadequate* offenders are social outsiders who demonstrate low self-esteem and view molesting children as their only sexual outlet.

The seductive, fixated, and sadistic offenders prefer to victimize children. *Seductive* child sexual offenders use intensive grooming to keep a long-term relationship with their victims. They will give the child gifts, love, enticements, and affection to maintain the secrecy and stability of the relationship. *Fixated* offenders experience deficiencies in their psychosexual development and remain compulsively attracted to children throughout their adulthood. This subtype is the most pedophilic in nature. Of all the FBI's subtypes, the *sadistic* offenders are the most dangerous. Violence and aggression excite them. These offenders even target stranger victims. Although these typologies can be applied to both extrafamilial and intrafamilial sexual molesters, it is more likely these preferential offenders will have extrafamilial victims. Situational offenders tend to molest children that are easily accessible, such as family members.

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See also Extrafamilial Child Molestation; Extrafamilial Child Molestation, Theories of; Sexual Offenders; Sexual Offending

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EXTREMISM AND TERRORISM, MIDDLE EASTERN

The simplest definition of *terrorism* is the deliberate use of violence against civilians to achieve political goals. *Extremism* refers to political ideologies that are inconsistent with, or in conflict with, a society's core values and principles. Basic elements of terrorism include that it is calculated (e.g., requiring time, planning, organization), involves violence against noncombatants, and is intended to shock. The purpose of terrorism is to create a high-profile impact with horrifying consequences, publicize a political or religious cause, intimidate and coerce authorities to accept demands, and undermine public confidence in their governments. This entry discusses modern religious extremism and terrorism originating from the Middle East.

The best known terrorist groups are al-Qaeda and the Islamic State of Iraq and Syria. Al-Qaeda committed the September 11, 2001, series of four coordinated terrorist attacks against the United States that killed 2,996 people, injured over 6,000 others, and caused at least US\$10 billion in infrastructure and property damage. Islamic State of Iraq and Syria caused, and is still causing,

destruction in Iraq and Syria that has resulted in thousands killed and injured, along with millions of individuals dislocated and towns destroyed.

Political Justification

The goal of Middle Eastern extremists and terrorist organizations is to politicize religion, gain control, and govern. They want to establish government rule by Sharia (i.e., Islamic) law. There is a vast array of purported root causes for the surge of extremism and terrorism in Middle Eastern countries. These include:

- undemocratic political and repressive political environments,
- disproportionate distribution of extreme wealth emanating from oil,
- decline of the Middle Eastern world into a marginalized region,
- perception of an immense discrepancy between the rich West and most Middle Eastern countries,
- histories of occupation,
- conflict between Israel and the Arab world,
- use of religion by ruling governments to fight communism and other political opponents,
- the Soviet invasion of Afghanistan,
- U.S. troop presence in Saudi Arabia during the Gulf war,
- the United States' 2003 invasion of Iraq,
- wealthy Arab countries controlling the political agenda through religion in the region and exporting their extreme religious ideologies and teachings around the world,
- the Iranian revolution's extensive use of religious rhetoric,
- the unequal distribution of power,
- unrepresentativeness,
- government inefficiency and corruption, and
- enormous police and military power.

Social Justification

Social causes for the surge of extremism in Middle Eastern countries include poverty, economic discrepancy between the rich and the poor, the general economic decline, high unemployment, the sense of being disenfranchised from community, a culture of hopelessness and ineffectuality, and the

tremendous population increase. These things can lead to feelings of deprivation, frustration, and injustice. The prevalent sociological reason given for extremism in the West is that homegrown extremists and terrorists are the result of failed integration policies, alienation in their adopted countries, and hatred for Western values.

Psychological Justification

Several psychologically based theories have been suggested to explain the phenomenon of Middle Eastern extremism and terrorism. They are briefly presented below.

Personality Traits

Some suggest that extremists and terrorists suffer from a disturbed relationship with their own identity, an inferiority complex, a lack of sense of independence, low self-esteem, and an absence of empathy, as well as potentially having injured narcissism, paranoid tendencies, and a preoccupation with power. Others have argued that terrorists emerge out of a normal psychology of emotional commitment to a cause. They are rigidly devout. They get involved in terrorist acts because it provides them with a sense of identity, camaraderie, self-actualization, fulfillment, status, power and direction to their lives, and fame.

Thinking

Extremist thinking is described as rigid, primitive, unsophisticated, and an oversimplification of complex issues. It results in a dichotomized world that divides issues and persons into only states of right or wrong, good or evil, rich or poor. This thinking is built on the rejection of others' views and imposition of their views on others. Extremists' and terrorists' actions are based on a subjective interpretation of the world rather than objective reality. They are utopian in their thinking, and they compare existing, flawed systems against their own *perfect* ideology.

Emotions

Extremists and terrorists are sometimes described as filled with negative feelings/emotions. These include feelings of disappointment,

frustration, fear, disgust, anger, and hatred toward all other faiths, unobservant and corrupt leadership, and whoever disagrees with their views. Extremists' and terrorists' feelings of dissatisfaction may stem from failures in their personal lives, for example, the inability to hold a job, rejection by the military, failed marriage, addiction, inability to adjust to modernity, discontent with some personal needs or objectives, and dissatisfaction about one or a combination of existing social, economic, political, cultural, or religious conditions. Importantly, they perceive themselves and their group as victims of injustice with no conventional hope for success.

Negative feelings that promote extremism have been cited among some immigrants from Middle Eastern countries to Western countries. These include feelings of being excluded and discriminated against because of their faith, rejection of Western culture and carry over hatred for Western values, the overwhelming experience of adapting to a new country, and feelings that modernization put them in a worse moral situation than they experienced previously.

Negative emotions are not the only emotions that inspire extremism. Other causes for joining a terrorist organization include the need for excitement and adventure, the feeling of being powerful, and a sense of belonging to a close network.

Belief System

Religious belief is the greatest motivating factor for extremists to become involved in terrorist activity. They do not believe in nonviolence or political solutions but want to wage *jihad* (holy war). They believe they are serving the ultimate religious cause and that their beliefs are superior to others' beliefs. For these individuals, the terrorist actions represent the execution of the will of God. They believe that fire and punishment are reserved for infidels and paradise is reserved for the faithful and that they are in a war between believers and corrupt, apostate regimes. They believe it is the duty of their coreligionists to struggle to build and maintain a righteous community and fight ungodly rulers, and that adherence to the purity of their religious practice is the road to salvation. There is the concern that Western culture will overwhelm their culture and is

trying to undermine them, and that their countries are the target of attacks by Christian Europeans. They believe that their countries have decayed because they have strayed from their religion and deserted *jihad* and that their religion is the only permissible religion, to which all others must yield. They see themselves as noble, morally superior liberators, martyrs, and legitimate fighters for a just social cause. Sacrificing their lives for God is considered an honor, with martyrdom the highest religious devotion and martyrs receiving extraordinary rewards for their fight and sacrifices, including going to the Garden of Eden and enjoying unlimited sexual pleasures.

Attitudes

Extremists teach children from a young age that they must stay away from unbelievers, idolaters, and foreigners (especially Westerners) and that the West is a source of evil. This attitude of rejecting the Western culture is particularly central to the extremist movement. Those Westerners around them are considered racially and culturally inferior, immoral, and materialistic.

Attribution

Extremists and terrorists justify their behavior by denying that they are causing harm to others and gaining benefits for themselves. They displace responsibility and externalize the blame to others, believing that they are victims. They also dehumanize their victims.

Cognitive and Emotional Dissonance

Extremists and terrorists are caught between a culture that goes back 1,400 years and modernization. This can result in anxiety, alienation, rigid beliefs, and inferiority complexes. Many immigrants to the West believe that they can lead a successful life and educate their children while shielding themselves and their families from any immoral Western cultural influence. Parents regularly teach religious commitment and other values from their original culture. School and the culture, however, have a more secular approach (or at least less commitment to religion) with different, and often conflicting, values. This can lead to psychological stress and dissonance.

Conformity

Peer pressure, group solidarity, and the psychology of group dynamics help members remain in terrorist and extremist groups. People tend to submerge their own identities into the group, resulting in a kind of group mind and identity. It can also result in a group moral code that requires unquestioned obedience to the group.

Brainwashing

Extremist and terrorist groups brainwash their members with their particular ideology. Brainwashing occurs by overwhelming the individual's mind prior to him or her becoming a terrorist. Victims of brainwashing are bombarded with one-sided views and beliefs that are conducive to them becoming terrorists. Groups implant their views in school, the media, and extremists' religious sermons.

Biopsychosocial Theories

Biopsychosocial theories suggest a link between aggression and unbalanced levels of chemicals in the brain (e.g., serotonin, dopamine), unbalanced hormone levels, and frontal lobe problems.

For example, some studies have reported a relationship between lower levels of serotonin and higher levels of aggression in humans. A relationship has also been identified between dysfunction or impairment in the prefrontal cortex of the frontal lobe and antisocial and aggressive behavior, particularly among the offender population.

Extremism and Mental Illness

Some have suggested that the behavior of terrorists can be explained by mental illnesses, such as psychotic states, psychopathy, narcissism, schizophrenia, paranoia, depression, and borderline or passive-aggressive personality disorders. However, investigations and interviews with terrorists and their relatives from different countries have not found evidence of mental illness or psychological abnormalities, at least not in regard to modern psychiatric nomenclature.

Extremism and Criminality

Extremists and terrorist organizations kill with the goal of terrorizing others; steal; force

organizations, business, and ordinary citizens to pay protection money; and kidnap for the purpose of negotiating ransoms to finance their operations. Although these actions are criminal, many of these individuals have no prior criminal history. Some, however, have been involved in petty crimes such as forgery, credit card fraud, and marijuana dealing.

Radicalization and Recruiting in Prisons

Radical Islamic views are preached in Western prisons and have been known to successfully convert certain offenders to radical Islam. Prisons represent ideal and fertile environments for radicalization because the prisons constitute violent, isolated environments; a captive audience; the absence of day-to-day distractions; and a group of angry, resentful, and disaffected young men. Some offenders join radical groups for protection or status among other prisoners. Offenders often share similar socioeconomic demographics and disaffected psychological characteristics with terrorists. These characteristics include youth, unemployment, alienation, the need for a sense of self-importance, and the need to belong to a group. Offenders are also vulnerable to radical religious ideology due to antisocial attitudes and the need to identify with other inmates sharing the same background, beliefs, or ethnicity. Factors that add to the increasing vulnerabilities include a high level of distress, cultural disillusionment, lack of preexisting or intrinsic religious beliefs or values, and dependent personality tendencies.

Assessment Measures

The risk/needs assessment tools commonly used to assess violent offenders are not suitable to assess extremists/terrorists. For example, the Level of Service Inventory, the Violent Risk Assessment Guide, and the Self-Appraisal Questionnaire were not designed or standardized for use with terrorist offenders. Their reliability and validity for use with extremists and terrorists have not been demonstrated.

Assessment and Treatment of Radicalization Scale (ATRS)

Because common assessment tools are unsuitable for assessing terrorists, a new measure was

developed to specifically to measure Middle Eastern extremism/terrorism. The ATRS, formerly the Belief Diversity Scale, was developed to canvas topics commonly reported in the literature as being indicative of, and/or related to, Middle Eastern ideologies that are the basis of extremism.

The ATRS consists of seven subscales, each designed to focus on a prominent ideological theme. The first subscale reflects negative attitudes toward Israel. The second subscale, titled Political Views, measures the important political views Middle Eastern extremists advocate (e.g., opposing secular laws and governments, and advocating for the implementation of the Sharia Law). The third assesses participants' attitudes toward women. These current, extreme attitudes are mainly repressive and represent extremists' views of the inferior role of women in society. The fourth subscale measures negative attitudes toward Western culture. Middle Eastern extremists have been vocal in their rejection of Western culture, claiming that Western civilization is corrupt and that the West is trying to undermine their religion. The fifth subscale, Religiosity, assesses respondents' commitment to their religion. Some questions in this subscale tap into extreme religious views that are common in the Middle East. The sixth subscale, Condoning Fighting, measures views that condone fighting and promote acts of violence as a means for the revival of religion, with the goal of destroying infidels (i.e., atheists and nonbelievers in Islam) and achieving a world with only one religion (Islam). The seventh and final subscale is a validity scale that indicates whether participants misunderstood the items, answered carelessly, or deliberately attempted to conceal their true answers.

The Violent Extremism Risk Assessment (VERA)

The VERA tool is designed for use with persons who have a history of extremist violence or have been convicted of such offences. To complete this measure, professionals must use the structured professional judgment (SPJ) schema. Using the format and structure of traditional SPJ tools, the VERA guides the assessor to consider and score risk factors (e.g., low, moderate, and high risk)

identified in the literature as relevant. The Attitudinal section of the VERA comprises items assessing an individual's attachment to ideology, perception of injustice, perception of target, identity issues, and empathy. Contextual items guide the assessor to consider the individual's social environment. Historical items look to factors associated with exposure to violence, violence training, and glorification of violent action. The fourth category guides the evaluator to seek out information that could serve as protective for the individual. As with other SPJ tools, rehabilitation efforts focus on dynamic or changing factors while strengthening protective factors.

There is some measure of overlap between the ATRS and VERA. The ATRS comprises a greater inventory of questions designed to assess fundamentalist and extremist Islamic beliefs associated with ideologically based violence. The VERA is a more traditional SPJ risk tool in style and has more specific items related to associations with violence in the person's background and sense of feeling aggrieved.

Homegrown and Lone Wolf Terrorism

Homegrown terrorists are individuals who were not born in a Muslim country but who joined extremist or terrorist groups while living in a non-Muslim country. Planned preempted or completed terrorist acts in Western countries can be conducted by first- or second-generation immigrants who retained their ideologies or by individuals who have converted to Islam. *Lone wolf* extremists are those who conduct terrorist acts on their own, sometimes under the guidance or direction of an organized terrorist group. They typically believe in the terrorist group ideologies, such as those from al Qaeda or Islamic State of Iraq and Syria leadership.

One reason for the homegrown and lone wolf terrorist phenomenon is that, since the 1960s, dangerous and extremist individuals have been allowed to immigrate to Western countries, where they maintained their extremist ideologies. Another reason is that some individuals who were not extremists when they immigrated then experienced what they perceived as social exclusion, prejudice, and discrimination, making it difficult for them to assimilate into the new culture. This can render them susceptible to extremist and

terrorist recruiters. The powerful effect of extremist ideology and the strong pull of individuals' religious roots sometimes supersede the assimilation process, and then hard-line views are passed to the next generation. Additionally, individuals who are frustrated with their lives or with politics seek others who have similar frustrations. This might lead them to form social networks that may arrive at a decision to commit a terrorist act.

Wagdy Loza

See also Academic Disciplines; Academic Training for Criminal Justice Careers; Community Policing; Corrections; Criminal Risk Assessment, Violence; Hate Crimes

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surrounding a witnessed crime as well as identification of participating offenders. Frequently, eyewitness testimony is the most compelling source of evidence in criminal trials and may be the only evidentiary support that links a suspect to the crime committed. Research shows that statements presented by eyewitnesses are influenced by a number of different factors that extend beyond the mere recollection of the event. This is of particular relevance given that inaccurate eyewitness testimony is the leading cause of false convictions in the United States. This entry introduces the role of eyewitness testimony in criminal cases, discusses variables that can influence the accuracy of eyewitness testimony, and reviews both current and proposed methods for mitigating potential biases that arise.

Role and Influence in Criminal Cases

Eyewitness testimony remains an important source of evidence in many criminal cases, even with the availability of more technologically advanced sources such as forensic DNA testing. This is in large part due to the wider availability of eyewitness testimony over sources of DNA when gathering evidence in criminal cases. Still, the technological advances in forensic DNA testing have helped to inform the role and limitations of eyewitness testimony, notably in the exoneration of persons convicted of crimes whose innocence is ultimately demonstrated through DNA analysis, a technology that was not widely available in the recent past. The Innocence Project website has documented 344 such cases, with inaccurate eyewitness testimony influencing over 70% of these wrongful convictions. Indeed, errors in eyewitness testimony remain the number one cause of wrongful convictions, with an estimated one third of eyewitnesses making an inaccurate identification.

Inherent in establishing eyewitness testimony as the leading cause of wrongful convictions is the court's reliance on inaccurate evidence in rendering a verdict, which is influenced by a number of factors. First, judges may have limited understanding of the factors that influence eyewitness testimony and frequently also misjudge the knowledge that jurors may have on the subject. This in turn limits the utilization of an eyewitness expert and prevents the orientation of jurors to the factors

EYEWITNESS TESTIMONY

Eyewitness testimony refers to the report of an event provided by someone who observed this event and often involves the recollection of details

that influence the accuracy of eyewitness testimony. This gap in knowledge surrounding eyewitness testimony may prevent the court from making an accurate assessment of a witness's statement. Indeed, eyewitness confidence, a poor predictor of eyewitness accuracy, is often emphasized over other factors.

Factors Influencing Eyewitness Testimony

There are multiple factors that influence the accuracy of an eyewitness statement. First, one should consider the complex process of memory formation. With very few exceptions, individuals are unable to register and recall an event with the precision and accuracy of a recording device. In fact, memory formation and recall consist of multiple stages recognized to be dynamic, malleable, and susceptible to influence. *Perception*, the observation of an event, can be biased based on the particular aspects to which an individual pays attention. *Encoding*, the transfer of the observed event into a memory, can be subject to interpretation as well as biases that are intrinsic (e.g., knowledge base, prior experiences) or extrinsic (e.g., the presence of a weapon or a disguise) to the individual. *Storage* refers to the preservation of the encoded memory and is susceptible to both modification and deterioration over time. *Retrieval* represents the recreation of a memory, which is vulnerable to unconscious modifications in order to fill in gaps that may be present in the encoded memory.

Other factors that influence the accuracy of eyewitness testimony can be divided into two broad categories. *System variables* refer to factors that affect eyewitness testimony and are controlled by the criminal justice system. Conversely, *estimator variables* are factors that are inherent within the witnessed event. The criminal justice system can estimate the significance in relation to eyewitness testimony, but estimator variables are beyond its direct control. Taken collectively, estimator and system variables may contribute to an erroneous identification of a suspect, with an effect that is likely additive.

Estimator Variables

Characteristics of the witness prior to observing the event in question are an important

consideration when evaluating the accuracy of eyewitness testimony. Among these characteristics are an eyewitness's age, with children less than 10 years of age and individuals more than 70 years more likely to make erroneous identifications than the general population. Additionally, individuals tend to have less accurate facial recognition with suspects who are outside of their own ethnic group, a phenomenon described as the own group bias or cross-race effect. In the same vein, an individual tends to recognize faces with familiar physical characteristics, which can erroneously influence an eyewitness's identification if that individual mistakes the context of this person's familiarity and wrongfully associates it with the memory of the perpetrator.

Other estimator variables that should be considered include characteristics of the event in question as well as the mental state of the witness during said event. For example, the distance between the witness and perpetrator is inversely correlated to an accurate identification. Similarly, lower levels of illumination and shorter exposure to the facial features of the perpetrator are also inversely correlated. Additionally, if perpetrators wore disguises or changed their appearance by altering their head or facial hair, a witness may struggle with an accurate identification.

If drugs or alcohol clouded the sensorium of a witness at the time of the event, the ability to make an accurate identification may be impaired. These effects have been demonstrated specifically for alcohol and marijuana intoxication. A final consideration that can influence eyewitness accuracy is the perceived stress of the event in question. When the perceived threat is minor, the associated stress may enhance one's memory of the event and alleged perpetrator. Conversely, situations that are perceived as highly threatening activate the fight-or-flight response in a witness, which may impair recognition and recall. This is particularly relevant when the perpetrator wields a weapon and potentially impairs a witness's memory, a phenomenon described as the weapon focus effect.

System Variables

An inherent concept of system variables is that they occur following the alleged event. They

include both eyewitness interviews and suspect identification by lineup conducted by law enforcement officers, both of which have the potential to introduce bias if not conducted optimally. For example, interviews conducted during an investigation frequently rely on close-ended questions, which not only may limit the amount of information gleaned from an eyewitness but also have the potential to unknowingly introduce bias given the suggestive nature of some close-ended questions. Additionally, the content provided by an eyewitness during an interview can be influenced by exposure to additional information regarding the event received from other individuals, the news media, or even law enforcement. As memory formation and maintenance are malleable, such postevent information may unknowingly influence what the witness recalls.

The process whereby a witness identifies an alleged suspect is typically a lineup conducted by law enforcement, which has the potential to introduce bias in multiple ways. For instance, the number of individuals participating in a lineup affects the fairness of suspect identification. An insufficient number of participants increases the likelihood that a suspect will be selected by random chance rather than by accurate identification. Similarly, the composition of the lineup may also sway the eyewitness. For this reason, a suspect should not be obviously distinct from other participants in terms of appearance, attire, and physical positioning in relation to the eyewitness.

The verbal interactions between an eyewitness and law enforcement immediately before and after the lineup can also constitute a source of bias. Specifically, if a witness is not advised that the alleged perpetrator may not be present in the current lineup, then that witness has a significantly higher chance of making a false identification. The *relative judgment process* refers to the tendency of a witness to identify the person who most closely resembles the perpetrator when the actual perpetrator is not present within the lineup. The risk of making an erroneous identification based on similarities in appearance can be minimized by a *pre-lineup admonition* as described earlier. An additional consideration involves law enforcement's response when a witness identifies the suspect within the lineup. If officers confirm that the suspect was correctly identified, the witness's

confidence that the suspect is the actual perpetrator may be bolstered. The *postidentification feedback effect* refers to the augmentation of a witness's memory due to a newfound confidence that the perpetrator was correctly identified. This may have a significant impact, given that confidence is often regarded by the court as a predictor of accuracy in eyewitness testimony.

Methods to Mitigate Inaccurate Testimony

A standard measure of evaluation exists that functions to ensure eyewitness testimony is sufficiently reliable for inclusion into evidence. Modifications to this standard have been proposed that seek to more stringently evaluate for accuracy, recognizing that any degree of suggestibility is a form of bias that can negatively impact the veracity of eyewitness testimony.

Current Standard

Although states may vary slightly in this regard, the national standard for assessing reliability of eyewitness testimony is based on the 1977 decision of the Supreme Court of the United States in *Manson v. Brathwaite* (1977). Referred to as the *Manson test*, this standard involves consideration of two aspects of eyewitness testimony. First is an evaluation of whether the procedure surrounding the identification of the alleged witness was unnecessarily suggestive. Close attention is paid to (1) the presentation of the alleged suspect during the lineup, (2) whether a pre-lineup admonition was administered, and (3) the presence of any confirmatory statements made by law enforcement once the suspect was identified. If there is no evidence of suggestibility, then the testimony is admitted into evidence.

On the other hand, if there is evidence of suggestibility, then five additional criteria are used to assess the reliability of the testimony. These include (1) the extent to which the witness was able to observe the alleged perpetrator, (2) the attention paid by the witness during the event, (3) the confidence of the witness at time of identification, (4) the degree to which the description provided by the witness matches the appearance of the suspect, and (5) the time between the event and the identification.

Considering such additional notions seems reasonable when suggestibility is evident; however, it is important to note that the first three criteria (observation, attention, and confidence) are subjective, relying purely on witness self-report, with confidence being particularly problematic in this regard. Furthermore, the accuracy of witness descriptions has been shown to lack significant correlation to reliability. Finally, although the time that lapsed between the event and the identification is correlated to the strength of a memory, the greatest degree of memory attenuation occurs within minutes of the event. Accordingly, there may not be a meaningful difference in memory strength when the event extends beyond even 24 hr.

Proposed Modifications

A proposed standard for assessing the accuracy of eyewitness testimony is the four-step *I-I-Eye* method, which has been demonstrated to increase significantly the sensitivity of judges and jurors alike to these important issues. Inherent in this method is considering eyewitness testimony as a type of trace evidence, like DNA and fingerprints. With trace evidence, judges determine if appropriate, scientifically based protocols were followed prior to the material being admitted into evidence. The following four steps comprise a proposed protocol for judges to employ in making this determination.

First, one should determine if the interview was optimally conducted by law enforcement by (1) maximizing the amount of information obtained from an eyewitness, (2) not providing postevent information that may bias the recollection of the event, and (3) avoiding confirmatory statements that may increase an eyewitness's confidence. Second, one should assess the fairness of the identification procedures employed. Third, one should identify and consider any estimator variables that may affect subsequent testimony. Finally, conclusions should be based on the following four questions:

1. Did law enforcement obtain the maximum amount of information from the witness?
2. Prior to taking a statement on the confidence of the eyewitness, was any feedback given that may have increased confidence?
3. Is there a low, medium, or high probability that the testimony is accurate?
4. Is there a low, medium, or high probability that the identification is accurate?

A final implication of this proposed standard is its emphasis on how suggestibility may decisively influence eyewitness testimony. Specifically, if bias has occurred during either the interview step or the identification step, it cannot be undone, even if those steps are subsequently repeated. In such instances, with few exceptions, the testimony would be deemed unreliable and would not be admitted into evidence.

Scott F. Walker and Eric Y. Drogin

See also Criminal Courts; Police Lineups, Psychology of; Trials, Criminal; Wrongful Convictions

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FAITH-BASED INITIATIVES

Faith-based initiatives refer broadly to a wide range of interventions and services offered to offenders, victims, and families by volunteers and organizations motivated by religious convictions. Although the term *faith-based initiative* has been associated with the White House Office of Faith-Based and Community Initiatives (now the Office of Faith-Based and Neighborhood Partnerships) since its establishment in 2001, the concept of faith-based initiatives far predates and transcends this federal program. This entry outlines the origin of faith-based initiatives within the criminal justice system, introduces contemporary faith-based programs, and surveys challenges confronting these services.

Origins of Faith-Based Correctional Programs

Faith-based initiatives in the U.S. criminal justice system date to the late 18th century. Religious leaders concerned by the brutality of corporal punishments advocated correctional reforms that gave rise to the penitentiary movement. This movement drew upon the principles and practices of religious monasticism, including silence, solitude, labor, and instruction to reenvision prisons and jails, formerly reserved for pretrial detention and debtors' incarceration, as places of penitence, reform, and rehabilitation for criminal offenders. The first U.S. penitentiaries included

Philadelphia's Walnut Street Jail and New York prisons Newgate, Auburn, and Sing Sing. From its inception, the penitentiary movement was fraught with conflict between religious reformers and security over access and program implementation. Religiously motivated emphasis on rehabilitation waned while incarceration endured as the default criminal punishment in the United States. The penitentiary label is a vestige of its religious roots.

Contemporary Faith-Based Services

Since the 1970s, faith-based initiatives addressing crime have returned to prominence. Programs include prevention efforts, custodial programs, and postrelease services. Community-organizing endeavors like Boston, Massachusetts's TenPoint Coalition and Milwaukee, Wisconsin's Violence-Free Zone Initiative cultivate partnerships between congregations and other community assets, including schools and law enforcement, to curtail gang activity and substance abuse, particularly among youth. Mentorship programs pair at-risk youth, especially children of incarcerated parents, with positive role models to disrupt intergenerational criminal cycles.

Other initiatives mobilize faith-motivated staff and volunteers to serve incarcerated offenders. These interventions range from worship services and scripture studies led by volunteers from local congregations to formal curricula, accredited degree programs, and faith-based dorms and entire prison units operated by contract with state

and federal agencies. The largest organizational service providers include Prison Fellowship, Kairos Prison Ministry, and the Salvation Army, all of which operate internationally. These groups provide visitation, mentorship, life skills courses, substance abuse counseling, and parenting seminars. More extensive academic programs offer bachelor's degrees at no cost to prisoners through partner seminaries. Still other programs offer direct services to inmates' families, including counseling, assistance with visitation processes, and material aid.

Prison Fellowship's most intensive program, the InnerChange Freedom Initiative, bridges in-prison rehabilitation and postrelease aftercare. The InnerChange Freedom Initiative delivers a biblical curriculum within an environment dedicated to its program. It then continues to support participants for up to a year after parole, significantly reducing recidivism. Another innovative initiative bridging prison and parole is the Prison Entrepreneurship Program. The Prison Entrepreneurship Program combines character assessment and development with a business plan competition that challenges participants to cultivate business skills needed upon release. The program also offers transitional housing and continuing education to support reentry.

Still other initiatives focus exclusively on reentry. Religiously operated halfway houses offer safe, stable, and supervised residences to parolees. These residences often offer on-site job skills and technology training, employment and transportation assistance, and ongoing substance abuse counseling. Faith-motivated individuals and organizations help parolees navigate the most vulnerable months of their transition and reintegrate as prosocial community members.

Challenges to Faith-Based Initiatives

Assessing the efficacy of faith-based programs has proven difficult, although the most extensive literature review to date identified positive correlations between religion and crime reduction in 90% of studies. The first hurdle for assessing faith-based initiatives is their sheer diversity. Crime prevention initiatives, victim services, and interventions with offenders both during and after custody defy easy categorization. The diverse

settings for such services virtually ensure some degree of inconsistency in implementation. Different initiatives also claim different outcome measures as appropriate to their respective programs. Recidivism reduction, desistance, institutional conduct, and subjective coping might all be plausible outcome measures for a given initiative, but differing stakeholders may well disagree about which ones are most appropriate. Finally, faith-based initiatives inherently introduce a measure of selection bias since they must be voluntary to protect participants' religious freedom. Careful evaluation design can mitigate this assessment challenge but likely never dispel it entirely.

Mention of religious freedom leads to the second major challenge to faith-based initiatives: questions of constitutionality. Some object to the direction of public funds to faith-based services, even when carefully earmarked for secular aims. Others object to the provision of faith-based services at all, regardless of funding. They contend that religious programs within correctional contexts inescapably privilege one faith over another (or none) and thereby unconstitutionally incentivize religious participation. Concerns to resist government establishment of religion come into tension with protection of offenders' free exercise rights and controversies that have beset faith-based initiatives since the penitentiary's origins reemerge.

Joshua Hays

See also Academic Programs for Prisoners; Community Context and Mass Incarceration; Desistance; Motivation to Change; Reentry; Rehabilitation; Spirituality

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FAMILIES OF INCARCERATED OFFENDERS

Based on data from the late 2000s, just over half (52%) of state and under two thirds (63%) of federal inmates in the United States have a minor child. This translates to approximately 1.7 million children being separated from their parents due to incarceration. Additionally, 7% of children in the United States will experience parental incarceration before turning 18 years old. Not all families, however, are equally affected by incarceration. Incarceration is concentrated among individuals of color, African Americans and Latinos in particular, and those of lower socioeconomic standing. Black children are 3 times more likely than White children to have an incarcerated mother. Similarly, among children born in the 1990s, 25% of Black children will experience parental incarceration, compared to approximately 4% of White children. Therefore, the families most likely to experience incarceration are those who are also experiencing cumulative economic, social, and racial disadvantage. Parental incarceration can exacerbate such disadvantage by removing a significant source of income from families. For example, data on state prisons from the late 2000s illustrate that approximately half of incarcerated parents were their families' primary financial provider. This entry focuses on how incarceration affects offenders' relationships with their family members, with a particular emphasis on offenders' relationships with their children and other immediate family members. First, this entry explores how family relationships and parenting are impacted during incarceration, and second, it examines the role of family relationships during offender reintegration.

Incarceration and Family Relationships

Incarceration creates an involuntary separation, both physical and emotional, between offenders and their family members. This leads to significant changes in family relationships and roles. In the case of parental incarceration, often the first change experienced by families is a change in the children's residence, particularly when mothers are incarcerated. Most mothers were residing with their children and were their primary caregivers and sources of financial support prior to incarceration. Following maternal incarceration, children are mostly likely to be cared for by maternal grandparents, which means that maternal incarceration often results in children moving to a new home. Although just under half (42%) of incarcerated fathers were living with at least one child prior to being incarcerated, those who were not coresiding with their children were often providing financial support and caregiving. After fathers are incarcerated, children most often remain in the care of their biological mothers. Therefore, parental, compared to maternal, incarceration may not lead to the same residential instability for children. However, it can result in increased economic strain.

Incarceration also affects the quality of family relationships, particularly parent–child relationships. Incarceration forces families to consider how they will communicate (or not communicate) from significant physical and emotional distances. These distances preclude offenders from participating in the types of activities (e.g., shared leisure, vacations, and family rituals) commonly used to build and sustain family relationships. Without these relationship-building activities, offenders feel as though the quality of their family relationships erodes. Some offenders, particularly fathers, may also attempt to create distance from their families. For example, they may refuse or discourage in-person visits and other forms of contact as well as show fewer emotions when they do communicate with family members. Scholars have suggested that this distancing may be due to offenders' desires to protect their families from the difficulties of the prison context (e.g., challenges in getting to facilities, chaotic visiting environments, and other offenders). Distancing may also allow offenders to avoid emotional pain that may arise

when they see or hear from family members. Contact during incarceration may lead to reliving the process of arrest and confinement. Offenders also express feelings of shame and regret at their family members having to see them incarcerated. Thus by distancing themselves from their families, offenders can simplify the experience of *doing time*.

The ties between incarcerated fathers and their children may be particularly fragile, and it is typically the quality of their relationships with children's mothers that determines the contact incarcerated fathers have with their children. This process is commonly referred to as *maternal gatekeeping*. Results from qualitative studies suggest that incarcerated fathers often feel their children's mothers actively prevent them from having contact with their children. Maternal gatekeeping may also depend on the relationship between the children's mother and the incarcerated father's own mother. The children's mother may allow the incarcerated father's mother to facilitate contact between the children and the incarcerated father.

During periods of incarceration, family members maintain contact through letter writing, phone calls, and in-person visits. Incarcerated mothers, compared to incarcerated fathers, tend to have more contact with their children. The type and the frequency of contact between offenders and their family members often depend on individual correction facility policies, how far the facility is from where family members live, and time left to serve. For example, letter writing is more common than phone calls and in-person visits. Based on data from the late 2000s, 70% of state inmates and 84% of federal inmates send and receive letters, while 53% of state inmates and 85% of federal inmates receive phone calls, and around half (42% of state inmates and 55% of federal inmates) receive in-person visits. Women's incarceration facilities typically have less restrictive communication and visiting policies than the facilities where men are incarcerated. When family members live closer to offenders' place of incarceration, there is more in-person visitation. Finally, contact becomes more common when offenders have less time left to serve.

In-person visitation deserves particular attention because it is the context in which offenders can be physically present with their family members. However, in-person visits are subject to

various policies and rules, which make it difficult to engage in warm and supportive family interactions. For example, visiting environments are noisy and, in an effort to control offenders' movements, do not provide family's privacy. It is also common for offenders and family members to be required to remain seated and physical contact be limited to hugs at the beginning and end of visits. Additionally, some jails allow only no-contact visits. In no-contact visits, offenders and family members are physically separated and must communicate through phones. Finally, visitation can lead family members, particularly children, to relive the pain and distress they felt when offenders were originally arrested and imprisoned. Younger children in particular may not be able to understand why their parent is confined and become upset when they have to leave. Despite these challenges, many families believe that in-person visits are important experiences that help them strengthen family relationships. For example, when offenders perceive fewer problems with in-person visits, they report feeling closer to their children and feeling less parenting stress. These visits may also promote family reintegration following confinement, which decreases offender recidivism.

Incarceration and Parenting

Incarceration affects parenting by undermining offenders' parental identity and preventing them from engaging in direct caregiving. In terms of parental identity, a significant concern among incarcerated parents is feeling as though they matter in their children's lives. Being unable to parent their children while confined can lead offenders to experience distress over the loss of parental identity. It is important to note, however, that offenders' pre-incarceration parenting has not been well researched. That is, it is unclear just how engaged incarcerated parents were prior to confinement. Even if parents and children had limited contact prior to incarceration, however, that does not mean that parents and children are unaffected by incarceration. Incarcerated parents, mothers in particular, also redefine what it means to be a *good parent*. *Good parents* during incarceration may be viewed as those who are actively trying to improve their parenting skills as well as being knowledgeable about what is going on in their children's lives.

Therefore, incarcerated parents will often take advantage of parenting education and life skills training programs offered in correctional institutions. These programs allow them to prepare for reunifying with their families following release.

Due to physical separation and constraints during in-person visitation, it is difficult for incarcerated parents to engage in meaningful, direct caregiving. In general, parents maintain their relationships with their children through shared leisure and provisions of warmth and support, especially during times of distress. Incarceration prevents parents from engaging in those behaviors, leading offenders to question what role they have in their children's lives. A desire to remain an active presence in their children's lives leads many incarcerated parents to focus on being a cooperative co-parent. During incarceration, co-parenting typically involves (a) communicating with children's caregivers; (b) learning about children's activities, needs, and well-being; and (c) discussing children's care needs. Therefore, by engaging in co-parenting, incarcerated parents are able to contribute to their children's ongoing care and development. Being an active co-parent allows offenders to remain knowledgeable about what is going on in their children's lives and make suggestions regarding what type of care and opportunities they need. Co-parenting is also related to frequency of offender-child contact during incarceration as well as parents' successfully transitioning into parenting roles after release. Incarcerated parents' opportunities to co-parent, however, are determined by children's primary caregiver. If a child's caregiver does not support an offender's efforts to be a co-parent, attempts to co-parent may be blocked. As the children of incarcerated mothers are most commonly cared for by a maternal relative, these caregivers are often, but not always, supportive of mothers' efforts to be active co-parents. Incarcerated fathers, on the other hand, may have fewer opportunities to co-parent if they no longer have a relationship with their children's mothers.

Reintegration Into Families Following Incarceration

Despite the challenges in maintaining family relationships while incarcerated, most offenders plan to return to their families following release from

confinement. The process of reintegrating with their families after incarceration, however, comes with its own set of challenges. Offenders are often dependent on family members in ways that prevent them from enacting typical adult roles. For example, offenders are often dependent on their families for housing and financial support. Offenders are also unsure if they will be allowed or able to return to the family roles they held prior to incarceration. For example, during incarceration, offenders may have missed significant developmental milestones of their children. Thus, they may not feel they know their children well enough to be able to be supportive and effective caregivers. Despite the difficulties offenders and their families may experience during reintegration, if they are able to establish roles and routines, offenders may be less likely to recidivate.

Final Thoughts

Incarceration is a challenging context for maintaining family relationships. Although there are several forms of contact (e.g., letters, phone calls, and in-person visits) offenders and their family members can use during periods of incarceration, these mechanisms do not allow for the typical activities families use to strengthen their relationships. As a result, it is common for offenders and family members to become less close during incarceration. Offenders' relationships with their children are particularly impacted by incarceration. Despite the challenging context of incarceration, most offenders and their families maintain some form of contact and plan to reunify after release. If they are able to reestablish appropriate family roles during reintegration, family relationships can provide offenders with important sources of financial and social support. Such support can help them avoid recidivism.

Jonathon J. Beckmeyer

See also Children of Offenders; Recidivism; Reentry

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FAMILY SYSTEMS THEORY OF CRIME

Family systems theory is a theory of human behavior introduced by Murray Bowen that suggests individuals are best understood as a part of their family unit rather than in isolation. It evolved from general systems theory and its application to the complex interactions between family members and other social systems. Families are considered systems because of their inter-related elements, coherent behaviors, regular interactions, and interdependence with one another. It is natural that family members are connected emotionally. This connectedness and related interaction make the family members function interdependently. According to family systems theory, one family member changing his or her functioning is followed by reciprocal changes in the functioning of other family members and, in turn, the whole family unit. Family systems theory allows a better understanding of family emotional and relationship processes and symptom development. It has shown to be effective in understanding human behavior, symptom development, and the family as it relates to crime. This entry discusses family systems theory as it relates to crime and criminal behavior. It introduces concepts of family system theory and discusses estimates of family-related criminal behavior, the family's role in crime and delinquency, and treatment recommendations to reduce the risk of criminal behavior in families.

Understanding the Concepts of Family System Theory

Family systems theory is a holistic model that offers an effective framework toward understanding both family emotional and relationship processes and symptom development. *Family* is defined as a blend of an emotional system and a relationship system. The family environment consists of the immediate (nuclear) family, the extended (multigenerational) family, and the interaction with the broader social system. Family systems theory accentuates how patterns of behavior in relationships are transmitted to future generations as well as the influence of this transmission on behavior.

There are eight interconnected concepts of family systems theory. These are triangles, differentiation of self, nuclear family emotional system, family projection process, multigenerational transmission process, emotional cutoff, sibling position, and societal emotional process.

Triangles

A *triangle* in this context is a three-person relationship system and is considered the most stable relationship within a system. Positive or negative outcomes can result from triangles depending on how anxiety and reactivity are managed by the members. Bowen postulated that if one member of the triangle remains calm and in emotional contact with the other two, the system automatically calms down. Triangles may contribute to the development of symptom formation.

Differentiation of Self

Differentiation of self refers to the development level of a person's sense of self. Family members may influence how individuals in the family think, feel, and behave. Individuals vary in their vulnerability to these influences. *Level of differentiation* refers to the degree that a person can think and act for him- or herself when coping with emotionally laden issues. It also refers to the degree to which a person can tell the difference between thoughts and feelings. The less developed a person's sense of self, the more others may influence the individual's functioning.

Nuclear Family Emotional System

The four basic relationship patterns in the nuclear family emotional system that cause problems in the family unit are marital conflict, dysfunction in one spouse, impairment of one or more children, and emotional distance. These relationship patterns result in anxiety developing in certain parts of the family system, which commonly results in symptomatic behaviors.

Family Projection Process

The family projection process describes the way parents transmit their emotional problems to a child. The projection process can impair the functioning of one or more children and increase their vulnerability to negative behavioral symptoms. The functioning of the child automatically improves when parents can manage their own anxiety and resolve their own relationship issues.

Multigenerational Transmission Process

The concept of the multigenerational transmission process describes how levels of differentiation between parents and their offspring, relationship patterns, and the process of managing anxiety are transmitted among the members of a multigenerational family. One of the ways family patterns are transmitted across generations is through relationship triangles.

Emotional Cutoff

The concept of emotional cutoff describes how individuals manage their unresolved emotional issues with parents, siblings, and other family members by reducing or totally cutting off emotional contact with them. Individuals look for other relationships to substitute for the cutoff relationship. These new relationships prohibit the family system from repairing itself, and family members become vulnerable to symptoms.

Sibling Position

Observing the impact of sibling position on the development and behavior of families in his research, Bowen noted the impact on the family unit. Oldest, youngest, and middle children maintain certain

functional roles in families. For example, oldest children will typically demonstrate characteristics of responsibility, organization, and behaviors that are pleasing to parents. Oldest children may maintain a functional role in the family as a surrogate parent when other siblings arrive, due to their protective and responsible nature. Middle children often become experts at negotiation and compromise. They tend to be unbiased and levelheaded, taking on the role of peacemaker and negotiator of the family. Youngest children typically receive the least discipline, fewest responsibilities, and the most attention by being funny and adorable. Their functional role in the family is limited, as they are often carefree, living their lives in their social surroundings. These roles influence how family members interact with one another as well as outside systems.

Societal Emotional Process

The concept of *societal emotional process* describes the influence of emotional behaviors on a societal level. Environmental stressors such as overpopulation, limited natural resources, poverty, unemployment, homelessness, and limited access to health care are all potential stressors that contribute to an emotional deficit in society.

Estimates of Family-Related Criminal Behavior

According to the National Survey of Children's Health, more than 5 million children have a parent in state or federal prison. The Bureau of Justice Statistics reported in a 2011–2012 national survey that more than 120,000 incarcerated mothers and 1.1 million incarcerated fathers are parents of minor children (under age 18 years). The Office of Juvenile Justice and Delinquency Prevention reports indicate a decrease in the annual rate of youth in confinement by 6.5% to 225,000 from 2005 to 2014.

Parental incarceration has devastating consequences for family stability, couple relationships, and economic resources available to caregivers and children. It creates stressful circumstances for children. The notion that children of incarcerated parents are more likely to be incarcerated than their peers and are subject to criminal activity, however, is a misperception with no basis in existing research. Parental incarceration is now recognized as an adverse childhood experience and is

distinguished from other adverse childhood experiences by the unique combination of trauma, shame, and stigma.

The Role of the Family in Crime and Delinquency

Considering the relationship between family factors and criminal behavior, the literature suggests that the family is critical in a child's possible involvement in crime. Theory and research in the area of crime and delinquency have increasingly emphasized the importance of family processes in explaining the development of deviant behavior. Criminologists are considering family-related issues (e.g., marital violence, child abuse, and influence from unmarried parents living together) in their investigations of antisocial behavior. Other children experience many of the risk factors that the children of incarcerated parents experience (e.g., parental substance abuse, mental health, inadequate education). Parental incarceration, however, increases the risk of children living in poverty or experiencing household instability, independent of these other problems. In turn, these environmental stressors cause anxiety and disruption within the family system.

Families and children of incarcerated parents experience a set of unique difficulties as a result of parental incarceration. These challenges include traumatic separation; loneliness; stigma; confused explanations from adults; strained parenting; reduced income; and home, school, and neighborhood moves. According to family systems theory, negative behavior symptom formation may occur when a family member does not successfully manage the emotional disruption in the family system. Although research suggests that parental incarceration is associated with higher risk for children's antisocial behavior, family systems theory offers the possible supposition that the children's antisocial behavior is the result of relational dysfunction.

Family factors are not the major reason most individuals participate in criminal behaviors. For example, when meta-analyses were conducted examining a range of factors and their relationship to the onset and continuation of crime, family factors were commonly not the higher correlation. The average correlation across family factors was typically similar to the correlation across all

factors. From a family systems perspective, it is unsurprising that individual family factors were never the largest correlation. The negative impact is not related to the individual family factors but rather the disruption of the family system. The difficulty experienced by family members taking on new roles in the family system due to the incarceration of a parent or spouse has a stronger negative impact than the incarceration alone.

Treatment Recommendations to Reduce the Risk of Criminal Behavior

A family systems approach is recommended as a highly effective treatment model for severe behavioral problems in both adolescents and children. Early intervention programs with a family focus include family support and education as well as family interventions designed to improve child-rearing practices. These promote a decrease in juvenile delinquency. Family-focused interventions (e.g., family behavioral treatment, training in effective parenting approaches, culturally specific family therapies, brief strategic family therapy [BSFT], and multisystemic treatment approaches) consistently show a reduction in delinquent behavior, such as rearrests, recidivism, and truancy following treatment.

Functional Family Therapy

Functional family therapy is a family behavioral intervention. This model of treatment combines systems concepts, social learning theory, behavioral ideas, and cognitive processes that attempt to understand family problems and how they function for the family. The goal of therapy is to modify interpersonal communication and family interactions as a way to increase reciprocity and positive reinforcement in interpersonal interactions. Families of delinquent youth are moved from negative to more normal interactional patterns and interpersonal communication. In general, functional family therapy therapists are trained to modify family behavior through modeling, prompting, and reinforcing appropriate behavior.

Parent Management Training (PMT)

PMT is an extensively researched parenting approach to the treatment of delinquent youth and their families. PMT is based on the idea that

parents can be trained to be change agents for their children's problem. Therapy focuses on teaching parents to respond more effectively and consistently, attend to specific behaviors, praise more, and criticize less. From a family systems perspective, this change in interactional patterns within the family is meant to shift the dysfunctional family patterns so that children's prosocial behaviors are reinforced and negative problem behaviors are ignored or punished. A possible drawback in the use of PMT is the need for active participation by the parents when the parents may not be willing or able to participate.

Multisystemic Treatment (MST)

MST is an alternative treatment approach that is a significant departure from more traditional strategies. This family-based therapeutic approach has been viewed as a highly promising treatment for complex psychosocial problems in children and adolescents. The goal of MST is to provide an integrative, cost-effective, family-based treatment that results in positive outcomes for adolescents who demonstrate serious antisocial behavior. MST focuses on the individual youth and his or her family, peer context, school or vocational performance, and neighborhood or community support. MST has demonstrated decreased criminal activity and incarceration in studies with violent and chronic juvenile offenders.

BSFT

BSFT is a structured, time-limited, family-based approach that combines both structural and strategic interventions. The goal of BSFT is to improve youth behavior by improving family relationships that may be directly related to the youth's behavior problems and to improve relationships between family members and other important systems that may be influencing the youth. Consistent with family systems theory, BSFT is based on the assumption that the family is one of the most important socializing systems in the lives of youth and provides the foundation for child development. BSFT conceptualizes and intervenes to change youth behavior problems at the family level.

From a family systems perspective, family-focused interventions and family strengthening programs are essential in the prevention of

delinquency and juvenile crime. Family involvement is essential in the rehabilitation of incarcerated juvenile offenders and the reduction of the intergenerational transmission of criminal behaviors. From a systemic perspective, recidivism rates will be high as long as family interventions are not provided to delinquent youths and their families of origin during incarceration as well as upon their return into the family system. Interventions based on family systems theory have proven successful in the adjustment of the family during incarceration and assistance toward reintegration of the returning family member.

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See also Children of Offenders; Family-Focused Therapy; Multisystemic Therapy; Treatment of Criminal Behavior: Family Therapy

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FAMILY-FOCUSED THERAPY

Family-focused therapy for juvenile and adult offenders includes evidence-based treatment models that target the family risk and protective factors associated with delinquency, antisocial behaviors, and substance-related crimes. It also

involves psychoeducational programs designed to enhance the quality of parent–child and marital relationships and thus promotes family resilience and protects individuals against a criminal lifestyle. This entry describes the targets and goals of family-based interventions and provides a summary of the research on family-focused therapy and recidivism. It also highlights gaps in services for specific populations.

Familial Risk and Protective Factors

Family-focused therapy for juvenile and adult offenders is based on empirical knowledge about family dynamics that influence individuals' criminal trajectories, particularly during childhood and adolescence. The familial factors that increase children's risk for delinquency are poor parent–child relationships; harsh, permissive, or inconsistent discipline; lack of parental supervision; family violence, including child abuse and neglect; family conflict; low levels of positive parental involvement; and parental antisocial history. By contrast, warm and positive parent–child relationships and parental monitoring help to prevent the development of conduct problems.

Research on family dynamics and recidivism has also found a link between romantic relationships and desistance from crime in adulthood. Having a spouse or intimate partner may represent a source of instrumental support and accountability for adult offenders who aim for a prosocial lifestyle in the community. Romantic partners exercise a positive influence through processes of supervision and monitoring. They also provide assistance with housing, transportation, or food as well as emotional support that protects individuals against stressful life events. However, relational conflict and partners' involvement with drug use or distribution moderate the positive effect of romantic relationships on adult antisocial behaviors. In addition, research suggests that for female offenders, intimate relationships are more likely to serve as a pathway to crime than for men.

Family-focused therapy for juvenile and adult offenders aims to activate the familial processes that protect individuals against the intrapersonal, relational, and environmental factors associated with recidivism. The family is the focus of intervention; delinquency and violence reduction are

the desired outcomes of a multisystemic approach to the treatment of antisocial behaviors.

Family-Focused Therapy for Juvenile Delinquency and Criminal Conduct

Family-focused therapy for juvenile delinquency includes evidence-based treatments that have been disseminated and evaluated in diverse community settings nationally and internationally. Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Treatment Foster Care Oregon (TFC; formerly called *Multidimensional Treatment Foster Care*) have been designated as model violence clinical programs by the Office of the U.S. Surgeon General and the Center for the Study and Prevention of Violence at the University of Colorado. Family-based programming for adult offenders is at an early stage of development. For the most part, it involves family case management, support services, and parent training delivered in the community and behind bars.

Effectiveness of Family-Focused Therapy

MST is a community- and family-focused approach to the treatment of youth's chronic and severe antisocial behaviors, which integrates the principles of social learning and social ecological theory as well as structural and strategic family therapy. The model has also been adapted to target the needs of specific populations, such as juvenile sex offenders and substance-using youth. Clinical services are brief and intensive and are delivered at home, at school, and in the neighborhood where the violent or problematic behaviors occur. MST–Family Integrated Transitions is an adaptation of the model for adolescents in juvenile detention facilities. Treatment begins during detention with the teaching of dialectical behavior therapy skills to youth and caregivers separately and is followed by intensive MST services in the community. MST is one of the most researched family-focused treatment programs with over 20 randomized controlled trials in university- and community-based settings. These studies have produced evidence that MST reduced youth recidivism and out-of-home placement rates, supported sobriety, and improved family and peer relationships.

FFT is a manualized, family-based, clinical program for at-risk youth and families with behavior, substance use, and relational problems. In FFT, the family is the primary focus of intervention, and juvenile delinquency is understood in the context of relational dynamics. Service delivery occurs in three phases with specific goals and interventions. The targets of therapy are engaging families in treatment, increasing clients' motivation to change, building protective skills (e.g., parental monitoring), and relapse prevention. FFT has a well-established record of effectiveness based on 40 years of research in university- and community-based clinics. Studies have shown that youth who received FFT services were less likely to recidivate and be placed in out-of-home settings. However, for both MST and FFT, therapy outcomes varied with treatment adherence. Positive effects were found only for those clinicians who delivered the programs as specified by the clinical protocols. Like MST, FFT is one of the most widely disseminated family therapy models in the United States and abroad. FFT is also the first and only model of family therapy to be adapted and tested with adult probationers. Scientific findings indicate that FFT for adult offenders helps reduce family conflict, improve individual functioning, and increase family cohesion. It may also contribute to reducing the risk of recidivism. These results suggest that FFT is a promising family-focused approach to adult offender rehabilitation and reentry.

TFC is a multidimensional family-focused program that offers an alternative to residential treatment and incarceration for adolescents with severe and chronic antisocial behaviors. Youth receive mentoring and individual therapy while living under the close supervision of foster families. Foster families are trained to implement youths' behavior management plan, encourage prosocial behaviors, and emphasize teens' strengths. Primary caregivers participate in parent management training followed by family therapy with their adolescents. The goal of conjoint therapy is to prepare the family for reunification and to create an environment that will support continued behavior change. Research findings indicate that, compared to their peers in residential treatment facilities, youth who participated in TFC had lower rates of recidivism and incarceration at

follow-up. In addition, TFC has been shown to reduce teen pregnancy and to decrease the length of incarceration and number of criminal referrals among chronic adolescent female offenders.

Brief Strategic Family Therapy is a promising family-focused model for the treatment of juvenile delinquency. Originally designed to target adolescent substance abuse in Cuban immigrant families, Brief Strategic Family Therapy is a short-term, systemic, and problem-focused approach that focuses on the repetitive patterns of family interactions that maintain youth drug use and drug-related behaviors. A number of clinical trials have evaluated the outcomes of Brief Strategic Family Therapy and established that the program was efficacious in reducing conduct problems and association with antisocial peers among African American and Hispanic adolescents.

Likewise, Multidimensional Family Therapy is an evidence-based, comprehensive, family therapy program for juvenile substance abuse and substance-related behavior problems. The results of randomized controlled trials showed that Multidimensional Family Therapy was superior to other treatment approaches as relates to teens' drug abstinence and rates of arrest. Multidimensional Family Therapy for juvenile reentry is an adaptation of the model for youth in detention facilities. It engages the family in prerelease planning while the adolescent is still in custody and accompanies the youth and their family members in the community where clinical work focuses on reintegration, family relationships, and parenting.

Effectiveness of Parent Training and Marriage Education Programs

Parent Management Training—Oregon Model is a family intervention program that focuses on the development of effective parenting strategies to prevent and reduce delinquent behaviors in children and adolescents aged 3–16 years. Caregivers learn skills that promote competency and resilience and protect children from environmental risk factors such as poverty, mass trauma, and dangerous neighborhoods. These skills include limit setting, positive reinforcement, monitoring, and problem-solving. Parent Management Training—Oregon Model was found to reduce deviant peer association and to lower rates of juvenile arrest.

Delivered by trained prison chaplains in Oklahoma's correctional facilities, the Prevention and Relationship Enhancement Program (Inside and Out) is a marriage education program for incarcerated individuals and their intimate partners. Prevention and Relationship Enhancement Program Inside and Out aims to strengthen intimate relationships through psychoeducation and skill training, with a focus on problem-solving, communication, affect management, safety, and positivity. There is limited evidence supporting the success of the program and its effects on criminal conduct post-release; however, the couples who participated in Prevention and Relationship Enhancement Program Inside and Out reported reduced level of conflict and increased relationship satisfaction, connectedness, and commitment.

Service Gaps and Population-Specific Needs

Familial processes, such as parent-child conflict, low parental warmth, and harsh and inconsistent parenting play a major role in teen delinquency and involvement with juvenile justice systems. Girls, in particular, are more likely to experience elevated risk in the family domain than boys. Familial problems, together with exposure to violence and substance use, are stronger predictors of girls' recidivism compared to boys. In addition, harsh punishment and low parental warmth are associated with the development of girls' externalizing behavior problems at ages 7 and 8 years and are significant predictors of girls' delinquency in mid-adolescence.

There has been extensive research demonstrating the effectiveness of family-focused therapy for juvenile delinquency. However, most evidence-based, family-focused interventions for youth violence were developed at a time when boys represented the majority of the juvenile justice population and when knowledge about the correlates of girls' delinquency was limited. With the exception of TFC, few family-focused clinical interventions have been evaluated for their gender-specific impact on justice-involved girls, and research has yet to investigate how girls experience family-based programming originally designed for at-risk boys.

Similarly, there is a need for research that identifies the familial processes associated with desistance from crime in adulthood as well as a need for cohesive, family-focused services that support adult offender rehabilitation and reentry. Family involvement in correctional programming is a key process in the development of strong social support networks and the successful rehabilitation of adult offenders in their communities. Most family-focused interventions for adult offenders are case management and psychoeducational services delivered in the community that do not require the direct participation of family members. Evidence-based family therapy for juvenile delinquency, such as FFT, can serve as templates for the development of comprehensive, family-focused programs for adult correctional populations that aim to activate family processes linked to resilience and positive rehabilitation and reentry outcomes.

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See also Families of Incarcerated Offenders; Family Systems Theory of Crime; Multisystemic Therapy; Treatment Foster Care Oregon; Treatment of Criminal Behavior: Family Therapy

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FAMILY-ORIENTED CORRECTIONAL PROGRAMS

Family-oriented correctional programs are services and activities organized to help men and women in prison maintain family ties and prisoners' relatives and significant others manage stresses and concerns related to incarceration. Men and women in prison had family roles and responsibilities prior to their incarceration. Many provided the major sources of income for their families; others managed households and carried out obligations and commitments important in sustaining family life. Many mothers, as well as fathers, resided in single-parent homes and, at the time of their arrest, had primary responsibility for the care of their children. The majority of prisoners are parents of minor children.

Criminal justice system involvement takes its toll on individuals and families and has a negative effect on family relationships. Families and children are teased, shamed, and sometimes discriminated against, as if being related to a person in prison is a crime in and of itself. Children sometimes feel that they are the cause of their parents' problems. They often worry about their own circumstances

and sometimes behave in inappropriate ways. Families lose the income of prisoners who had been contributing financially and incur new expenses for attorney services, legal fees, prisoners' personal items, prison visits, and telephone calls. The maintenance of family relationships is challenged by uncertainties about the crime that was committed and prison conditions, questions about individual faithfulness, prison policies that limit communication, and the absence of private family moments. The pain and hurt of separation are ongoing and confusing and a lot to bear for children and adults alike. Family programs offered by correctional institutions and community organizations provide opportunities for prisoners and their families to deal with these family matters. This entry discusses the different types of family-oriented correctional programs, their goals, and their outcomes.

Program Types

The most universal family-oriented correctional program is prison visiting. Most prisons and jails allow visitors to come to the facility at designated times to see an incarcerated individual. Traditional visits range from 15 min in jails to 6 hr or more in prisons. Visitors typically must be on a prescreened list, adhere to a dress code that may or may not be posted, submit to a search, and present a state-issued identification. Noncontact visits that take place via telephone with plexiglass separating visitors and incarcerated persons are common in jails. Visiting rooms staffed by correctional officers where persons sit at tables or in rows of chairs are more common in prisons. These contact visits allow prisoners and their visitors to hold hands or embrace, though often only at the beginning or end of visits.

Video visits allow family members and prisoners to visit remotely by computer. Family members sitting at a computer screen in a community location are able to see and talk with an incarcerated person sitting at a computer kiosk in a correctional facility. Video visits supplement regular visits in prisons; in jails they, more often than not, replace in-person visits. Some correction departments charge a fee for video visits, similar to the fees individuals pay to talk with a prisoner on the telephone. Others charge visitors a fee to be processed and approved for a prisoner's visiting list.

Extended family visits, also referred to as *family reunion* or *conjugal visiting programs*, are not standard programs in U.S. correctional facilities. Only four states offered these programs in 2016, a decrease from 13 in the early 2000s. These extended visiting programs allow prisoners to spend private time overnight with their legally married spouses and other family members in a trailer or apartment on prison grounds. Program participants must meet criteria established by corrections officials and go through a screening and approval process. States that discontinued programs usually did so following news media coverage regarding a prisoner's spouse becoming pregnant or a rule violation during a visit. The cost of running the program is often cited as the official reason for termination.

Visiting centers run by community organizations and located near prisons provide complementary services for prison visitors. The centers provide a place where visitors who have traveled a long distance can rest and freshen up prior to the visit, get refreshments, or obtain clothing that fits a prison's dress code. The centers also provide information on lodging or have accommodations where guests may spend the night or wait for public transportation.

Almost all prisons for women and the majority of those for men indicate that they offer parenting programs. Most often, this is a parent education class. The curriculum for different programs suggests that there is an underlying assumption that prisoners can become better parents if they learn basic child development and disciplinary approaches. Some courses also cover ways that parents can be positively involved in their children's lives during incarceration and following release. Others help parents become more attuned to how children may be affected by their parents' absence. Parent education classes are sometimes used as a prerequisite for participation in other parenting programs.

Extended parent-child visits or special visiting rooms for parents and children are offered as a component of parenting programs at a few correctional facilities. Special visits at facilities for women include overnight or weekend visits where mothers can interact with their children in a home-like setting. Boys 12 years of age and older, however, are typically excluded. They eat, sleep,

and prepare meals together and participate in staff-directed sports and social activities with other mothers and children. Daylong special visits allow mothers and children to spend time together, without the child's other parent or caregiver present, often in a setting other than the regular visiting room. Activities include games, arts and crafts, or a structured program, such as a Girl Scout troop meeting.

Prison nurseries allow mothers who deliver while in prison to keep their babies with them for a year or more in designated prison units. Residential programs allow mothers who are nonviolent offenders and meet other criteria (e.g., no rule violations) to keep their preschool children with them either at the prison or in a secure community setting. Although prison nurseries have been in existence since the early 1900s, they have not been adopted by most correctional systems. Critics of nurseries and residential programs in prison indicate that the children, like the mothers, are incarcerated and subject to myriad prison rules and regulations. Proponents of the programs cite the importance of mother-child bonding and point to the best practices of established programs like the nursery at Bedford Hills Correctional Facility in New York.

Opportunities for fathers to visit alone or one-on-one with their children are practically nonexistent. Special visiting rooms where parents may engage in meaningful activities with their children are rare in men's prisons. Areas that are identified as special for children are seldom more than visiting room areas with a few used books, cards, and games. An exception is the children's visiting room at Sing Sing Correctional Facility in New York. The room is organized much like rooms in day-care centers and after school programs and staffed by prisoner volunteers trained by a community organization.

Community-based programs for children whose parents are incarcerated focus on helping children engage in activities that promote their growth and development and deal with their feelings about their parents' incarceration. Mentoring programs provide children with individual attention and adult role models during their parents' absence. Mentors take children on social outings and encourage them to do well in school and at home. Mentoring programs run the gamut from highly

structured programs operated by traditional social services agencies with external funding to informal services provided by small, faith-based groups.

Children's support groups provide outlets where prisoners' children can meet with other children who are also experiencing parental incarceration. Support groups typically include social and recreational activities as well as opportunities for children to talk about their experiences and feelings. Participants sometimes receive holiday and birthday gifts or prizes at different events. Although monthly meetings are the norm, overnight group events and summer camps are also common. Social service agencies and church groups that provide transportation services taking children to visit their mothers in prisons often use the long rides to the prison as a support service. Adults who staff the buses and vans use the travel time to the prison to prepare children for the visit and the ride home to debrief them. Children are able to ask questions, share their thoughts with other children, and express their feelings about the visit in a safe and nonthreatening environment.

Support groups and services for adult family members (e.g., wives, girlfriends, and children's other caregivers) are often short lived and operate without program grants or contracts. Most are multipurpose groups that provide emotional support, information resources, and assistance with prison issues and life challenges. Many are started by prisoners' family members to advocate for change around prison policies, such as high telephone rates and visiting rules and practices. Few are run by established social service organizations. The exceptions are the marriage education and counseling programs offered as part of the federal government's responsible fatherhood and marriage strengthening initiative. Since 2007, these programs have been offered in different prisons for couples in committed relationships who have a child together. Co-parenting, conflict management, and marital topics are discussed in male-only and couple groups led by community professionals.

Program Goals and Outcomes

Corrections departments usually affirm the importance of family relationships and the maintenance of family ties as a reason for prison visiting and

other family programs. Articles about family-oriented correction programs and funding proposals often identify other goals as well. These goals include prevention of recidivism, prevention of intergenerational crime, improvement in prisoners' behavior, and reduction of prison rule violations. Few family-oriented programs have undergone rigorous testing and evaluation, but there is logic underlying these goals.

The maintenance of family ties is connected with post-release success. Men in prison who have visitors have lower recidivism rates than those who do not. Participants in extended family visiting programs have lower recidivism rates than nonparticipants, though it is unclear if the program itself is the reason. Pre- and posttests indicate that participants learn the material in parent education courses and gain new understandings about themselves and their partners in marriage education and couple counseling. Children in mentoring programs show improved school performance and fewer behavior problems, though findings sometimes reverse when program participation ends. Participants in extended family programs have lower rule violations than others, as rule violations would lead to their dismissal from the program.

Program evaluations do not indicate, however, if parent education courses improve parent-child relationships or if parent participation leads to different parenting practices. Nor do they indicate if children involved in mentoring programs are less likely than their peers to become involved in criminal activity as adults. Similarly, there is limited information on the effect of participation in parenting programs on reunification of households and children's well-being following parents' release. In many cases, the most pronounced finding is that prisoners and their relatives and significant others appreciate the opportunity to be involved in activities with a family focus. A statement voiced often in formal evaluations and program reports is that someone cared enough to offer programs and services that acknowledge prisoners' family roles and their families' concerns and needs.

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See also Advocacy Organizations; Children of Offenders; Community Context and Mass Incarceration; Families of Incarcerated Offenders; Recidivism

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FEAR OF CRIME

Fear of crime is an important strand of criminal psychology that has garnered much attention since the mid-20th century. However, fear of crime has yet to have a universally accepted definition, and as the focus of policing turns increasingly to cyber-crime, the concept potentially needs revisiting once again. According to Chris Hale, at its most basic level, the fear of crime refers to the fear of being a victim of crime rather than the fear of crime itself (or the probability of being a victim of a crime). Several definitions have been put forward: John E. Conklin defines it in terms of a sense of personal security in the community, whereas Jeanette Covington and Ralph B. Taylor defines it more in terms of the emotional response to a violent crime and physical harm. Other definitions have suggested that the fear of crime is an emotional response of dread or anxiety to crime or symbols that a person associates with crime.

Research suggests that high levels of fear affect society and individuals in a variety of ways. On an individual level, those who report high levels of fear of crime are more likely to report poor health and a lower quality of life, while communities that are disproportionately more likely to feel unsafe when out after dark also express lower levels of trust and are less likely to think their neighbors are friendly. The causal relationship between these perceptions is not clear, but measures of fear of crime are typically indicators of some level of social harm.

How Is Fear of Crime Measured?

The measurement of fear of crime is as contested as the concept itself. Historically, the measurement has relied on survey data, but a number of studies have sought to validate this and develop new ways of understanding public perceptions.

Perception of safety questions—such as “How safe do you feel walking alone in this area after dark?”—has received criticism and has been shown to display *mismatches*, whereby it was clear that quantitative and qualitative research methodologies do not produce the same findings. Other measures have become standard and validated, such as asking participants to summarize their levels of worry about specific crimes and the likelihood of becoming a victim.

However, long-standing fear of crime measures have begun to take a back seat to measures—and accompanying initiatives—focused more on public confidence in law agencies. For instance, in the United Kingdom, in response to 10 years of statistics demonstrating significant decreases in crime rates but without any accompanying shifts in public perceptions of levels of crime, a single measure of police performance was introduced in 2009 to evaluate the impact of crime policy, based on a survey measure of public confidence in policing. Public perceptions were prioritized ahead of recorded crime and detection rates, the rationale being that if the rate of crime falls, but people do not have the confidence that this is happening in their neighborhood, then their quality of life will continue to be affected and the benefits of reduced crime would not be realized. This matters because it undermines the police and government efforts to engage the community through crime reporting,

intelligence gathering, and community engagement activities. This single measure was subsequently replaced in the United Kingdom by greater devolution of powers and introduction of police and crime commissioners to represent and foster public confidence in policing.

While confidence measures have taken center stage, the longer standing fear of crime measures continue to be asked in the Crime Survey of England and Wales (CSEW; formerly the British Crime Survey). In 2013/14, CSEW found that 19% of adults thought that it was either *very* or *fairly likely* that they would be a victim of crime within the next 12 months. One in seven adults (12%) were classified as having a high level of fear about violent crime, 11% about burglary, and 7% about car crime.

All of these measures were at a similar level to the 2012/13 survey, and the general trend has been flat for a number of years. This is in contrast to actual crime levels, which have, broadly, declined in the United Kingdom for a number of years, although this is not universal across crime categories. The latest release of the CSEW has shown a 7% decrease in incidents but increases in some of the lower volume but more serious types of police-recorded violence.

Despite this complexity, it still seems clear that there is a long-term gap between trends in the likelihood of being a victim of crime and the perceived likelihood of being a victim of crime or broader measures of fear of crime. This phenomenon is not unique to the United Kingdom, and the United States has seen a sharp decline in violent crime rate since the mid-1990s, but a 2011 Gallup Poll found that the majority of Americans continue to believe that the nation's crime problem is getting worse. Across Europe, this phenomenon has also been observed; fear of crime has increased slowly but steadily across the European Union as a whole between 1996 and 2002 (with the only member state where there has been a continuous decline since 1996 in the feeling of insecurity is Germany), while crime trends decreased.

Why Do These Perception Gaps Exist?

It seems highly likely that the media have a significant influence on the public's views. The CSEW 2013/14 found that among adults the most cited

source of knowledge about levels of crime in the country was news programs on television or radio (67%). Other common sources mentioned were word of mouth or information from other people (32%) and newspapers (*tabloid*, 31%; *local*, 31%). Sources of information are important in determining how the influence will sway public opinion for instance; one study by Paul Williams and Julie Dickinson found that 65% of newspaper crime reporting involved violent crime, despite these types of crime making up only 6% of recorded crime. Chris Greer found that all media tend to exaggerate the extent of violent crime while also suggesting that different types of crime and victims derive different newsworthiness, leading in some cases to long-term collective moral outrage and media campaigns instilling in the public psyche the prevalence of serious violent crime.

This relates to another reason suggested for the perception gap; there are a number of high-profile or *signal* crimes that have a greater impact on perceptions than other crimes, and these signal crimes—in contrast to some other crimes—are not decreasing in the numbers reported. There is some evidence for this. For example, according to the Home Office, the number of homicides in England and Wales rose from 71 to 574 between September 2014 and September 2015—an increase of 14%, fueled by rises in knife and gun crime.

What Drives Public Perceptions of Crime?

Looking across a number of studies, there are several common factors associated with fear of crime at individual and societal levels. First, there are significant demographic variations in perceptions of the fear of crime. Gender is one of the most consistent predictors of differences in the reported level of fear of crime. In nearly 50 years of research in the fear of crime, the distribution in the population, and its determinants, virtually all studies that integrated sex as an independent variable have found significantly higher levels of fear that are reported by women than by men.

In 2015, the UK Office for National Statistics also found that women were more likely than men to have believed that crime had risen in recent years. This was true for crime across the United Kingdom both as a whole (68% and 55%,

respectively) and locally (36% and 28%, respectively). A broader conceptualization of worry might partially explain why women had a higher level of worry about being a victim of violent crime compared with men (18% compared with 6%). The pattern was similar for fear of being burgled with 14% of women having a high level of worry compared with only 8% of men.

There is also a relationship between age and fear of crime. Evidence suggests that those aged between 45 and 64 years were generally more worried about crime than other age-groups, aside from the exception of fear about violent crime, where those in the youngest age-group (16–24) had the highest level of worry (see Figure 1).

With regard to the national picture in the United Kingdom, the general pattern was for perceptions of crime rising in line with age, as shown in Figure 2; those aged 75 and over were most likely to view it as having risen in recent years (72%). Perceptions of crime rising locally peaked in the 35–44 and 45–54 age-groups (36% and 37%, respectively) and then reduced with increasing age. Those aged 75 and over were the most likely to think crime was rising across the country as a whole, and they were the least likely to view local crime as having risen (25%).

Therefore, variation between groups may reflect differences in perceived vulnerability rather than the perceived risk of falling victim, as it has been claimed that responses about worry are driven by feelings of vulnerability and factors associated with it. For instance, Pamela Wilcox Rountree and Kenneth C. Land have suggested that responses may encompass more than just worry about the crime being committed but also include concerns about the ramifications of different crime types and the perceived victimization that may occur. In addition, Helmut Hirtenlehner and Stephen Farrall argued that women have a higher fear of certain crime types compared with men due to their elevated fear and risk of sexual assault.

Another possible explanation for the mismatch between actual trends and perceptions is that the definition of *crime* in the public's mind incorporates far wider issues than official definitions of crime, with personal conceptions of crime potentially encompassing such things as terrorism and antisocial behavior (ASB). There is qualitative and survey evidence that suggests that this is the case, and so to the extent that these have become greater concerns since the late 1990s (which is certainly the case for terrorism and possibly the case for ASB, depending on the measure used),

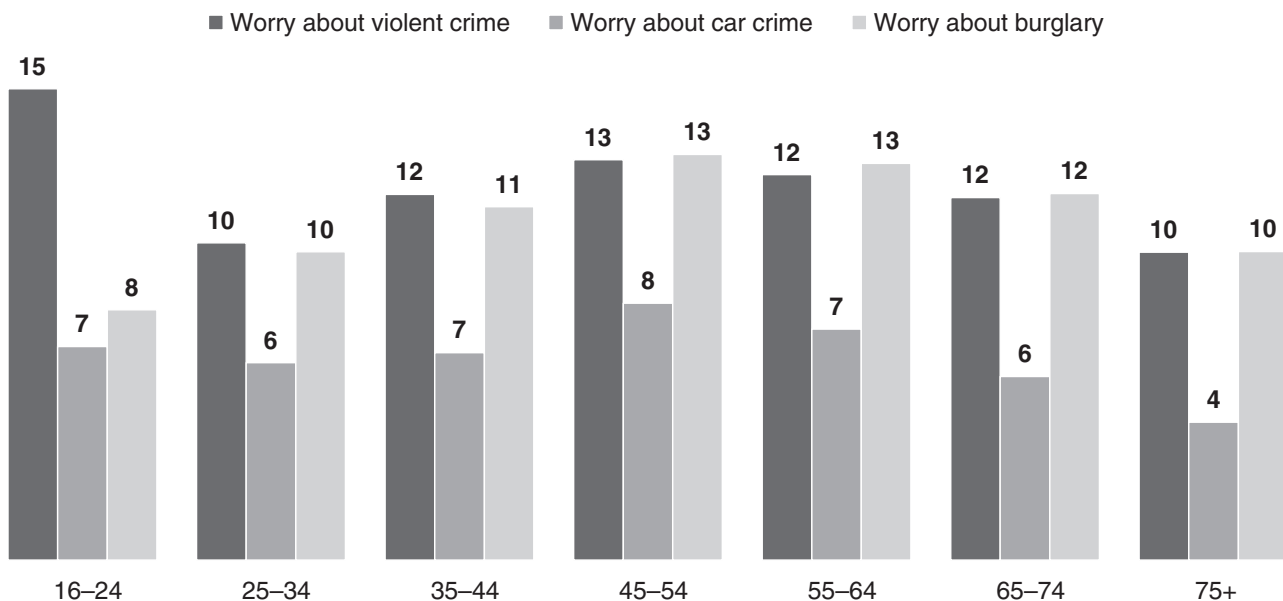


Figure 1 Percentage of individuals with high levels of worry about crime by crime type and age, 2013/14 CSEW

Source: Crime Survey for England and Wales—Office for National Statistics with public-sector information licensed under the Open Government License v3.0.

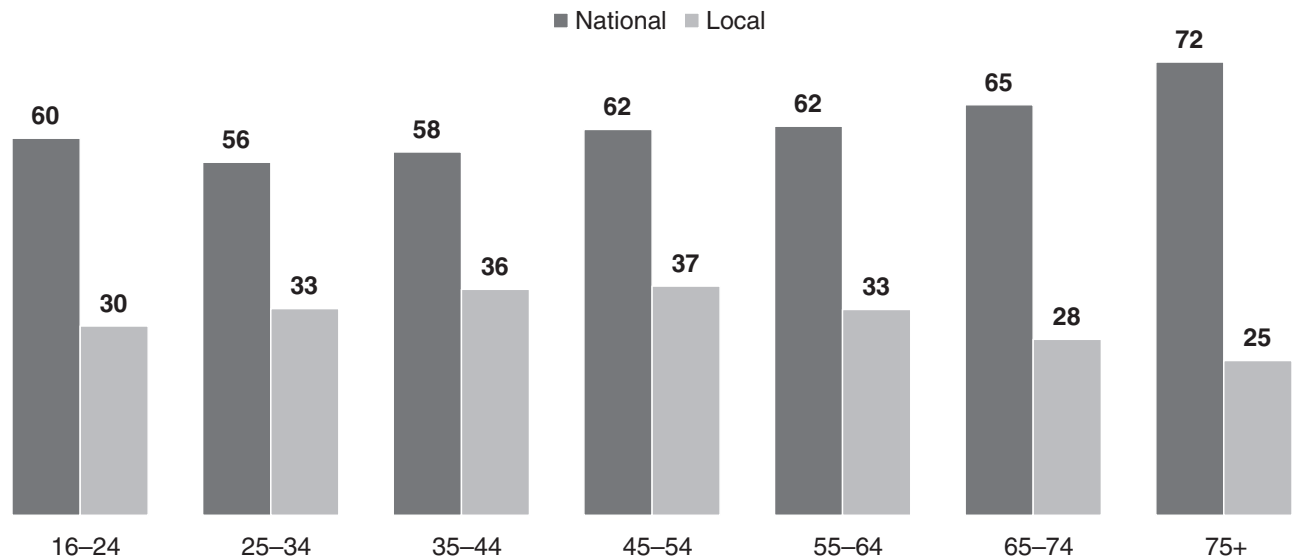


Figure 2 Percentage of adults saying local and national crime levels have increased over the past few years by age, 2013/14 CSEW

Source: Crime Survey for England and Wales—Office for National Statistics with public-sector information licensed under the Open Government License v3.0.

then crime will also be seen to have increased. Perceptions of ASB and terrorism also seem to drive confidence in the government's handling of crime. ASB is a particularly important driver, with studies showing that disorder in a respondent's local area directly increases his or her view that overall local crime is rising. With terrorism, the evidence is less clear-cut, but it is thought of as an important crime issue by some, and concern about terrorism has increased substantially since the late 1990s.

Perhaps a more significant factor that is yet to be factored into relevant measures or the understanding of fear of crime is the ever-increasing influence of cybercrime. The Internet provides not only new means of committing established crimes but also opportunities to undertake new types of crime, and there have been concerns that data collection, public understanding, and enforcement definitions have failed to keep up with the changing nature of crime. The extent of this issue in the United Kingdom, for example, was highlighted in CSEW for year ending June 2015, the first to include cybercrime as a crime type, whereby a 107% increase in crime was recorded, with 5.1 million estimated cybercrimes and frauds plus 2.5 million offenses under the Computer Misuse Act—hacking, identity theft,

and malware. Revisiting the conceptual understanding of the public's fear of crime to reflect the shifting nature of crime patterns and the associated shifts in people's experiences of crime and their interactions with law enforcement agencies will be essential to ensure that fear of crime measures retain relevance.

Bobby Duffy and Joseph Hitchcock

See also Cybercrime; Internet Victimization; Media: Influence on Crime; Neighborhood Effects, Theory of; Research in Criminal Psychology

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FEDERAL BUREAU OF INVESTIGATION

The Federal Bureau of Investigation (FBI) is a federal law enforcement and intelligence agency as well as a national security organization. The FBI’s motto is *Fidelity, Integrity, Bravery*. Its headquarters is in Washington, DC, in the J. Edgar Hoover FBI Building. The FBI Academy, which hosts a 5-month required preservice training for new special agents, is located on 547 acres on a Marine Corps base in Quantico, VA, about 40 miles south of headquarters.

The FBI employs approximately 35,000 special agents, analysts, and support staff, and reports to both the attorney general and the director of national intelligence. Components of its formal mission include protecting and defending the United States against threats involving terrorism and foreign intelligence, providing leadership and training to other criminal justice organizations, and enforcing the country’s criminal laws.

Through partnerships with nations around the world, other federal agencies, and local intelligence and law enforcement organizations, the FBI uses continually advancing investigative techniques to gather and analyze information in order to prevent or halt criminal activity and ensure that such crimes are successfully prosecuted. The types of crimes investigated include cybercrime,

terrorism, public corruption, civil rights violations, organized crime, white-collar crime, violent crime, and espionage/foreign counterintelligence. This entry discusses the scope and purpose of the FBI; details many of its specialized investigative units; and summarizes its history, including changes since the terrorist attacks on September 11, 2001.

Law Enforcement Investigations

Among its core values, the FBI identifies “Fairness: Enforcing the law without fear or favor.” To that end, it prioritizes combating public corruption; protecting civil rights; shutting down organized crime; combating violent crime; investigating and prosecuting major white-collar crime; and supporting federal, state, local, and international partners in the pursuit of these goals. The bureau provides law enforcement executive training to agency partners worldwide. The National Academy course trains executive-level (lieutenant and up) law enforcement personnel and investigators from agencies around the world.

The FBI consists of 56 field offices, 381 resident agencies, and 78 international legal attaches and suboffices. The bureau reported that in 2012, it achieved 15,274 convictions, seized \$1.125 billion worth of criminal assets and drugs, and ordered the forfeiture of \$8.205 billion worth of criminal assets.

The bureau maintains the Ten Most Wanted Fugitives list, created to help increase the ability of law enforcement to locate and apprehend dangerous fugitives from justice. The Ten Most Wanted was likely conceptualized as a result of a 1949 conversation between J. Edgar Hoover, the then director of the FBI, and William Kinsey Hutchinson, editor in chief of the International News Service (predecessor of United Press International). The discussion centered on ways to join services of law enforcement and mass media to promote capture of some of the most serious criminals. A summary of the conversation was published, and public interest eventually prompted the *America’s Most Wanted* television program, which aired for 24 years before its cancelation in 2011.

Intelligence Gathering

The FBI’s Intelligence Branch was established in 2014, representing an evolution of the historical

responsibility of the FBI to fulfill responsibilities of national security and law enforcement. The Intelligence Branch includes the Directorate of Intelligence, which provides strategic support and direction to the bureau’s intelligence program. The Office of Partner Engagement manages and supports ongoing partnerships between the bureau and partnering law enforcement, intelligence, and public- and private-sector agencies to enhance intelligence and information sharing. As the FBI’s primary liaison to the domestic and international law enforcement community at large, the Office of Partner Engagement continually seeks out new partnerships and outreach programs to more effectively collaborate on gathering information potentially vital to national security. Key federal agencies included in these partnerships are the Department of Homeland Security, the Department of Justice-Office of Community-Oriented Policing Services, and the Department of Justice-Office of Justice Programs.

The FBI maintains an electronic forum, FBI Tips and Public Leads, to allow the public to provide information on suspected criminal activity or terrorism. The bureau also supports a telephone access line for community members to call and provide information on any concerns or suspicions. In addition, the Internet Crime Complaint Center, a dedicated website for reporting Internet crimes, is maintained to gather information from private citizens.

FBI Crime Lab

Since November 24, 1932, the FBI has maintained a full-service laboratory that provides forensic analysis support services to both the FBI and its partnering agencies, with the goal of solving cases and preventing terrorist acts. It is located at Marine Corps Base Quantico, in rural Virginia, and is staffed by about 500 special agents and scientists. Originally known as the *Technical Laboratory*, it formerly hosted public tours of the work area until 1974, when the FBI moved to the J. Edgar Hoover Building and the Laboratory became a separate division. Over the years, the scope of the Laboratory has expanded to support the Forensic Science Research and Training Center, which operates from the FBI Academy in Quantico.

Biometric Analysis

The FBI uses sophisticated biometrics (measurement and statistical analysis of human behavioral or physical characteristics) to help identify criminals and solve crimes. Biometrics may include palm print, iris, and facial recognition.

Since 1924, the bureau has managed the national fingerprint collection, which assists in confirming identity and solving crimes. For example, if a fingerprint is lifted from a crime scene, it can be scanned into a database to search for a match. In September 2014, the Next Generation Identification system was put into place, providing the criminal justice community with a vast and efficient electronic repository of biometric information. Among other initiatives and services, the Next Generation Identification system supports the Rap Back program, which provides ongoing monitoring of individuals who hold positions of trust (such as childcare workers and teachers). In the past, criminal background checks on these individuals provided a to-date summary of prior criminal activity. The Rap Back service provides notice to authorities regarding any future crimes committed.

The Crime Lab also supports the Combined DNA Index System that supports criminal justice DNA databases and their managing software. This technology assists DNA databases, which use the Combined DNA Index System by processing DNA collected from a crime scene (such as a sexual assault) to help identify the suspected perpetrator.

Forensic Response

The FBI Laboratory also supports the Operational Projects Unit, which provides forensic investigation of crimes. The unit uses laboratory data and resources to document crime scenes, which may include such services as conducting crime scene surveys, providing demonstrative testimony at court hearings, building three-dimensional physical models, and providing high-tech crime scene photography. These resources are invaluable not only in investigation and analysis but also as tools to obtain court convictions for criminals.

Another forensic response unit that extensively utilizes the Crime Lab is the Evidence Response Team Unit that supports field office units with training, equipment, and forensic expertise. The

Evidence Response Team Unit provides training to local field offices to ensure that standards for collecting and analyzing evidence are above reproach in technology and procedure, to ensure that the evidence can be successfully introduced in courts of law in the United States and around the world. The Evidence Response Team Unit also supports the Underwater Evidence Program that uses sophisticated equipment to conduct underwater searches to recover evidence. In addition, the Forensic Canine Program provides canine assets that facilitate human scent identification, human blood detection, and victim recovery.

History and Inception

The FBI was founded in 1908, during a time that the population was migrating west, cities were growing, and crime rates were increasing at a rapid pace. In addition, professional and political corruption was increasing. Technological advancements (e.g., automobiles) now affordable to the common man, as well as more sophisticated communication networks, also allowed criminal behavior to flourish. Theodore Roosevelt was president, having succeeded William McKinley following the latter's assassination. Roosevelt, as a proponent of the Progressive Movement, believed that the nation needed the assistance of government to ensure justice in an increasingly industrial society. Under his leadership, Attorney General Charles J. Bonaparte authorized use of sanctioned special agents to investigate selected cases of the Department of Justice. Bonaparte ordered the Department of Justice attorneys to turn over investigative matters to a team of special agents that Bonaparte had recruited. This order, occurring on July 26, 1908, is considered to be the official start of the FBI.

The initial years of the bureau were marked by undisciplined agents, limited training, political influences, and inconsistent management. However, agents were gaining experience in a broad array of investigative arenas and national security challenges, perhaps most notably in the areas of civil rights violations, human trafficking, and white-collar fraud, areas of investigation and enforcement that continue to be emphasized today. The bureau gradually gained the trust of Congress and subsequently took the lead on more high-profile investigations, such as the Mann Act (perhaps

more familiarly known as the *White Slave Traffic Act*), which was an early attempt to halt prostitution and human trafficking. By 1915, the bureau had grown from its original 34 agents to approximately 360 special agents and support staff.

When J. Edgar Hoover took the role of director of the FBI (then called the *Bureau of Investigation*), he encouraged the use of scientific analysis in the investigation of criminal matters and expected special agents to undertake training in criminological research. Hoover, who remained in the director position until his death in 1972 at age 77, is credited with building the FBI into a larger and more powerful crime-fighting agency, in part by encouraging the use of forensic laboratory services and a centralized fingerprint repository.

Changes Since September 11, 2001

After September 11, 2001, the FBI underwent a dramatic restructuring, becoming a more effective national security organization. There is a more pronounced emphasis on intelligence-driven investigations in order to more effectively detect and stop terrorist activity. The shift has included expanding intelligence capabilities, modernizing technologies, and creating improved communication with law enforcement and intelligence agency partners. An emphasis is placed on prevention of terrorist activities, while at the same time balancing the protection of citizen privacy and civil liberties. Resources have been realigned to place additional assets in counterterrorism units. Traditional partnerships have been expanded to include collaboration with overseas criminal justice agencies as well as organizations within the federal government. New relationships have been forced within industry, academia, and the public at large. In addition, the bureau created the National Joint Terrorism Task Force, which includes about 41 agencies in its membership. This priority on counterterrorism is also supported by the establishment of Field Intelligence Groups within all 56 FBI field offices as well as incorporating intelligence groups within each Headquarters operational division.

Tracy L. Mallett

See also Career Paths in Criminal Justice; Courts, Federal; Criminal Charges, Federal; Federal Bureau of Prisons; Law Enforcement Agencies

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FEDERAL BUREAU OF PRISONS

The Federal Bureau of Prisons (BOP), a constituent part of the U.S. Department of Justice, is the largest prison system in the United States, housing 195,000 inmates in 122 facilities in 2016. Most inmates are awaiting trial or have been convicted of federal crimes.

The BOP employs approximately 39,000 staff members. In the more than 85 years that the BOP

has operated, there have been only eight directors. This position is appointed by the president but typically nominated by the attorney general. Sanford Bates, the superintendent of the federal prison system before the BOP was established in 1930, became the first director of the BOP. The second director was James V. Bennett, who served from 1937 until 1964. The first woman director was Dr. Kathleen Hawk-Sawyer, appointed in 1992. The first African American director was Charles Samuels, appointed in 2011.

Although the words used to describe the goals of the BOP have changed slightly throughout the years, its core mission has not. The BOP aims to protect the public by ensuring that federal offenders serve their sentences in facilities that are safe, humane, cost-efficient, and appropriately secure. This is achieved by employing staff members who are professional, well trained, and diverse. The BOP is also committed to providing correctional programming to assist inmates in leading crime-free lives when they eventually return to the community. This entry provides a brief description of the history of the BOP, the characteristics of the inmate population, the different security levels of the prisons, and some examples of the types of correctional programs offered.

History

Until the late 1800s, federal prisoners were held in state prisons and local jails. Congress passed the Three Prisons Act in 1891, creating the federal prison system under the U.S. Department of Justice. The first three federal prisons were United States Penitentiary (USP) Leavenworth in Kansas, USP Atlanta, and USP McNeil Island. Even though they were part of the same prison system, these prisons essentially operated independently from one another. Inadequate funding followed and many staff members lacked appropriate training. Following the passage of three new federal laws (including the 1918 Volstead Act), the federal inmate population doubled to over 4,000 inmates. Prisons became seriously overcrowded, leading to the opening of 11 additional prisons to house the population that had grown to 13,000 inmates by 1930.

In 1930, Congress passed legislation that officially created the BOP in order to create a more centralized prison system, improve record keeping, and create a classification system. Bates, the first director of the BOP, was a former commissioner of corrections in Massachusetts, the past president of the National Prison Association, a leader in prison reform, and an advocate of the medical model. Rehabilitation and individualized treatment were the primary goals of the medical model, which led to widespread use of parole and indeterminate sentencing. Under his direction, the BOP created its first classification system to designate inmates to the most appropriate prison. Low-risk inmates were sent to prison camps. More serious offenders were sent to the penitentiaries in Leavenworth or Atlanta. Other high-security inmates could be sent to USP McNeil, which provided an agricultural training program. Inmates with physical or mental health needs were designated to the medical referral center in Springfield, MO, which opened in 1933. Over the next 10 years, the BOP's inmate population continued to increase to approximately 24,000 inmates and remained relatively stable until 1980.

In the 1980s, with the political movement of "getting tough on crime," "truth in sentencing," and "the war on drugs," crime control initiatives, such as mandatory minimum statutes, *three strikes* laws, and a move to determinate sentencing, were introduced at the state level. At the federal level, the Sentencing Reform Act of 1984 established the U.S. Sentencing Commission, in order to create more consistency in sentencing. It established sentencing guidelines that increased sentence lengths for a number of federal crimes, especially drug convictions. Parole was also eliminated and the amount of *good time* (the reduction in time served for good behavior) an inmate earned while incarcerated was limited. These changes led to an explosion in the federal prison population from 24,000 in 1980 to almost 220,000 inmates in 2013.

Concerns about the disproportionate impact of sentencing policies on African Americans in particular led to reforms to the Federal Sentencing Guidelines for certain drug crimes. In 2014, the BOP experienced the first decline in the inmate population in 34 years. The number of inmates declined by 5,149 in fiscal year 2014 (October to

September). In the following year, there was another decline of 7,842 inmates. The BOP had been running at an overall capacity of around 138% for many years, so even with a substantial decline in the population, the prisons are still running over their rated capacities.

Federal Inmate Population

As of June 2016, there were a total of 195,383 federal prisoners. Of these, 158,883 inmates were incarcerated in BOP facilities, 22,670 federal inmates were managed in private facilities, and 13,830 inmates were in other facilities (such as halfway houses or home confinement). The majority of federal inmates are male (93%). The largest racial group is White (59%), followed by Blacks (38%), Native Americans (2%), and Asians (1.5%). The BOP reports ethnicity separately from race. There were 34% Hispanics and 66% non-Hispanic inmates. Compared to state prisons, the BOP houses a substantial portion of non-U.S. citizens (22%). Federal sentences tend to be longer than state sentences; approximately 72% of inmates are serving sentences ranging from 5 years to life, 24% are serving 1–5 years, and 4% are serving less than 1 year. The BOP also has more inmates convicted of drug offenses (46%) than state prisons and fewer inmates convicted of violent offenses (23%). Inmates convicted of property offenses account for another 12%, immigration offenses account for 9%, sex offenses for 8%, and miscellaneous offenses for 2%.

The Classification System and Types of Correctional Facilities

The BOP custody classification system incorporates several measures that are computed into an overall custody classification score (e.g., history of violence, history of escapes). After it is determined which security level an inmate will be assigned from the custody classification score, their medical and mental health needs are then separately assessed to determine the appropriate prison to which they should be designated. The medical classification system incorporates care levels ranging from one for healthy inmates to four for inmates who require the most services, typically in a hospital setting.

The federal prison system has five different security levels: high, medium, low, minimum, and administrative. The most restrictive settings are the high-security institutions, also known as *USPs*. These are designed to hold inmates who pose the greatest risk to other inmates, staff, and the general public. USPs' perimeters are highly secured and surrounded by walls or reinforced fences with guard towers, roving perimeter patrols, and extensive electronic surveillance. USPs have the highest staff-to-inmate ratio and have the most restricted movement of inmates. Medium-security prisons, or federal correctional institutions, have strengthened perimeters, such as double fences with electronic detection systems and perimeter patrols. There is a wide variety of work and treatment programs at federal correctional institutions, and inmates' movement is less restricted than in high-security prisons. Low-security federal correctional institutions also have double-fenced perimeters and roving perimeter patrols. Most of the housing units are dormitory style or cubicle housing. There are also strong work and programming components. Minimum-security institutions, also known as *federal prison camps*, can be stand-alone facilities or part of a complex that includes more restrictive prisons. The minimum-security camps have a relatively low staff-to-inmate ratio and limited, or no, perimeter fencing.

Administrative facilities are institutions with special missions. These administrative facilities include detention centers, medical centers, and the administrative maximum prison located in Florence, Colorado. The administrative maximum prison contains inmates who are considered to be extremely dangerous, violent, or escape-prone. There are 12 detention centers in the BOP system, and they are generally located in metropolitan areas. Detention centers house pretrial offenders. The BOP currently has five medical referral centers, hospitals for inmates with serious medical or mental health problems.

Correctional and Reentry Programs

Since its inception, the BOP has been dedicated to providing correctional programs for inmates ranging from education programs to mental health programs, faith-based programs, vocational programs, and leisure and wellness programs.

The education department provides a variety of services for inmates. Some programs prepare inmates to take the general education equivalency exam, while others provide English as a second language courses, adult continuing education, postsecondary education, and vocational training.

Correctional programs can be residential, in which all inmates who are participating in the program reside in the same housing unit. This housing unit is typically separated from the general population units and is based on a modified therapeutic community model. This environment creates a more positive culture and reduces the possibilities of negative peer influences. These programs are typically longer in duration (from 12 to 18 months) with more intense daily sessions than the nonresidential programs. They include sex offender treatment, the residential drug abuse treatment program (RDAP), and mental health step-down units.

The residential sex offender treatment program is for offenders who have a history of sexual offending, volunteer for treatment, and have a high risk of future offending. Institutions that offer the residential sex offender treatment program also have a higher proportion of sex offenders in their general population. This helps offenders feel more comfortable acknowledging their issues and seeking treatment. The RDAP is one of the largest correctional programs in the BOP. The RDAP is based on cognitive behavioral therapy, and participants are typically involved in half-day programming and half-day work, school, or vocational activities. The step-down unit program is designed for inmates who have a serious mental illness and lack the skills necessary to function in a general population housing unit. The goal of the program is to provide treatment in order to increase their daily functioning and minimize the need for inpatient psychiatric care.

The BOP also has numerous nonresidential programs that are shorter in duration. The inmates reside in general population housing units. One example of a nonresidential program is the 12-week-long drug abuse program. It is based on a cognitive behavioral therapy model and is conducted primarily in a group setting. The content addresses criminal lifestyles and provides skill-building opportunities in the areas of rational thinking, communication skills, and institution/

community adjustment. This program is for offenders who have short sentences, are transitioning to the community, do not meet the criteria for the residential program, or have had a positive urinalysis test. Inmates waiting to be enrolled in the RDAP may also take this program.

The BOP offers two formal faith-based programs for both residential and nonresidential settings, in addition to routine chaplaincy services in all of the prisons. The first is the Life Connections Program, which is an 18-month residential program that is located in four male prisons and one female prison. The second faith-based program is called *Threshold* and was created in 2008. It is the nonresidential faith-based reentry program and is offered in many federal prisons. The length of the program is 6–9 months with a session per week. Both programs are open to inmates of all faiths and add a spiritual component with workbooks and other course material based on the cognitive behavioral therapy model.

Lastly, Federal Prison Industries (UNICOR) was established in 1934 and is a self-sustaining operation, using the revenues from sales to support the program's operational expenses. Some of the goals of UNICOR are to provide job skill training, work experience, a sense of responsibility, and reduce recidivism. At the end of fiscal year 2015, there were 83 factories and approximately 12,000 inmates participating in the program.

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See also Academic Programs for Prisoners; Correctional Services of Canada; Federal Prisons; Offenders With Mental Illness in Prisons, Treatment for; Recidivism

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FEDERAL PRISONS

Only one federal agency houses individuals convicted of crimes in U.S. federal courts: the Federal Bureau of Prisons (BOP). Other federal agencies contract and operate secure facilities for detaining individuals in pretrial status for violating federal laws. The two largest users of detention beds are the U.S. Marshals Service and Immigration and Customs Enforcement (ICE). The three agencies held almost 290,000 individuals at any one point during fiscal year (FY) 2015, and many more individuals passed through detention and prison beds operated by, or contracted for, these three agencies. At the end of FY 2015 (September 30), the BOP held 206,307 inmates and ICE had 39,082 detainees. The U.S. Marshals Service had 51,862 detainees per day on average for FY 2015. About 10,000 of the Marshals' detainees were held by the BOP and appear in the total for both groups. In addition to these three agencies, which focused primarily on civilians, the federal government operates prisons for those convicted in a military court for minor and major infractions. A small percentage of those individuals convicted of serious crimes in military courts are placed into federal prisons operated by the BOP. This entry discusses the history and use of prisons, jails, and detention centers by these U.S. federal agencies.

BOP

The BOP was created as an agency in 1930. As the only federal prison system holding civilians, it incarcerates adults found guilty in U.S. federal courts under the authority of the attorney general of the United States. Juveniles are rarely prosecuted in federal courts, and convicted juveniles are placed in contract facilities. The Three Prisons Act

of 1891 established three prisons as comprising the Federal Prison System. The original prisons were at Leavenworth, KS; Atlanta, GA; and McNeil Island, WA. Additional prisons were added and, in 1930, were all consolidated under the control of the BOP. At the time, there were 14 federal prisons holding 13,000 inmates comprising the BOP. A rapid period of population explosion in the BOP started during the 1980s with the establishment of determinate sentencing at the federal level (Sentencing Reform Act of 1984). For nearly two decades, the prison population increased rapidly, reaching a peak of 219,298 inmates in 2013. The population at the BOP declined in each year following 2013 due to changes in the sentencing laws, primarily for crack cocaine-related sentences, many of which were enacted retroactively.

Compared to other federal agencies, inmates stay in a BOP facility much longer than individuals at ICE and U.S. Marshals facilities. On average, inmates held in the BOP at the end of FY 2015 had a sentence of more than 10 years (141 months). During FY 2015, 43,987 inmates were released from the BOP, meaning that about 250,000 individuals were in the BOP at some point during FY 2015.

The BOP directly operates the vast majority of the facilities holding federal inmates. It contracted with the private sector to hold 24,336 inmates at the end of FY 2015. This accounted for 11.8% of the total number of federal inmates. Another 16,350 inmates were in facilities that are not typical federal prisons, with the majority in residential reentry centers and a sizable number on home confinement. This accounted for 7.9% of federal inmates under the custody of the BOP. This means that 80.3% of federal inmates were housed in a typical BOP prison.

Although the BOP holds inmates in different types of prisons designed to meet the risk posed by inmates, the private sector only holds federal inmates designated as low-security risk. The BOP security designations are minimum, low, medium, and high security. It operates one facility that holds inmates of the most severe custody risk, the administrative maximum security prison at Florence, CO. The Florence facility incarcerates domestic and foreign terrorists, as well as inmates who pose too great a safety risk at more typical

high-security prisons. The BOP also operates five medical centers at Butner, NC; Carswell, TX; Devens, MA; Lexington, KY; and Rochester, MN.

The BOP operates a federal transfer center in Oklahoma City. This facility is used for a number of purposes, including acting as a holdover destination for inmates not yet assigned to a permanent facility. The federal transfer center also holds parole violators who are moving back into BOP custody. Inmates moving from one BOP facility to another, or to court, also often end up at the federal transfer center in Oklahoma City.

Male and female inmates are typically housed in geographically separated prisons, although there are some facilities that provide separate housing for males and females at the same location. All federal detention centers accommodate both sexes, as do the metropolitan correctional centers at Brooklyn, NY; Guaynabo, PR; and Los Angeles, CA. The metropolitan correctional centers house both convicted inmates and pretrial suspects.

Females made up around 7% of the inmates housed by the BOP at the end of FY 2015. Most females were in prisons that were exclusively female. In addition to federal facilities that held inmates in a pretrial status, some female inmates were assigned to male prisons and served their time in prison camps. The prison camps are physically outside of the perimeter of the main facility. Camp inmates are often used to perform custodial duties for areas outside of the main facility.

Immigration and Customs Enforcement

ICE was created in 2003 by joining together parts of the U.S. Customs Service and the Immigration and Naturalization Service. ICE has an annual budget of around 6 billion dollars and is responsible for border control, trade, customs, and immigration. ICE is divided into two major operational segments: Enforcement and Removal Operations and Homeland Security Investigations. Enforcement and Removal Operations is the arm of ICE tasked with detaining and deporting illegal aliens. Homeland Security Investigations is the investigative arm of ICE with offices around the country and the globe. Homeland Security Investigations investigates all types of cross-border criminal activity.

ICE places arrestees in detention centers or jails across the country. It places detainees in 110 detention facilities. ICE operates some detention centers directly, but it also contracts with private sector companies and local government agencies to operate other detention centers. As of 2015, 62% of detention beds are operated by private prison companies, most notably CoreCivic (formerly Corrections Corporation of America) and GEO Group.

ICE detainees occupied 39,082 beds at the end of FY 2015. Because stays are short in ICE detention facilities, 325,209 individuals were held in an ICE detention facility at some point during FY 2015. The ICE total is larger than comparable figures for the BOP during that period. Although the numbers of BOP admissions and discharges are smaller than at ICE facilities, the length of stay in BOP facilities is much longer.

ICE facilities typically house male and female suspects separately, although there are three family residential centers where the sexes are comingled along with children. The intention of family centers is to provide a humane alternative for families awaiting extradition. Approximately 45,000 family members were placed in these facilities in 2016 from the apprehension of 77,587 family units nationwide.

U.S. Marshals

The U.S. Marshals Service is the enforcement arm of the federal court system. As such, the U.S. Marshals Service has responsibility for transporting and holding prisoners. They have responsibility from the time suspects are arrested until they are either acquitted or convicted in federal court. After conviction, U.S. Marshals are still responsible for transporting inmates across the United States.

The U.S. Marshals do not operate any jails. In several large cities (Honolulu, HI; Houston, TX; Miami, FL; Philadelphia, PA; and Seattle, WA), there are BOP-operated detention facilities that house pretrial inmates; these federal detention centers, along with metropolitan detention centers, account for a large proportion of the inmates held by the BOP for the U.S. Marshals Service. On an average day in 2015, according to the U.S. Marshals Service, the BOP held 9,774 detainees or 18.8% of the detainees in custody.

The majority of federal detainees on an average day were held in jails operated by or for local government agencies and private sector providers. Jails operated by state and local facilities held 31,603 detainees, or 60.9% of the total, on an average day. Privately operated jails held 10,248 (19.8%) detainees. The number of inmates held in private jail beds and federal jail beds was approximately the same. A small number of inmates, 237 on average, were held in miscellaneous locations, such as hospitals.

Detainees held by the U.S. Marshals Service do not cycle through as quickly as detainees held by ICE or as slowly as inmates held by the BOP. Inmates in pretrial status spend significant periods of time in jail before a court decision or bond release. As a result, the U.S. Marshals Service processed only 194,792 prisoners in 2015. This is much fewer processed, for example, than ICE, even though ICE had almost 20,000 fewer beds on any given day. The average stay for detainees under the custody of U.S. Marshals was 97.2 days.

Military Prisons

The U.S. military typically operates two types of prisons with very different functions. The first type of military prison is used to house enemy combatants, or prisoners of war, until hostilities cease. The best known prison of this type is the Guantanamo Bay detention camp located on the Guantanamo Bay Naval Base (Gitmo) in Cuba. It is run by the Navy and was established in 2002. Gitmo is a continuing source of controversy in the United States because it allows for the indefinite detention of individuals without due process.

The U.S. military, comprised of the Army, Marine Corps, Navy, and Air Force, had over 1.1 million personnel on active duty status in 2015. Military personnel fall under the civilian codes of their duty station, but they are also held to a code of conduct outlined in the Uniform Code of Military Justice (UCMJ). The UCMJ contains rules by which military personnel are expected to abide, and military members can be charged, convicted, and incarcerated for violating the UCMJ.

The second type of military prison is similar to the BOP's civilian prisons and addresses those guilty of UCMJ infractions. Although the goal of this type of military prison is to punish U.S.

military personnel, the intention is to return offenders to military service. Permanent facilities operated by the U.S. military are known as *disciplinary barracks* if they are run by the Army and *brigs* if operated by the Navy. There are both long-term and regional detention facilities, and the UCMJ specifies the appropriate type of facility. Long-term facilities, such as the United States Disciplinary Barracks at Fort Leavenworth, KS, hold service members from all military branches.

Permanent military bases for all of the armed services have small units where military personnel accused of an offense can be detained before being transferred to a location designated for detention purposes. For Army bases, these facilities are often called *guard houses* or the *stockades*.

The Army operates seven facilities, which are designed to hold 1,187 prisoners but held only 711 as of 2015. U.S. brigs are operated by the office of Corrections and Programs of the U.S. Navy. The structure is similar to that of the Army, with a distinction between long-term and regional brigs.

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See also Federal Bureau of Prisons; Immigration and Customs Detention

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FEMALE OFFENDERS

Girls and women account for between 2% and 9% of the world's incarcerated population. Although these numbers may not seem

particularly distressing, it is necessary to emphasize that, worldwide, the female incarceration rate increased 50% between 2000 and 2015. This increase is almost 3 times higher than the corresponding rate for males.

Historically, scholars and correctional agencies have intentionally or unintentionally ignored female offenders. Further, early explanations of female criminal conduct were sexist, suggesting that men commit crime because of external causes such as poverty or peer pressure, whereas women commit crime because of internal causes such as faulty biology. However, this is no longer the case. In the early 21st century, scholars who study crime began to take an active interest in understanding why female criminal conduct occurs, reoccurs, and how it should be prevented and treated. Similarly, correctional agencies worldwide are slowly adopting female-centered philosophies grounded in the assumption that females (girls and women alike) are different from their male counterparts.

This entry first reviews two prevailing theories of female criminal conduct: (1) a gender-neutral theory of crime that is purported to apply equally to both sexes and a (2) female-specific theory, developed specifically for girls and women. Next, it reviews key risk and need factors responsible for the initiation and maintenance of female criminal conduct and discusses how these factors are incorporated into correctional interventions. Finally, this entry offers some recommendations for research and practice in the field of female offender rehabilitation.

Theories of Female Criminal Conduct

There are various theories of criminal conduct, and a few focus explicitly on female crime. This section briefly reviews two theories of crime and their applicability specifically to girls and women.

Pathways Theory

Pathways theory was written specifically to explain female criminal conduct. It states that girls and women initially start engaging in criminal conduct largely because of adverse events, such as childhood maltreatment (e.g., abuse and neglect), poverty, or dysfunctional relationships with caregivers or intimate partners. Pathways theorists

further hypothesize that females cope with these adverse events by running away from home, abusing drugs and/or alcohol, developing anxiety and/or depression, or simply by doing whatever it takes (e.g., transporting drugs across the border to please a partner) to maintain the dysfunctional relationship. In turn, these coping mechanisms lead to criminalized survival methods, such as prostitution, drug use/dealing, or robbery.

The pathways perspective is a feminist-inspired model written in response to years of male-dominated scholarship that explicitly or implicitly discounted the female perspective. Noteworthy, the pathways model of female criminal conduct is as much about theory as it is about method. In particular, pathway theorists have developed theories of female offending using methodologies that intentionally give girls and women a voice. Accordingly, feminist pathways researchers have typically used qualitative methods of inquiry to study female offenders. These methods are usually interview based and consequently give girls and women an opportunity to tell their stories in their own words.

As of 2016, there were several (about 30) different studies that examined female criminal conduct through the lens of pathways theory. Collectively, quantitative (the study of numbers) and qualitative (the study of words) research has clearly found that various forms of victimization (e.g., sexual, emotional, and physical abuse; neglect; and witnessed violence), family disruption, running away, substance abuse, depression/anxiety, and poverty are key themes in the lives of women and girls who have committed crime. However, more research is needed because much of the existing research has failed to incorporate detailed questions related to the nature and context of victimization (e.g., sexual abuse by a trusted adult over a prolonged period of time versus witnessing violence perpetrated between strangers). As well, research that explicitly compares males and females is needed to determine the extent to which the pathway theory is truly unique to females.

Personal, Interpersonal, Community-Reinforcement (PIC-R) Theory

The PIC-R theory is a general model of criminal behavior that aims to explain individual

differences in criminal behavior in both males and females. PIC-R is largely built upon two preexisting theories of criminal behavior: social learning theory and personality (self-control) theory. Social learning theory hypothesizes that both males and females learn to commit crime through the same mechanisms, such as differential reinforcement. One woman, for example, continues to commit crime because most of her friends support (i.e., reinforce), rather than discourage, her criminal activity. In contrast, self-control theory focuses on personality traits and the environment. Self-control theory hypothesizes that males and females are more likely to commit crime when given the opportunity to do so and that they possess impulsive and sensation-seeking personality traits. These impulsive and sensation-seeking personality traits foster a tendency to seek short-term gratification (e.g., “I can steal a new iPod now”) rather than a consideration for long-term consequences (e.g., “I will end up on probation for one year”).

PIC-R categorizes criminal risk factors into four domains for males and females alike: situational, personal, interpersonal, and community. The situational domain includes factors that can change rapidly, such as opportunities (e.g., temptations), stressors (e.g., a single mother who just lost her job), facilitators (e.g., sudden psychotic state), and disinhibitors (e.g., acute drunkenness). In contrast, personal factors are an individual’s characteristics that typically do not change without intervention. They include things such as criminal thinking styles (e.g., “crime is ok,” “insurance covers what I steal”) and antisocial personality features (e.g., cold/callous, lacking remorse, impulsive, manipulative). PIC-R also classifies gender and having a long and varied criminal history as personal risk factors, albeit as static, or nonchanging, factors. Although gender is classified as a personal variable that shapes both the person and the immediate situation, it is not central to the model. Interpersonal factors include variables such as criminal friends and family/marital dysfunction (e.g., having an intimate partner who is also criminal). Lastly, the community dimension encompasses factors such as the quality of one’s neighborhood (e.g., a person who resides in a high crime neighborhood is more likely to engage in crime than one who resides in an affluent neighborhood). In sum, PIC-R argues

that, irrespective of gender, as the number of these factors increases, so does the probability that the rewards for doing crime will exceed the costs. Ultimately, it is variations in the reward-to-cost ratio that explains why one person engages in crime and another does not.

There is considerable research in support of the PIC-R as a general theory of crime for males and females alike. Even some feminist scholars have acknowledged that these seemingly gender-neutral perspectives have merit in understanding female criminal conduct. For instance, it has been suggested that social learning and related theories such as PIC-R may help explain why males are more likely to engage in crime in the first place; males are more likely to associate with antisocial peers than females because boys have greater access outside the home, providing more exposure to negative peers, whereas girls have less access due to more supervision and control in the home.

Gender-Informed Risk Factors

Through socialization, biology, or a combination of the two, differences in gender yield different life experiences for girls and women, compared to boys and men. The term *gender informed* reflects these between-group differences; when referencing a gender-informed concept for girls and women, it means that gender is a preeminent consideration. For example, a gender-informed teaching method for females would be one that yields relatively better results for girls and women; it is one that females are more responsive to than males because in its development, gendered (female) considerations were taken into account. In contrast, a *gender-neutral* concept is one that makes no consideration of gender; in form and measurement, the concept operates in the same manner for males and females alike. This section considers criminal risk factors and, more specifically, gender-informed risk factors.

Risk factors are variables that, when present, increase the likelihood that criminal behavior will occur. They help predict if criminal behavior will occur at some future date. Risk factors are generally described as either static or dynamic. *Static* risk factors are constant and unchanging or change only in one direction (e.g., age, criminal history). *Dynamic* risk factors are characteristics

of the offender or his or her situation, which are changeable, with changes associated with changes in the likelihood of reoffending (criminal recidivism). As such, dynamic risk factors (also called *criminogenic needs*) are considered promising targets for correctional intervention.

Various studies have shown that some of the best risk factors associated with criminal recidivism (for males and females alike) include static risk factors such as current age, number of previous offenses, age at first arrest, criminal versatility, poor parental supervision, and early onset of behavioral problems (e.g., lying, cheating, stealing before age 12 years). Static factors, although good predictors of future crime, are not amenable to treatment.

The gender debate with respect to risk factors lies mainly in the area of dynamic risk. This is because correctional programming targets dynamic risk factors, and these interventions must be informed by sound empirical research. Until the late 1990s or early 2000s, the vast majority of research had been conducted using male-only, or predominantly male, samples. Feminist-inspired researchers have strongly questioned the scientific merit of assuming that research conducted on male offenders will naturally generalize to female offenders. Nonetheless, a large body of male-based research has produced consistent findings: Correctional programs reduce reoffending by, on average, 10%. Further, through foundational meta-analytic research published in 1990, Don A. Andrews and colleagues provided a convincing demonstration of how programs adhering to now widely accepted principles of effective correctional intervention (risk, need, and responsivity) show the most promising correctional results yielding reductions in recidivism in the range of 30%. Andrews and colleagues' original findings have been supported by a large number of male-based studies, and the risk-need-responsivity model is universally accepted as a best practice in correctional programming.

According to Andrews and colleagues, the most promising treatment targets include: antisocial attitudes and feelings; antisocial associates; poor self-control, self-management, and/or problem-solving skills; substance abuse problems; lack of education and/or vocation; lack of familial ties or dysfunctional family relationships; and poor use

of recreational or leisure time. The general acceptance of these factors as criminogenic needs is based on a considerable body of research.

As noted, the appropriateness of these promising treatment targets for girls and women has been challenged in the correctional literature. The skepticism comes, in part, from the fact that the supporting research is based on samples of male offenders. As such, some advocate for gender-specific assessment and intervention for girls and women. These authors argue that certain other needs, more prevalent among justice-involved girls and women (e.g., parenting stress, a history of trauma, adverse social conditions, and mental health problems), can also impact response to treatment and correctional outcomes. This point of view is supported by work demonstrating that many girls and women have gendered pathways into the criminal justice system.

Correctional Interventions

To respond to this gap in service for girls and women, the latest generation of correctional interventions is labeled gender informed or gender responsive. Although many of these interventions incorporate traditional program elements, they also consider needs that are particularly salient to females and are founded, at least in part, on pathways perspectives and other theoretical models, such as *relational-cultural theory* (a perspective that underscores the centrality of relationships in women's lives) and strength-based approaches. Gender-informed approaches are *trauma informed* (consider the impact of trauma in lives of girls and women) and consider the gendered context, including pathways associated with female offending.

In 2016, Renée Gobeil, Kelley Blanchette, and Lynn Stewart conducted a systematic summary (a meta-analysis) of 37 individual studies examining whether correctional interventions for women offenders are effective in reducing recidivism. The authors also explored whether gender-informed interventions differ from traditional (i.e., gender-neutral) programs in their effectiveness. The results showed that women who participated in correctional interventions had 22–35% greater odds of community success than nonparticipants. In other words, correctional interventions for women are

at least as effective as the published rates for men. When analyses were limited to studies of higher methodological quality, gender-informed interventions were significantly more likely to be associated with reductions in recidivism.

One study that looked at correctional programs for youth offered further insight into what works well for girls. Specifically, it showed that gender-informed programming for youth in secure detention was associated with a lower risk of recidivism only for girls with gender-specific risk factors. The authors concluded that incarcerated girls require different approaches depending on their histories of trauma and associated mental and physical health issues. Specifically, although girls who followed gendered pathways into detention benefited from gender-informed programs, girls without such needs gained more from traditional (gender-neutral) programming. Similar findings were noted in a study exploring correctional outcomes for women offenders who participated in gender-informed substance abuse treatment. Researchers looked at whether a history of sexual or physical abuse would have any impact on the effectiveness of substance abuse treatment for two groups: (1) women substance abusers who were randomly placed in a gender-neutral substance abuse program or 2) women substance abusers who were randomly placed in a gender-informed substance abuse program. Results showed that those who had reported having experienced abuse and who were treated with gender-informed interventions had significantly better outcomes compared to those who reported abuse and were treated in the gender-neutral program group. For women who had no history of sexual or physical abuse, the gender-neutral program was comparable to the gender-informed program (e.g., likelihood of relapse into substance abuse was about the same). The authors concluded that women offenders who have experienced prior abuse may benefit most from interventions that are trauma informed and gender informed.

Rehabilitating Female Offenders: Past, Present, and Future Advancements

In the mid-1980s, Robert Ross and Elizabeth Fabiano coined the term *correctional afterthoughts* in reference to female offenders. In that

era, the designation appropriately reflected the lack of research to guide interventions for justice-involved girls and women. Indeed, until the 1990s, girls and women were rarely included as research participants, and correctional practice simply mirrored what was done for boys and men.

In the 1990s, as researchers began to place greater focus on what works in terms of offender treatment, girls and women were more often included in research studies, in attempts to ensure that evidence-based interventions were gender neutral. Notwithstanding those efforts, the research was predominantly male based, and results were rarely disaggregated by gender. There were few attempts to consider or study alternatives to the male model. Instead, the approach was like force-fitting correctional services for girls and women into a model built for males. Accordingly, skeptics still argued that correctional interventions were male based and not appropriate for females.

The 21st century has brought with it a greater understanding that gender matters and, consequently, a growing body of research to inform correctional policies and programs for girls and women. Pathways into the criminal justice system suggest that female offender populations have multiple needs, most often including substance abuse problems, experiences of trauma, family dysfunction, and mental health issues. Accordingly, modern-day programs for female offenders target multiple need areas, either holistically in an integrated program or sequentially through multiple programs.

Researchers continue to make impressive gains in the development and evaluation of risk assessment tools developed specifically for women. Gender responsive treatment programs continue to be developed. On the international stage, in 2010, the United Nations declared that all incarcerated women should be treated in accordance with the Bangkok Rules. By unanimously endorsing the Bangkok Rules, the 193 member countries acknowledged that women in the criminal justice system have gender-specific characteristics and needs that require a gendered approach. This is a tremendous sign of progress in research and practice in the area of corrections for girls and women.

Looking Forward: Recommendations for Research and Practice

Although it is clear that great gains have been made for gender-informed corrections for girls and women, there is still opportunity for improvement. Going forward, it is suggested that theories should steer away from being gender neutral and become gender informed. This involves gendering (or operationalizing) core constructs in such a manner that readily accommodates female-specific factors, such as the importance and centrality of positive healthy relationships. In their efforts to develop gender-informed theories (or adapt existing theories), social science theorists must be vigilant to avoid stereotypes based on gender. As such, it will be a challenge for progressive theorists to develop and apply their work in a manner that is informed by gender, yet free of stereotypic schemas.

As researchers continue to develop assessment models for female offenders, they should consider assessment tools that are gender informed and built from the ground up for the specific population to which they will be applied (in this case, girls and women). Many static risk predictors are *gender invariant*, meaning that they help to predict outcomes for both males and females. However, there are also factors that are more relevant to girls and women, and these should be carefully considered when assessing females.

Finally, it is important to recognize that females represent a diverse group of correctional clients. They range in age, culture, ethnicity, their pathways into the criminal justice system, needs, abilities, and strengths, to name a few. A one-size-fits-all approach will not work. Although integration of gender-informed factors is critical, those working with females as correctional clients must also tailor their services to the individual.

Kelley Blanchette and Shelley L. Brown

See also Female Offenders: Controversies in Assessment, Treatment, and Management of; Female Offenders: Gender Differences in Criminal Offense Characteristic; Female Offenders: Patterns and Explanations; Female Offenders: Prevalence and Statistics

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FEMALE OFFENDERS: CONTROVERSIES IN ASSESSMENT, TREATMENT, AND MANAGEMENT OF

The number of women involved in the criminal justice system in the United States has grown exponentially over the past several decades. With this increase, key dilemmas and questions have shaped practices of assessment, treatment, and management for this population of women. Given that a majority of these practices are based on male offenders, attention has been given to exploring gender differences in offender populations and the subsequent role of gender in these practices. This entry discusses gender differences in offender populations as well as the assessment, treatment, and management of female offenders.

Gender Differences in Offender Populations

Significant differences between men and women involved in the criminal justice system have been highlighted as rationale for considering gender in relation to criminal justice practices. National data show gender differences in the rates of involvement in the criminal justice system and, in

particular, types of crimes. Women comprise approximately only 25% of all arrests, 25% of adults on probation and parole in the community, and 5–7% of the prison population. Although almost 75% of women are convicted of nonviolent crimes, over half of men are convicted of violent offenses. Even within the category of violent offenses, men and women differ in types of violent crimes (e.g., sex offenses, murder, robbery). Women's descriptions of their crimes more often include motivations of trying to survive severe economic marginalization and escape violence from partners than men's descriptions.

In addition, female offenders enter the criminal justice with significant rates of specific concerns and risk factors. They are more likely to report the following factors than male offenders:

- status as primary caregivers of minor-age children
- childhood history in a single-parent household
- history of an incarcerated parent
- low educational attainment
- experiences of poverty with little or no employment history
- experiences of multiple forms of abuse and victimization (especially sexual victimization) in childhood and adulthood
- substance use and mental health disorders (often as co-occurring)
- multiple physical health concerns that are often under- or untreated

Approximately 75% of incarcerated women have mental health problems, versus 55% of men in state prisons. Given women's high rates, these factors have been targeted as areas for assessment and treatment as well as influencing management needs for female offenders.

In addition, the aforementioned factors have been identified as key aspects of female pathways to crime in different ways than male pathways to crime. For example, in comparison to men offenders, women are more likely to have histories of substance use, including histories of polysubstance use, early start of using, and more frequent use. They also specifically cite substance use as a coping strategy for experiences of trauma and adversity. Women describe their crimes as related to drug use and more often report current use

when arrested than men. Across studies, women involved in the criminal justice system have common trajectories into criminal justice involvement. These trajectories include histories of living in marginalized and disadvantaged communities, growing up in families with violence and incarcerated members, experiences of sexual and physical victimization in both childhood and adulthood (often within primary relationships), extreme poverty and unemployment, and resulting mental and physical health problems.

Most of the research about women's pathways into crime focuses on the pivotal and central role of adversity and trauma, especially in regard to the cumulative nature of these experiences and the significantly higher rates of victimization that women experience, which is referred to as *gendered violence*. These experiences also occur within a gendered context. For example, women often experience criminal justice involvement for their coping and survival strategies (e.g., running away from sexual abuse occurring at home, which results in arrest as a teenager). Also, race, class, and gender have been deemed a triple jeopardy for women with multiple forms of marginalization and disadvantage, contributing to the overrepresentation of women of color in the criminal justice system. Emerging theory also posits that women involved in the criminal justice system are denied forms of capital across their life courses, which contributes to further disadvantage and their involvement.

Assessment

Upon entry into the criminal justice system, offenders are assessed for several factors (risks and needs). Often, this occurs with standardized tools. These assessments are used to establish the offender's risk level for recidivism and/or misconduct behavior while incarcerated. For example, assessment tools allow for determining an offender's risk score in order to determine custody level while incarcerated or supervision level if the offender is facing probation or parole. Assessment tools are used across time points of involvement in the criminal justice system, including pretrial detention release, sentencing, within prison, and during parole board decisions. Likewise, the assessment process can guide and result

in a treatment plan to address specific risk- and need-based factors with the purpose of reducing criminality-related behaviors and preventing poor criminal justice outcomes. Therefore, assessment tools are a primary component of the criminal justice system.

Assessment tools have changed over time to reflect expansions in both knowledge and perceptions around criminal justice. Initial assessment tools (often called *first generation*) mainly focused on capturing *static factors* (factors that do not change over time). Assessment tools have transformed to include both static factors and *dynamic factors* (those that can change). These factors have been found to be predictive of recidivism and other criminal justice outcomes. Examples of static factors are prior offenses and offender's relationship to the victim. Examples of dynamic factors are education, employment, and physical health needs, in addition to antisocial attitudes, criminal peers, and personality concerns. Framing dynamic factors as *needs* posits these factors as areas for intervention. Assessment instruments that incorporate both risks and needs are typically related to the Risk-Needs-Responsivity model that does not explicitly consider gender.

Although considered gender neutral, these tools have typically been tested exclusively with men offenders. Perspectives in support of these gender-neutral tools posit that risk factors, especially those that are dynamic, are similar for both men and women. Given the extensive history and research base for these older assessment tools, this perspective stresses that there is little to no need for additional or specific tools for female offenders. Likewise, research on using these tools with female offenders includes mixed results showing both predictive validity for women and a lack of such validity. For example, a meta-analysis of assessment tools specifically for institutional violence and violent crime recidivism found that effect sizes could only be determined for male offenders not female offenders due to the sample composition of existing studies. In contrast, some studies have found that a specific assessment tool, the Level of Service Inventory-Revised, has shown an ability to predict female offenders' behaviors during incarceration and reentry. Researchers have also questioned the quality of the predictive accuracy of this tool, if

the accuracy is similar to the predictive power for male offenders, and if it is best for guiding practices with female offenders. One major concern related to assessment and gender is that using assessment tools that have not been tested with, or designed for, women leads to the overclassification of female offenders. Thus, women are erroneously put into higher custody levels (e.g., more severe and restricted levels) even though they engage in fewer acts of serious misconduct behavior than men in the same custody level.

Likewise, assessments that look at current risks and needs for offenders do not typically take into account *gender-responsive factors*, which are those factors disproportionately found for women. In addition, assessment tools do not address and account for the interconnections between trauma, substance abuse, and mental health that are common for female offenders. Thus, another perspective has included testing risk and need factors in conjunction with gender-responsive factors. For example, an assessment tool called the *Correctional Offender Management Profiling for Alternative Sanctions* (often referred to as COMPAS) has demonstrated reliability and moderate to strong predictive accuracy with male and female offenders. However, researchers have also added gender-responsive items to this measure in order to enhance it specifically for female offenders. Preliminary research suggests that both traditional predictors and gender-responsive factors are predictive of criminal justice outcomes (prison misconducts, recidivism, and offense type) but have nuanced patterns (e.g., child abuse as predictive of specifically prison behavioral outcomes). These results have been found for women in prison as well as replicated with those on probation and parole.

Although some researchers advocate for gender-responsive assessment instruments, one major concern is how gender-responsive assessment may be used and, in particular, the question of whether gender-responsive assessment tools will lead to further detrimental criminal justice experiences for women, such as higher custody levels or longer stays in prison. Thus, some scholars have posited that, instead of focusing solely on gender-responsive assessments, correctional settings may need to be reformed to become gender-responsive environments that influence specific

practices. Principles of gender-responsive practice apply to the assessment process and include the use of instruments normed with women, a strengths-based approach and nonjudgmental attitude, identification of the complex factors associated with substance abuse for women, and a process that is in alignment with a woman's language, literacy level, and cognitive functioning. Also, assessment should be considered ongoing, especially as women develop a therapeutic relationship, participate in treatment opportunities, and perhaps become clean and sober while involved in the criminal justice system.

Treatment

Similar to assessment debates, a range of perspectives exist about how to, if at all, consider gender in regard to treatment models for offenders. Offenders are often separated into different correctional facilities and supervision sites based on gender. This difference in correctional facilities has translated into gendered programming. For example, in regard to educational opportunities, legal disputes have focused on the unequal and inequitable opportunities for incarcerated men and women. For example, men are typically offered auto mechanics and other skill-based training opportunities, and women are offered cosmetology.

Gender differences between male and female offenders have been deemed rational for differences in treatment. Women commonly need mental health services while involved in the criminal justice system. For example, between 50% and 90% of incarcerated women report clinically significant depressive symptoms. A national study found that 73% of women in state prisons had a mental health problem; this is 6 times higher than the rate of 12% for women in the community. However, treatment for women in prison is rare and often insufficient. National estimates indicate that only 24–34% of prisoners with a mental health concern receive mental health care. Researchers have suggested that women's prisons often lack these types of services (more so than men's prisons).

Although limited services exist for incarcerated women, the number of evidence-based interventions has increased for women in correctional

settings in the past 20 years, offering more options for treatment. However, the area of intervention development and testing still remains a vital area for expansion in research and practice. The most common goal of interventions for female offenders is reducing recidivism rather than primarily psychological health. Specific concerns are the general lack of research and investment in suicide prevention programs for women in prison and the overreliance on male-based, and overwhelmingly male-tested, treatments.

Gender-responsive and trauma-informed services have been strongly advocated for female offenders. Gender-responsive interventions focus on empowerment, improving problem solving and self-image, and self-efficacy, based on understanding the pathways to crime that are common for women are based on their high rates of victimization, mental health distress, and substance use disorders. In particular, treatment that incorporates women's histories of trauma and abuse has been stressed as not only more relevant for women but also more efficacious in terms of outcomes. Female offenders with histories of sexual and/or physical abuse who undergo gender-responsive substance abuse treatment have significantly better outcomes for depression and substance use than women who have abuse histories but receive nongender-responsive treatment. Thus, treatment models that are gender responsive (e.g., attentive to women's need for childcare, parenting support, building self-efficacy, assistance in finding housing and employment, physical and mental health care) and trauma informed are especially advantageous for female offenders.

Management

Within correctional settings, the supervision of female offenders has historically been characterized by some scholars as paternalistic. In general, scholars posit that inmates face the risk of developing a learned helplessness while within correctional facilities due to the rigid and highly structured environment. Likewise, historically, female offenders have been viewed as more emotionally demanding than men, and this perception persists as correctional officers cite women's emotionality as a distinct, gendered supervision challenge. Concerns have also been raised about how

correctional settings have caused women additional trauma and difficulty (e.g., sexual abuse by correctional officers, further reduction of self-esteem and self-efficacy). Thus, some scholars have posited that, instead of focusing solely on gender-responsive assessments or treatment, a wider change could be considered. Correctional settings may need to be reformed to become gender-responsive environments. Six guiding principles have been outlined for correctional management, supervision, and treatment of women offenders, including creating a safe and respectful environment, programs and policies to foster healthy relationships, and improving women's socioeconomic status.

For probation and parole, traditional models of supervision do not consider the role of gender. This traditional model includes the following factors:

- a supervision goal of moving women quickly to a lower risk level or off of supervision
- the role of the correctional officer as implementing the plan placed by the judge
- no consideration of correctional officer's gender, equal or same treatment of male and female offenders
- connecting offenders with substance use and mental health treatment options

This model has been critiqued as insufficient for the needs of female offenders. Gender-responsive community supervision, in contrast to traditional supervision models, focuses on the following:

- addressing the main causes of women's involvement in the criminal justice system, in addition to completion of supervision requirements
- encouraging pairing female offenders with female officers, with attention to officer expertise and the women's needs
- an active role for the officer in advocating for, and shaping, the judge's and court's responses to the female offender, and using wrap-around services

As with the domains of assessment and treatment, there is some fear that gender-responsive

services for management and supervision will result in increased punitive control over women offenders. These debates speak to larger issues about the role of the criminal justice system and balancing social control and ideas of public safety with concepts of justice, prevention, and social change.

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See also Criminal Risk Assessment, Gender-Responsive; Female Offenders; Offender Risk Assessment: Culture and Gender Considerations; Offender Risk Assessment and Risk Level Classification Issues

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FEMALE OFFENDERS: GENDER DIFFERENCES IN CRIMINAL OFFENSE CHARACTERISTICS

Official statistics clearly demonstrate an overall gender gap in crime, whereby males account for the vast majority of offenders. Moreover, gender differences emerge in the contextual details of particular offense types. The term *offense gestalt* has been used to capture these nuanced gender differences, encapsulating factors such as the offender-victim relationship, the degree of victim harm, and the underlying motivation that seemingly catalyzed the offense. Aside from prostitution, female representation is greatest in the realm of minor property crimes motivated by perceived economic necessity. When women do commit violence, these acts tend to be less serious in nature than those committed by their male counterparts. Rather than target strangers or casual acquaintances, women's use of violence is typically relational in nature and directed toward familial or intimate partners, with motivations ranging from self-defense to the expression of anger and frustration. The objective of this entry is to identify and explain gender differences that characterize both violent and nonviolent forms of criminal behavior. Many of these gender differences are consistent with broader theoretical perspectives hypothesizing that what matters most to women is establishing and maintaining meaningful relationships over the pursuit of individual goals.

Gender Differences in Violent Crime

The gender gap in crime is most pronounced in the context of serious violent crimes such as homicide, sexual assault, forcible confinement, robbery, and aggravated assault. Compared to males, the vast majority of justice-involved females perpetrate offenses that are relatively minor in severity (e.g., nonviolent offenses like fraud and drug-related crime). When girls and women commit violent offenses, these incidents typically involve common assaults of marginal severity that occur in school or domestic settings. Indeed, the most frequently reported convictions of violent crime perpetrated by women in the United States have been linked to

domestic violence. In comparison with men, who are more apt to direct violence toward strangers and/or acquaintances, women are more likely to have a relationship with the target of their aggression, either in the form of a close relative or an intimate partner. The nature and typical targets of female-perpetrated violence are consistent with *relational-cultural theory*, a prominent feminist-derived perspective that underscores the centrality of relationships in the lives of women (in other words, women grow through and toward relationships and relationships are the source of meaning and empowerment in life).

Intimate Partner Violence

Despite some debate on the relative prevalence of female- versus male-perpetrated intimate partner violence (IPV), there is evidence to suggest that relative to women, men are significantly more likely to engage in serious forms of aggression toward a partner, including the perpetration of sexual assault. Compared to men, women convicted of IPV are half as likely to recidivate with a new domestic violence offense and are significantly more likely to be the victim in subsequent domestic violence reports.

Several family violence scholars have argued that IPV committed by women is primarily defensive in nature. Beyond self-defense, however, other commonly cited motivations reported by women include the expression of anger and frustration, a reactive response to long-term abuse, and an attempt to gain a partner's attention. Although male motivations for the commission of IPV can also be varied, domination and coercive control are those most frequently cited in the literature.

Intimate Partner Homicide

Intimate partner homicides frequently occur against a backdrop of domestic violence, which can be either unidirectional or bilateral in nature. The reported proportion of female-perpetrated spousal homicides has ranged from 20% to 40%. Notably, important gender differences emerge in both the motivation and context of intimate partner homicide. A male perpetrator is likely to have subjected his female partner to prior physical abuse and is most likely to commit spousal

homicide following an actual or imminent separation. In fact, a woman's decision to leave the relationship is the catalyst for her partner subjecting her to lethal violence in nearly half of spousal homicides committed by males. Typical motives articulated by men who have killed their partners include possessiveness and jealousy, suspicion over a partner's fidelity, and as indicated earlier, anger over the threat of separation. Women, in contrast, are more commonly motivated by self-defense, by a desire to thwart future harm and/or as a reaction to sustained victimization.

Filicide

Although it has been reported that mothers and fathers account for about equal proportions of homicides against their children (including biological and stepchildren), mothers are more likely to have killed children under the age of 7 years. The few available studies on filicide indicate that male-perpetrated killings are largely motivated by (a) retaliation (e.g., anger for spouse projected onto child), (b) jealousy or rejection by the victim (e.g., uncertain paternity; perception that spouse is giving the child too much attention), and (c) discipline (e.g., child killed during the course of punishment).

In contrast, motives for mothers who kill their children are complex, ranging from mental illness to financial difficulties, and vary depending upon the age of the child. Neonaticide (murder of a child during the first 24 hr of life) is most commonly committed by young mothers who have substance abuse issues, financial problems, and below-average intelligence; this form of filicide is often preceded by a denial of pregnancy. Infanticide (murder of a child within the first year of life) also tends to be committed by very young mothers, but in this group, women are more likely to display intense anger and impulsivity. Lastly, filicide involving older children tends to be perpetrated by women with a long history of mental illness and self-directed violence—often catalyzed by their own experience of childhood abuse.

Stalking

Stalking has been defined as persistent (at least 4 weeks) and repeated (10 or more) attempts to intrude on or communicate with a victim who

perceives said behavior as unwelcome and fear provoking. While community-based studies indicate that women comprise just over 10% of stalkers, rates ranging from 17% to 33% have been reported in forensic mental health settings.

No significant gender differences emerge among stalkers with respect to mental health diagnoses, where prevalence rates for delusional disorder, mood disorders, and personality disorders are high among both male and female stalkers. However, according to research conducted by Reid Meloy and his colleagues in 2011, female stalkers are significantly less likely than their male counterparts to have a history of criminal or violent behavior (18% vs. 43%); similarly, women are less likely to perpetrate violence in the context of stalking. Rather than targeting previous intimate partners as is common among male stalkers, females will more often fixate upon public figures or contacts with whom they have had a professional relationship (e.g., mental health practitioner, teacher, legal counsel). With respect to primary motivation, women are most commonly classified as *intimacy seekers* (45% of females vs. 25% of males), where the ultimate goal is to establish a close and loving connection with the victim (as opposed to motivations that are purely sexual, based on revenge, or incompetent attempts at courtship). While 90% of male stalkers target female victims, victims of female stalkers are more evenly distributed by gender.

Serial Homicide

While Ted Bundy, Jeffrey Dahmer, and John Wayne Gacy are chillingly notorious names, few readers may be familiar with the names of Nannie Doss, Genene Jones, and Dorothea Puente. Albeit rare, the latter are female serial killers, capable of the most extreme forms of violence. Drawing upon data from the last two centuries, it has been estimated that about 16% of serial homicide offenders are women. Serial homicide has been operationalized as the sequential killing of three or more human victims over a period exceeding 30 days, characterized by an emotional *cooling off* period between each event. While the preponderance of single homicide offenses are extrinsically motivated by a variety of functional factors running the gamut of monetary gain, revenge, and

victim precipitation, serial homicide is etiologically distinct. Typically premeditated, the killing itself is generally considered intrinsically pleasurable or reinforcing to the offender.

Among serial homicide offenders, gender differences are pronounced in the areas of motivation, victimology, and modus operandi. Male serial killers typically aim to exert ultimate power and control over their victims, a motive that is often inextricably linked with sexual gratification. Women's motives, although arguably hedonistic as well, tend to exclude the sexual component; some frequently cited motives include monetary gain (i.e., "Black Widow"), power or control (i.e., "Angel of Death"), or histrionic attention seeking. Relatedly, nearly 40% of female serial killers experience some form of mental illness ranging from Munchausen's syndrome by proxy, schizophrenia, and major depression.

The typical male serial killer will target strangers (usually young women) and use direct or hands-on methods to perpetrate his crimes (e.g., strangulation, stabbing). In contrast, over 80% of the female serial killer's victims are known to her, with the most common targets being family members or acquaintances. According to a 2015 study of 64 female serial killers who operated in the United States between 1821 and 2008, Marisa Harrison and her colleagues determined that 40% were health-care professionals and over 20% occupied direct caregiving roles like babysitter and stay-at-home mother/wife. Their broad range of victims—including children, spouses, the infirm, and/or older adults—consists of both males and females who are either in their care or in otherwise vulnerable positions. Women tend to use less conspicuous and less direct methods of killing (e.g., poisoning) and are less geographically mobile than their male counterparts.

Gender Differences in Nonviolent Crime

Drug Offending

Substance abuse plays an important role in the etiology of female offending, particularly given its pervasive presence in the criminal subculture. It is argued that many girls enmeshed in *the street life* commit crimes to support their drug habit or engage in criminal acts as a result of their intoxicated state. Female drug users are more likely than

their male counterparts to have been introduced to this lifestyle by the direct influence of a romantic (male) partner.

Substance abuse is a strong predictor of recidivism for both men and women. However, there is evidence to suggest that there may be gender differences in the etiological function of this factor. Among women in particular, there is a high co-occurrence of substance abuse, family-based trauma, and mental health issues. As such, women's abuse of drugs and alcohol is commonly grounded in a desire to self-medicate and cope with complex trauma. In contrast, males are more likely to engage in drug use to seek pleasurable effects and/or in response to peer pressure. With respect to direct involvement in the drug trade, women are typically initiated into these organizations through their associations with male partners and are commonly relegated to lower positions (e.g., courier); males, in contrast, are more likely to occupy positions of power.

Property Crime

The gender gap narrows considerably in the perpetration of property crime. For example, according to the 2014 Uniform Crime Reports, females accounted for 43.2% of individuals arrested for larceny-theft (vs. 56.8% for males). In a seminal investigation conducted in 2015, Darrell Steffensmeier and his colleagues examined gender differences in larceny, fraud, forgery, and embezzlement (LFFE offenses). Their results suggest that the vast majority of both male and female perpetrators of LFFE offenses commit relatively minor, conventional forms of property crime. Approximately half of all LFFE arrests and two thirds of female LFFE arrests were for shoplifting and writing bad checks. In contrast, less than 5% of all LFFE arrests and less than 3% of female-related arrests involved white-collar occupational crime.

There is research to suggest that a woman's chief motivation for perpetrating property offenses is perceived economic necessity (e.g., to provide for her family) or to earn the validation and approval of a male partner. A man, on the other hand, is more likely to commit property crime to satisfy a need for adventure and/or to elevate his status. Once again, these gender-based goals are consistent with relational-cultural theory, suggesting that

women place ultimate value upon relationships, whereas men prioritize individual achievement.

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See also Female Offenders; Female Offenders: Patterns and Explanations; Female Offenders: Prevalence and Statistics; Female Violent Offending, Theoretical Models of

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FEMALE OFFENDERS: PATTERNS AND EXPLANATIONS

Evidence clearly illustrates that girls and women in the United States commit considerably less crime than boys and men, particularly less violent

crime. However, media reports and official crime statistics have suggested that girls and women are catching up to their male counterparts, engaging in more illegal activity than ever, particularly more violent activity. The goal of this entry is to review how (and if) the nature of female offending has changed over time (relative to male offending), describe and evaluate two hypotheses put forth to explain the seemingly narrowing of the gender crime gap—the behavioral change hypothesis and the policy change hypothesis—and lastly, to examine the nature of female-perpetrated crime over the life span of a typical female offender in comparison to a typical male offender.

Trends in Female-Perpetrated Crime Over Time

Trend analysis of official arrest statistics in the United States from the 1980s to the mid-2000s shows that while the Violent Crime Index—a composite measure of homicide, aggravated assault, rape, and robbery—had declined slightly (6%) for adolescent males, it had actually increased by 87% for adolescent females. Although, closer examination of the data shows that aggravated and simple assault were driving this surge—as robberies, rapes, and homicide had stayed constant.

More recent analyses of U.S. arrest statistics from 2005 to 2014 show that the overall crime rate is declining for both genders, irrespective of age, and the decrease is most pronounced among adolescents—boys in particular (51.7% decrease for boys; 38.5% decrease for girls). All forms of serious violent crime—robbery, homicide, and aggravated assault—have also declined substantially and to virtually the same degree for both adolescent males and adolescent females between 2005 and 2014. Conversely, there has been a noticeable *increase* in seemingly economic-motivated crimes (e.g., robbery, burglary, theft/larceny) perpetrated by females, albeit this upward trend is mainly attributable to adult females. In contrast, the same increase is not evident for males.

Despite evidence to the contrary, the perception that females are more dangerous and violent than ever remains. Arguably, this is due to several factors. Highly publicized media cases and YouTube

clips continue to surface detailing stories about girls and women who have killed or seriously hurt ex-lovers, boyfriends, or family members. Stories range from the female high school student who stabbed a male classmate to death because he would not be her prom date to the U.S. gold medalist soccer player Hope Solo who was arrested in 2014 for assaulting her sister and 17-year-old nephew. Moreover, book titles such as *Sugar and Spice and No Longer Nice: How We Can Stop Girls' Violence* send a message that female-perpetrated violence is a modern problem that needs solving.

Consequently, scholars continue to explore whether female-perpetrated violence and illegal activity have genuinely surged over time. Specifically, scholars have developed two hypotheses to help explain the apparent surge in female-perpetrated crime: (1) the *behavioral change hypothesis*—yes, girls and women really have gotten worse, in large part due to the emergence of feminism and (2) the *policy change hypothesis*—no, girls and women have not changed; rather, societal attitudes toward girls and women have changed, which in turn has altered how society treats females. This latter hypothesis suggests that there is now less chivalry and more equality in terms of the application of existing laws and policies (e.g., more recognition that girls and women could be perpetrators of domestic violence), or that shifts in public policies and enforcement practices might disproportionately impact girls and women (e.g., criminalization of less serious forms of violence disproportionately impacts girls and women).

Behavioral Change Hypothesis

The behavioral change hypothesis contends that females actually are engaging in more illegal and antisocial behaviors, especially more violent-related crimes. This hypothesis further suggests that the greater equality afforded to women and girls in U.S. society has catalyzed a number of changes that in turn have contributed to the apparent surge in female-perpetrated crime, particularly violent crime. First, gender equality has simply increased the desire among girls and women to engage in crime in the same way that girls and women not only desire, but also are

expected to, work outside the home. Second, gender equality has also provided more opportunities for girls and women to engage in crime as a consequence of less supervision and more freedom. Third, changing gender norms (catalyzed by social media and movie portrayals of women in violent roles—e.g., the 2003 movie *Kill Bill*) have encouraged females to use physical aggression as a legitimate means of resolving interpersonal conflict or affecting revenge. Fourth, as a result of gender equality, girls and women are increasingly experiencing economic stress; as a consequence, they are turning to alcohol and/or drugs more frequently as a means to self-medicate, which in turn may lead to criminal justice involvement.

Policy Change Hypothesis

Researchers studying crime trends generally agree that policy shifts have lowered the tolerance of law enforcement toward low-level crimes and misdemeanors, which has resulted in more arrests for less serious crimes. The policy change hypothesis suggests that this *net widening* has disproportionately impacted girls and women, given their greater relative participation in less serious categories of offenses that have been the primary casualty of net widening policies. In fact, careful analysis suggests that crimes such as disorderly conduct, harassment, and resisting arrest are now more likely to be categorized as simple assault. Similarly, simple assault is more likely to be upgraded to aggravated assault. Thus, girls and women in particular are disproportionately impacted by these changes, given that when females commit violence, they tend to commit mild and less serious threats or physical attacks. The policy change hypothesis also stipulates that less tolerant family and societal attitudes toward adolescent females have amplified girls' arrests as has the criminalization of violence in private settings and schools—female-perpetrated aggression is more often relational (relative to male-perpetrated violence) occurring within the context of a close relationship.

Evaluating the Behavioral Change and Policy Change Hypotheses

To evaluate the behavioral change and policy change hypotheses as potential explanations of

girls' delinquency, some researchers carefully analyze multiple data sources. For instance, researchers may use official police arrest statistics or other government data such as court convictions. Others draw on unofficial data, using surveys or interviews with offenders or victims. Each source of data has its associated strengths and weaknesses, and often each portrays a slightly different picture of crime. Taken together, however, a reliable story emerges.

Darrell Steffensmeier and colleagues have conducted some of the most systematic research in the area of gender differences and crime. Relying on three sources of data (official government statistics, victimization surveys, and self-report data), Steffensmeier and colleagues' work has indicated that the rise in girls' violence is only evident in the official arrest data; unofficial reports from victims and offender do not corroborate the official statistics. Specifically, in contrast to conclusions about rises in girls' violence based on arrest statistics, results from sources independent of the criminal justice system (i.e., victimization and self-report surveys) show very little overall change in girls' assault levels or in the Violent Crime Index and, most notably, essentially no change in the female-to-male percentage of violent offending. These divergent findings across data sources point to gender-specific effects of policy changes rather than shifts in female-perpetrated aggression.

Life Course Theory and Female Offenders

Since the mid-1970s, a group of researchers known as *developmentalists* or *life-course theorists* have taken a different approach to understanding how crime changes over time. These researchers have assessed and reassess the same group of people at multiple intervals throughout their life span. Sometimes these researchers have been able to study the same group of people from birth well into late adulthood.

These researchers have collectively illustrated that there is a small, albeit core group of chronic offenders who account for the vast majority of crime. These individuals, named *life-course-persistent offenders*, manifest criminal tendencies early in life. In childhood, they tend to show evidence of antisocial problems such as temper tantrums, lying, and theft. In adolescence, many are

involved with substance use or abuse, fights in school, aggression toward peers and teachers, and problems at home such as conflict with parents. Terrie Moffitt, one of the foundational researchers in this field, argues that these early *crime* manifestations are normally accompanied by neurological deficits, which are present at, or soon after, birth. Examples include late verbal development, psychomotor delays, poor impulse control, and attention-deficit disorder. Although Moffitt further suggests that there is often a genetic link, adverse events, poor family functioning, and/or impoverished environments could compound preexisting vulnerabilities, and the cumulative effects of these multiple risk factors lead to failure to thrive in multiple domains—education, employment, and relationships—thus crime ensues.

Importantly, the evidence suggests that males significantly outnumber females in the life-course-persistent category (one estimate places the male-to-female ratio at 10:1). Moffitt has hypothesized that this disparity exists largely because a female is much less likely to possess key risk factors that put a child at risk for developing into a life-course-persistent offender. Namely, girls are significantly less likely to experience neurological deficits, hyperactivity, or developmental delays in verbal and executive functioning.

Moffitt's seminal research has also identified a second category of offender: the *adolescent-limited offender*. Unlike the life-course-persistent offender, the adolescent-limited offender is almost as likely to be male as female. Furthermore, this class of offender does not experience any of the predispositional vulnerabilities that the life-course-persistent offender possesses; they do not exhibit early-onset childhood aggression, neurological deficits, or any inclination toward criminal activity until adolescence. Minor crimes and antisocial behaviors such as experimentation with drugs or alcohol, vandalism, defiance of authority figures, and stealing items of small value characterize the adolescent-limited offender. Not only does Moffitt consider these behaviors normative during adolescence, she also posits that these antisocial tendencies will dissipate as adolescence terminates and adulthood emerges.

Moffitt further asserts that these normative antisocial tendencies coincide with the onset of adolescence due to a maturation gap—teens want the freedoms associated with adulthood (e.g.,

wealth, independence, respect); yet, because they are not quite attainable, an adolescent will mimic the behaviors of the life-course-persistent offender who seemingly has achieved all the freedoms of adulthood. She posits that female and male adolescents equally desire independence; hence large gender differences are not expected in the prevalence of adolescent-limited offenders; however, it is expected that girls will engage in the antisocial behaviors associated with this type of offender group less frequently than males; the hypothesized reason is that the associated risks are higher for females (e.g., pregnancy), and females do not have the same degree of access to life-course-persistent offenders as their male counterparts do.

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See also Female Offenders; Female Offenders: Prevalence and Statistics; Gender and Crime; Female Offenders: Prevalence and Statistics

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FEMALE OFFENDERS: PREVALENCE AND STATISTICS

Historically, scholars and correctional policy makers paid little attention to female offenders. However, this changed radically with the publication of Freda Adler's *Sisters in Crime* and Rita Simon's *Women and Crime* in the mid-1970s. Both authors reported that female-perpetrated crime was increasing at a faster pace than male-perpetrated crime. Adler also concluded that females were becoming more violent. At the time, both authors essentially argued that the rise of feminism catalyzed the apparent surge in female criminal conduct. However, the apparent surge and corresponding explanation have since been convincingly debunked.

Subsequent to Adler's and Simon's seminal works, scholars and government agencies slowly began to report both official and unofficial crime data for males and females separately. Furthermore, scholars began to focus on understanding how the context of criminal behavior (e.g., motivations, victim-offender relationships, degree of victim harm) is both similar and different between the sexes. Today, scholars continue to explore whether the modern-day female really is more violent and criminally active than her predecessor.

This entry provides an overview of the prevalence and types of crime that females commit in comparison to their male counterparts. In doing so, the entry highlights that there is a gender gap in crime—males account for most crime—particularly violent as opposed to nonviolent crime. The entry also illustrates additional nuanced differences such as where the gender gap is most evident (e.g., nonfamilial homicide, rape, robbery) and where it is least evident (e.g., shoplifting,

parents killing their own children). These conclusions are based primarily on the synthesis of the following sources of information: (a) official arrest statistics (Uniform Crime Reports) collected annually by the Federal Bureau of Investigations, (b) official arrest information that provides contextual details about crime not captured within the Uniform Crime Reports (National Incident-based Reporting System), (c) unofficial victimization survey results (National Crime Victimization Survey), and (d) a collection of scholarly works that have examined gender differences and similarities in crime either over the developmental life span or specifically within the context of specialized forms of violence (e.g., intimate partner violence, serial homicide). Importantly, the fourth source of information typically augments official crime data with offender and victim self-reports. Each information source has associated strengths and weaknesses; however, the collective evidence provides a rich and reliable understanding of the types of crime that females commit and how female-perpetrated crime is similar as well as different from male-perpetrated crime.

The Gender Gap in Crime

One universal finding has emerged repeatedly in the criminological literature. Males—men, adolescents, and children—engage in more antisocial behaviors and criminal conduct than their female counterparts. This gender gap in crime persists regardless of the period of study, country of origin, research methodology employed, or disciplinary orientation of the researcher. For example, the 2016 official U.S. arrest statistics revealed that approximately one in four arrestees were female. It is important to note, however, that a significant amount of crime is never reported to police and, hence, is not captured in official arrest statistics. Notably, the 2016 National Crime Victimization Survey suggests that most crime is unreported to police (58% of violent crime and 64% of property crimes). Furthermore, certain crimes such as sexual assault and rape are particularly less likely to be reported (23% reported) versus crimes such as motor vehicle thefts (80% reported). Consequently, the importance of augmenting official crime statistics with unofficial data sources (e.g., direct reports from victims or offenders) is

essential to gain a complete understanding of how much and what types of crime females commit relative to their male counterparts. Careful analysis of multiple sources of data has revealed that while the gender gap is particularly pronounced in some areas, it is less pronounced, and even nonexistent, in others.

Where Is the Gender Gap the Widest?

The gender gap in crime is most amplified within the domain of violent crime, particularly serious forms of violence that occur between strangers and/or acquaintances. Although people are less likely to be the victim of violent as opposed to nonviolent crime, when violent crimes do occur, they more often than not are perpetrated by male offenders.

Official arrest statistics illustrate that male offenders account for approximately nine in 10 homicide, robbery, rape, sexual offense (excluding prostitution), and weapon-related arrests. Extensive research conducted by Darrell Steffensmeier and colleagues comparing official and unofficial data sources report similar trends. Researchers who study serial homicide offenders (e.g., Ted Bundy) and mass homicide offenders (e.g., school shooters) repeatedly find that these crimes are typically perpetrated by males, albeit 16% of serial homicide offenders are estimated to be women.

Another influential group of researchers—known as *developmental psychologists* or *developmental criminologists*—have discovered key gender differences in the prevalence of crime using research methods that extend across the life span of the individuals under study. In essence, these developmental or life span researchers study the same sample of children (in some cases right from birth) into adulthood. These researchers are interested in learning how crime changes (or stays the same) over time within individuals. This body of knowledge has revealed that males, not females, are most likely to be classified as chronic offenders (also known as *life-course-persistent offenders*). Life-course-persistent offenders start engaging in serious forms of antisocial behavior early in childhood (e.g., steal from parents, aggressive toward other children, violent in school) and persist in severity and versatility well into adulthood. Some

scholars estimate that nine in 10 life-course-persistent offenders are male.

Where Is the Gender Gap the Narrowest?

The gender gap in crime narrows considerably in two circumstances. First, as the severity of crime decreases, so does the gender gap; this is particularly pronounced for nonviolent crimes. Second, although males account for nine in 10 homicide arrests, females account for a substantial share of familial homicides (about one third), particularly when the victim is a child or spouse of the perpetrator.

Approximately 40% of criminal incidents include crimes that fall into the category labeled LFFE. LFFE captures the following crimes: larceny (e.g., purse snatching, shoplifting, theft of motor vehicle parts), fraud (e.g., credit card fraud, welfare benefit fraud), forgery (e.g., writing bad checks), and embezzlement (e.g., stealing money or consumer goods from place of employment, stealing money from bank/savings company where one works). Within this LFFE category, the gender gap is particularly narrow. The 2016 arrest statistics illustrate that females account for anywhere between one in three and one in two of these crimes (larceny arrests: 43.5% female, forgery arrests: 36.1% female, fraud arrests: 37.2% female, and embezzlement arrests: 53.1% female).

In 2015, Steffensmeier and colleagues published an in-depth examination of the nature of LFFE offenses by gender using multiple sources of data. These researchers made three pivotal discoveries. First, for males and females alike, the vast majority of LFFE offenses occur in nonoccupational settings (up to 98% and 97% for males and females, respectively). Second, roughly half of all LFFE offenses include mundane crimes such as shoplifting or writing bad checks that involve meager sums of stolen property (median value < \$60.00). Third, there are nuanced gender differences within specific LFFE offense categories: For example, females account for 45% of arrests involving shoplifting, 54.1% of arrests for writing bad checks, and 75% of arrests for welfare fraud. In contrast, males account for the vast majority of arrests involving transportation fraud (jumping subway turn styles, 88% of arrestees are male), stealing contents from motor vehicles (89% of

arrests are male), stripping motor vehicles (90% of arrestees are male), or selling counterfeit street goods (94% of arrestees are male).

A collection of research studies using diverse methodologies has revealed that the gender gap in crime is virtually nonexistent for behaviors that the general public would not necessarily deem criminal. For instance, equal numbers of men and women experiment with marijuana or take prescription drugs for which they have not been prescribed. Similarly, using rich and reliable life span data, developmental researcher Terrie Moffitt has demonstrated that males and females are evenly represented in the commission of trivial forms of delinquency during adolescence (e.g., drinking under age, vandalism, skipping school, experimenting with drugs, shoplifting, cheating, stealing small sums of money). Lastly, 2016 U.S. arrest statistics revealed that females accounted for 50.8% of all prostitution-related arrests. Thus, while predatory sex crimes such as rape are the purview of men, sex work is the purview of women.

As stated, male offenders account for the vast majority of serious violent crimes such as homicide, rape, forcible confinement, and aggravated assault resulting in serious bodily harm. However, a closer examination of violent crimes has also revealed that female offenders account for approximately 28% of (nonsexual) assault-related arrests. Qualitative research suggests that female-perpetrated assaults are motivated by a myriad of reasons including intense emotions (anger, revenge, and jealousy), perceived slights and injustices, self-defense, and within the context of instrumental robberies. In addition, estimates for female-perpetrated spousal homicide have ranged from 20% to 40%.

Considerable research has also been conducted in the realm of filicide—when parents (step or biological) kill their children. This body of literature indicates that mothers and fathers account for close to equal proportions of filicides. However, there appears to be an inverse relationship between victim age and whether the father or mother perpetrated the homicide. Specifically, as the age of the victim decreases, the likelihood that the mother perpetrated the filicide increases. For example, mothers perpetrate the majority of filicides involving newborn. Conversely, as the age of

the victim increases, the likelihood that the father perpetrated the filicide increases. For example, fathers perpetrate close to 80% of filicides that involve adult children.

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See also Female Offenders; Gender and Crime Female Offenders: Prevalence and Statistics; Female Offenders: Patterns and Explanations

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FEMALE SEXUAL OFFENDERS

Traditional sociocultural views of gender roles have helped prevent the recognition that women also commit sexual offenses. Further, people tend to have difficulties understanding how a woman can sexually offend—the idea being that sexual offending necessarily involves a penis. As a result, female sexual offending has traditionally been minimized and considered nonserious. This entry reviews the nature of sexual offending by women, including its prevalence and the various types of female sexual offenders.

The Nature of Sexual Offending by Women

Female sexual offenders, like their male counterparts, engage in a variety of sexually offending behaviors against male and female victims. Although their victims may be of any age, women predominantly sexually offend against underage victims (children or adolescents). Their sexually offending acts include exposing one's genitals, fondling, oral contact, vaginal or anal penetration, and the use of objects, all of which can be perpetrated on the victim or by the victim on the offender. In contrast to men, women

proportionally engage in less attempted or completed penetration (penile, digital, oral, or with objects) of the victim.

Women, like men, also use electronic means to produce child sexual abuse images (often described as child pornography). The production of these images appears driven by the need or wish to please someone else, typically a man, or for financial gains. For example, besides posting and/or sending photos of their own children at someone's request, women have also engaged in live sexual offending against children, broadcasted via webcams, in a way that suggests they are acting for the pleasure of the viewer in exchange for money. Although the prevalence of women producers of child abuse images is unknown, the evidence suggests that only a very small proportion of women are actual consumers of such images.

Who Are the Victims?

The data show that about one third of female sexual offenders co-offend with another person, most frequently a man who is her spouse. The other two thirds engage in solo offending. When women co-offend with a male partner, the victims tend to be their own children (biological or stepchildren) or children under the care of the woman or couple, such as childcare activity. Of course, male–female co-offenders also offend against adults or against unknown children, but they tend to be in the minority. In contrast to female co-offenders, solo female offenders appear to more frequently sexually offend against nonrelated victims than against related victims. Female sexual co-offenders tend to assault girls, but solo offenders tend to assault boys. It is likely though that the preferential victimization of girls by female co-offenders actually reflects their spouses' rather than their own preference. Finally, evidence suggests that women who co-offend with other women may be those who assault peerage victims, particularly same-sex victims.

Is It All Sexual Offending?

Sometimes, women who fail to intervene in cases of child sexual abuse or who knowingly and/or purposefully allow someone else access to a child for sexual purposes are classified as sexual

offenders. The former refers to women who do not intervene in cases of child sexual abuse that typically occurs within the home. For example, a woman may choose to pretend the abuse is not occurring in order to maintain the relationship with her male partner. The latter refers to women who, for financial reasons, essentially force the child or teenager into prostitution. These women may sell their own children or abuse them on live webcams in return for goods, favors, or money. Alternatively, they may be part of prostitution rings where underage girls are considered a valued commodity.

It is unclear why some women choose to ignore the sexual abuse of children in their homes. It is suspected that the failure to intervene is due to issues such as feelings of powerlessness on the part of the woman, the need to maintain the relationship at all cost, or simply indifference to the child's suffering (perhaps because she had been victimized herself). Research is needed to clarify those issues.

In contrast, research has shown that women convicted of providing sexual access to youth for financial gains (i.e., prostitution-related offenses) are different from traditional female sexual offenders. Women convicted of providing sexual access to a child have histories more consistent with general criminality and exhibit more general antisocial features than women convicted of contact sexual offenses. These findings suggest that these women, in a manner similar to women who sell but do not use drugs, may view sex as a commodity to be exploited for financial gains.

Prevalence

A number of studies have attempted to establish the prevalence of sexual offending by women. Most of these have examined clinical samples of victims or offenders and found widely differing prevalence statistics of the proportion of sexual offenders who are female, ranging from 5% to 50%. Methodological differences, such as the data collection method, definition of sexual abuse utilized, and target populations explain these disparities. Hence, although these statistics speak of the prevalence of sexual victimization at the hand of a woman in specific samples, they do not provide information regarding the overall prevalence of sexual offending by women.

A better estimate of the proportion of sexual offenders who are female is obtained when official data are compared to victimization data. Based on multicountries information, official police or court reports data reveal that approximately 2% of all sexual offenders reported to the police are women. In contrast, an examination of data obtained from self-reported population-wide victimization surveys reveals that the proportion of sexual offenders who are women is 11%, almost 6 times higher than the official rates. These data show that, although there is no way to truly know the extent of sexual offending by women (just as there is no way to know the true extent of sexual offending by men), population-based anonymous victimization surveys continue to be the best tool to estimate the prevalence of both female- and male-perpetrated sexual abuse.

Types of Female Sexual Offenders

Researchers have attempted to establish typologies to better understand the causes and processes of sexual offending among female offenders. Some of these typologies are based on clinical descriptions of cases. Others have utilized more systematic empirical methods to develop their classifications of female sexual offenders.

Typology Based on Qualitative or Clinical Data

The first typology of female sexual offenders identified three types: the teacher-lover, the predisposed, and the male-coerced. These types were based on the offenders' characteristics and their motivations for the sexual offenses. The *teacher-lover* sexual offender is an adult woman who acts as the initiator of the sexual abuse of an adolescent, usually a male. The offender tends to be in a position of power through her age and her role in the victim's life, for example, as a teacher (hence the title). Within this context, this woman considers the adolescent her equal who desires the sexual relationship and benefits from her sexual favors.

The second category, the *predisposed* sexual offender, also acts alone. These women tend to have a long history of varied and severe childhood sexual victimization starting at a very young age (i.e., under 6 years of age) but believe that, somehow, they were responsible for it. During

adolescence, they tend to turn to substance use (e.g., food, alcohol, drugs) as a way to cope with the impact of their victimization. For the most part, the victims of predisposed offenders tend to be family members, often their own children. The sexual offenses tend to involve physical as well as sexual violence.

The third and final category is the *male-coerced* sexual offender who engages in sexual aggression in the company of a male. This type of offender tends to hold traditional views of gender roles, with the man being in a dominant position. These women are characterized by negative relationships with, and fear of, men while concurrently believing they need a man to care for and protect them. As a result, they engage in marital relationships with men who dominate them and subject them to emotional, physical, and sexual abuse. Despite this abuse, because of their fear of being alone, these women feel they need to preserve the relationship at all costs. They are typically reluctant to participate in abuse but do so because of emotional dependence, fear of abandonment, or fear of punishment. It is important to note that this category of male-coerced offenders has been debated in the literature. Generally, findings show that not all women who offend in company of their boyfriend or spouse have been coerced. Some women willingly participate and some even initiate the abuse.

Typology Based on Quantitative Data

Typologies based on statistical analysis examine criminological variables such as the total number of arrests, the relationship between the offender and the victim, the type of sexual offense, the ages of the offender and the victim, the victim's gender, drug use, recidivism, and violations of supervision history. They yield a broad range of types of female sexual offenders, only some of whom resemble the types described above, such as *heterosexual nurturers* (akin to the teacher-lover type), *noncriminal homosexual offenders* (with young adolescent female victims), and *young adult child exploiters* (youngest group at arrest with a mean age of 28 years, and youngest group of victims with a mean age of 7 years). Other types include *homosexual criminals* (whose behavior appeared based on economic rather than sexual reasons) and *aggressive homosexual offenders*

(most likely to be convicted of sexual assault against adult females). Other categories consist essentially of variations in the difference between the offenders' and their victims' ages, and the gender of the victim, indicating that typological descriptions of female sexual offenders are sample dependent.

Limitations of Typologies of Female Sexual Offenders

Typologies are meant to provide useful systems to permit a better understanding of the functioning and behaviors of female sexual offenders. To be helpful, however, typologies must be associated with a theory to explain sexual offending by women. Typologies based on clinical data provide psychologically based information that contributes to the development of such theory. Because of small sample sizes that do not account for the full range of female sexual offenders, theoretical developments are limited. Typologies based on statistical analyses of criminological variables provide a better classification of types of female sexual offenders but fail to account for the presence of a co-offender, an important variable linked to female sexual offending, and do not include information on the psychological functioning of these offenders. As such, their usefulness for theoretical development is also limited.

Toward a New Classification of Female Sexual Offenders

Among men, the gender of the victim indicates a particular sexual preference that helps understand the sexual offending behavior. Among women, gender of the victim does not appear to contribute to play a particular role in the sexually offending behavior. Instead, a better classification appears to be one based on age of victims. The convergence of data indicates that one group of female sexual offenders appears to focus strictly on adolescents (mostly males), while another appears to exclusively offend against children. The third category, albeit little studied because of the paucity of data, is comprised of women who assault adults, often other women. Within each of these categories, women may commit their offenses by themselves (solo offenders) or engage in sexually offending

behavior in company of others. Categorizing female sexual offenders according to their preferred victim age in interaction with the presence or absence of a co-offender might provide more useful information on the criminological and psychological characteristics of various categories of female sexual offenders. Of course, this hypothesis awaits empirical verification.

Franca Cortoni

See also Female Offenders: Controversies in Assessment, Treatment, and Management of; Female Offenders: Gender Differences in Criminal Offense Characteristics; Female Sexual Offenders: Patterns and Explanations; Offender Risk Assessment: Culture and Gender Considerations; Sexual Offenders

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FEMALE SEXUAL OFFENDERS: PATTERNS AND EXPLANATIONS

Female sexual offenders are a diverse group of individuals with differing motivational and offending patterns. Evidence indicates that female sexual offenders, like male sexual offenders, have problematic issues in the four broad areas related to sexually offending behavior, namely, the cognitive, emotional, relational, and sexual domains. Despite these similarities, the ways in which problems manifest themselves in these various domains differ according to the gender of the offender, indicating that gender-informed explanations of female sexual offending are required. This entry reviews the offense patterns of female sexual

offenders, the explanatory factors related to sexual offending that are specific to women, and their risk of recidivism.

Female-Specific Offense Process

There have been a number of attempts at establishing the offense process of female sexual offenders based on patterns of contextual, behavioral, cognitive, and affective events that facilitate and maintain female sexual offending. These studies show that female sexual offending, like male sexual offending, takes place within the context of a negative life pattern, which consists of negative styles of thinking, unhealthy emotional and sexual regulation, and unproductive or counterproductive coping strategies that eventually lead to the sexually offending behavior.

Female sexual offenders' personal histories and life circumstances are remarkably similar across studies. These women have problematic personal histories that consist of relationship problems; victimization histories and associated mental health problems; and major life stressors related to work or financial difficulties, health problems, and legal difficulties. These factors set the stage for problems with substance abuse, poor boundaries in the child–adult relationship, and adopting a passive approach to life. Various combinations of these elements set up the conditions for three different gender-specific pathways to offending.

One pathway, called *directed* or *co-offending*, describes women who co-offend with their male partners. Co-offending processes involve abuse by the partner, wishing to please the partner, giving in to demands, social isolation of the woman, or using the children as bargaining chips for personal or financial gains. Research also shows that offending couples tend to have particularly unconventional sexual lives that include activities such as frequenting swingers' clubs, sexual relations with strangers or with the spouse's friends, or sexual relations in public places. Pornography is also frequently viewed, often in the presence of the children. In this pathway, the sexual offending behavior is not an isolated incident; it tends to repeat itself over numerous occasions, sometimes over long periods of time.

As such, women who co-offend with their male partners play rather different roles at different

times over the series assaults. A woman can be at times *passive*, which means she observes, facilitates, or is indifferent when an act of sexual abuse is happening. For example, she may encourage the child to go see the co-offender or convince the child to participate in the sexual act. At other times, she may be *directed* into the offending behavior, meaning that she follows the lead and instructions of her male co-offender on a particular occasion. Being directed does not mean that the woman is being coerced; it simply means that she is not taking the lead during the commission of a given offense. Finally, the woman may choose an *active* involvement, entailing that she makes her own sexual behavior choices during the assaults. Research shows that women who initially sexually offend because of coercion from their co-offenders tend to be passive or directed during the offenses. In contrast, noncoerced women tend to be directed or active.

The second pathway, called *implicit-disorganized* or *solo*, refers to an offense process that involves women establishing a relationship with the victim in efforts to meet their own interpersonal and emotional needs. Within this context, victims tend to be viewed as adultlike and as having engaged in a consensual and reciprocal relationship. In this pathway, the woman adjusts circumstances to increase the physical and emotional contact with the victim. For example, she may establish a pattern of adultlike relational behaviors with a young victim, such as discussing intimate sexual details of her life. As the opportunity increases, the woman will often impulsively take advantage of a situation to fulfill her immediate needs, such as sexual or intimacy desires, but does so in an unorganized manner. Alcohol is frequently present in this offending process, and co-offending tends to be absent. Although victims can be of any age, they tend to be older youths or adults.

The third pathway, called *explicit approach*, describes a process in which women explicitly planned their sexual offenses with specific goals in mind, such as sexual gratification, intimacy with victim, revenge and humiliation, or financial reward. The latter goals refer to those women who sexually exploit a youth for financial gains, such as those found in prostitution-related offending. The women in this pathway tend to

experience positive affect, such as excitement or satisfaction, in relation to their offenses and exhibit cognitions congruent with those emotional states, such as thoughts of revenge or anticipated financial gains. Both solo and co-offending are found in this pathway although in cases of co-offending, the women always offend under their own volition. Alcohol is not typically involved, and victims may be of any age, although they tend to be female. Generally, the women in this pathway tend to demonstrate the most antisocial features, such as a history of nonsexual offending and attitudes supportive of criminal activity.

Gender-Specific Factors Related to Sexual Offending Among Women

Female sexual offenders are a diverse group of individuals with differing motivational and offending patterns. Although these women, like their male counterparts, have problematic issues in the four broad areas related to sexually offending behavior (namely, the cognitive, emotional, relational, and sexual domains), the ways in which problems manifest themselves in these various domains differ according to the gender of the offender. Hence, to understand female sexual offending, gender-specific issues must be taken into consideration.

Offense-Supportive Cognitions

Unsurprisingly, women, like men, minimize and justify their sexually offending behavior. The underlying motivations for this denial and minimization are likely to be highly similar to those of males, such as shame or wanting to share responsibility with others. There is evidence, however, that once females acknowledge they have engaged in sexually offending behavior, their minimizations and rationalizations also disappear. There are also suggestions that the patterns of denial and minimization of women with a co-offender are different from those who only engage in solo offending. Some women with co-offenders may wrongly take responsibility for the offending behavior of their partners, while others squarely blame their partner for the offending behavior or continue in an entrenched denial of the offenses if they are still romantically involved with their partners.

In terms of general offense-supportive cognitions, research indicates that female offenders, like males, believe that males are specifically entitled to sexually offend. In contrast to male sexual offenders though, they do not tend to view themselves as sexually entitled nor do they view all children as sexual beings. They do view their own victims as being interested in sex and, interestingly, tend to view men as dangerous. This evidence suggests female sexual offenders possess some gender-specific cognitive patterns that have been influenced by their own histories as well as societal messages about gender roles.

Relationship Issues

Problematic relationships appear to be particularly relevant for female sexual offenders. Among male sexual offenders, problems in relationships tend to manifest themselves through some form of emotional identification with children, instability in current intimate relationships, hostility toward women, general social rejection/loneliness, and a general lack of concern for others. In contrast, female sexual offenders tend to exhibit a pattern of relationships characterized by abuse and a lack of practical and emotional support from family and friends. The presence of a prior or current violent partner, a history of having been physically or sexually victimized, being socially isolated, and having unhealthy emotional dependence on others are also common features of female sexual offenders.

Women tend to form their self-identity and sense of self-worth in relation to important others (e.g., family, friends, and romantic partners). Strong social bonds and attachment to family, partner, and friends are all important components of women's well-being. The findings that female sexual offenders exhibit problematic relationship histories replete with various forms of victimization suggest that attachment issues, although important for all sexual offenders, may play a particular role in women's sexual offending. Attachment problems resulting from past abusive relationships may lead a woman to seek sexual closeness with a nonthreatening partner, such as a child, to meet her emotional needs for closeness and sense of affiliation. For other women, the same needs for affiliation, coupled with a

tendency to gravitate toward unhealthy partners due to past experiences, may cause them to eventually acquiesce to deviant sexual behaviors, including sexual abuse, in order to preserve the relationship.

Sexual Issues

Some female sexual offenders report deviant sexual fantasies and arousal related to their offenses, suggesting that the presence of pedophilic sexual arousal and fantasies might provide an important motivating factor for the sexually offending behavior. For some of these women, however, this pedophilic interest appears related to their own histories of sexual victimization as a child, suggesting that the nature of female sexual paraphilic preferences may be different than that of male sexual offenders.

Research into nonoffending men and women demonstrates that, although men's physiological sexual arousal actually reflects their sexual preferences, women's arousal patterns are much more fluid and tend not to demonstrate such specificity. These results suggest that sexual arousal patterns, like many factors related to offending among female sexual offenders, are gender-specific rather than gender-neutral. Specifically, it appears that the traditional model of sexual activity cycle that consists of desire, arousal, orgasm, and resolution does not apply to most women, except in the beginning stages of a relationship. In contrast to males' erections, women's genital arousal produces little conscious feedback. Consequently, women evaluate their subjective sexual arousal by appraising the whole situation, which includes the potential of rewards, such as the possibility for emotional and/or physical closeness, a sense of commitment, love, and acceptance by their partner. When the woman senses the presence of these potential rewards, she will deliberately engage in sexual activity, her choice being based on needs other than a desire for sexual release. As her other needs are being met, the sexual contact leads to an increased sexual desire and arousal. There is some evidence that for some female sexual offenders, this pattern of arousal is related to their offending behavior. Many women engage in sexual coercion to fulfill a need to achieve an interpersonal connection.

Risk of Sexual Recidivism

Research shows that female sexual offenders' base rates of recidivism are significantly lower than that of males. Meta-analytical findings for 2,490 convicted female sexual offenders show that about 20% of female sexual offenders recidivate with a new crime of any type after being convicted for a sexual offense, but that only 6% commit a new violent (including sexual) offense. When only new sexual offenses are examined, the studies show that only 1.5% of female sexual offenders commit a new subsequent sexual offense. These findings show that once a woman has been detected and sanctioned for a sexual crime, she is not likely to commit a new one, indicating that patterns of sexual recidivism, like patterns of sexual offending, are gender-specific.

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See also Gender and crime; Female Offenders: Controversies in Assessment, Treatment, and Management of; Female Offenders: Gender Differences in Criminal Offense Characteristics; Female Sexual Offenders; Sexual Offenders

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FEMALE VIOLENT OFFENDING, THEORETICAL MODELS OF

Women comprise a small population of adults arrested and sentenced for violent offenses within the United States—14% and 5%, respectively, in 2015 according to the national statistics from the Bureau of Justice Statistics. Common categories of violent crime are robbery, assault, and homicide. Analyses of national data available through the Bureau of Justice Statistics show that rates of violent crime by women have been relatively stable since the mid-1960s. Despite some isolated increases in rates of assaults, rates of other violent offenses by women have dropped since 1990. The increase in the number of women arrested for assaults is often attributed to the implementation of mandatory arrest policies for domestic violence incidents.

Women convicted of violent offenses are more likely to have histories of certain adverse childhood experiences, such as abuse, single-parent household, and parent with mental health concerns, than women convicted of nonviolent offenses. Additional research suggests that women with violent offenses engage in more severe substance use (e.g., younger starting age and higher rates of polysubstance use) and have higher rates of mental health disorder symptoms than women without violent offenses. However, no one factor significantly distinguishes women convicted of violent offenses from women convicted of nonviolent offenses.

Women's violence is connected to the context of their primary relationships. Women convicted of violent offenses describe being introduced to criminal activity, criminal networks, and violent crime by their male partners. Over three fourths of violent women offenders commit their offenses with co-offenders, and fewer than 14% of women have a primary role in the offense. Research analyzing the role of these male co-offenders indicates that women frequently are 1-time violent offenders. Only a small proportion of women engage in repeat violent offending.

Women's acts of violence are mainly isolated events that occur within the context of an established relationship. Nearly half of all homicides

perpetrated by women involve an intimate partner with an additional one third of victims described as acquaintances. Nationally, 15% of women have reported physically striking a partner, 8% a friend, and 6% a stranger. The most commonly reported motivation for women's use of violence with intimate partners is self-defense. Women who are violent against their intimate partners have low rates of general violence (e.g., street fights). Given the relational aspect of women's violence, most research focuses on women's engagement in intimate partner violence with limited attention to general violence (i.e., violence perpetrated against targets other than partners, such as community members and strangers).

A few differences exist between women's acts of general violence and intimate partner violence. Women have described their experiences of general violence perpetration as more likely to have a female victim, occur in public space with involved bystanders, and motivated by feeling disrespected by another woman, whereas women's descriptions of experiences of intimate partner violence perpetration more often have a male victim and occur in private spaces. Both groups of women frequently report extensive trauma histories; however, women who engage in general violence have higher rates of trauma-related symptoms and histories of witnessing maternal violence. Only a limited body of research examines women's engagement in a range of violent behaviors.

Theories explicitly investigating women's involvement in criminal behaviors have evolved over time, and this entry focuses on these theoretical shifts.

Traditional Models of Violent Offending

The majority of theories about female offenders have focused on issues surrounding women's increased involvement in crime over time, with scant attention to violent crimes committed by women. Theories that have explored women and violence typically have tried to explain why women are less likely to commit violent crimes than men. Early on, these theories centered on biological differences between men and women and included references to testosterone, neurochemicals linked to impulsivity, and the greater muscular strength of men. Later, cultural and

socialization theories dominated the literature on gender differences and violence. Pivotal to these theories is the differential socialization of men and women; men are more commonly rewarded for violence, and women are taught to suppress aggressive impulses. As an extension of socialization theories, liberation theory suggests that socialization processes have changed over time due to the second wave of feminism and women's emergence into nontraditional sex roles. As a result, women have supposedly adopted more masculine behaviors, including violent behaviors. However, these theories have not been extensively tested or backed up with empirical investigation.

Theoretical Shifts for Women and Violence

Apart from the theories that address the gender disparity in violent crime rates, the question of why some women commit violent crimes and others do not has been largely neglected. The theories that have emerged incorporate many of the risk factors for violent offending that are relatively unique to female populations. This has resulted in a shift away from the mere extension of male-centered theories of violent crime that was characteristic of much of the early correctional literature; many theories such as social learning theory and differential association theory were based on research with samples of only men and with little attention to gender. Theories that portrayed women who commit violent acts as social deviants with biological aberrations have largely been discredited. Current theorists underscore the importance of context, considering the role of social, structural, political, and economic factors. Two theoretical approaches, pathways theory and trauma theory, provide insight into factors associated with women's violence, and in addition, two other theories seek to explain why some women are violent and some are not: the Feminist Ecological Model (FEM) and the overcontrolled-undercontrolled personality concept.

Pathways Theory and Trauma Theory

Differences in life experiences between men and women offenders have supported pathways theory, a theoretical perspective on women's trajectories into criminal activity, including violent

behaviors. Pathways theory focuses on how women's lives are influenced by structural oppression, gender expectations and gender socialization, and punitive societal responses to certain behaviors. In addition, trauma theory posits that experiencing trauma can distort women's conceptualizations of healthy relationships and hamper psychological development. Women's experiences of trauma and adversity (e.g., childhood abuse and neglect, parental substance abuse, housing instability) are linked to women's involvement in violence. Biological and psychological studies of the effects of trauma demonstrate links between traumatic experiences, women's processing of events, relational patterns, responses to additional life stressors, vulnerabilities to substance use, and ultimately, engaging in violence.

Women involved in the criminal justice system report extensive histories of childhood adversity and trauma at higher rates than men involved in the system. Childhood adversity and trauma have been linked to adult risk factors (e.g., substance use disorders) and involvement in violent behavior for women. Also, women with histories of childhood adversity and trauma have higher rates of arrests and convictions for violent crimes than women without such histories. Furthermore, childhood adversity and trauma are specific significant risk factors for women's perpetration of intimate partner violence.

Victimization is often prevalent across the life course for women offenders. For example, childhood victimization is a significant risk factor for adult victimization, which is linked to general violence and intimate partner violence perpetration by women. The theme of the research about violent women offenders is that they are often simultaneously victims and perpetrators of violence, especially with their male partners. Women who experience both roles also more often have high rates of childhood adversity, neglect, and abuse.

Pathways and trauma theories provide insight into the disproportionate factors that women offenders experience with an understanding of the connections between life events. Pathways theory positions these factors within a larger societal context and considers the particular intersections of life factors for women. These theories provide some insight into the factors connected to women's involvement in violence.

FEM

The FEM stresses the context in women's commission of violent acts. This model addresses the complexity of women's violence, taking into account interactions between social, historical, institutional, and individual factors, and has been recommended for understanding women's violence. The model consists of four interactive levels, with the first situating the individual in the environment. At this level, several factors are prominent: cognitions, temperament, socialization, interactions with significant others and dimensions of identity (e.g., ethnicity, class, age). The second level, referred to as the *microsystem*, is concerned with the family environment and the important role it plays in shaping the individual's thoughts and beliefs. The FEM suggests that gender and culture influence how individuals interact with their families and immediate environments. The next level, the *exosystem*, is the broader community outside the home, including the individual's school and neighborhood. The final level is the *macrosystem* or society at large. It includes factors such as culture, socioeconomic group, media influences, and exposure to violence. Each of these systems or levels interacts with the others in a reciprocal fashion, thereby shaping individuals' lives and developmental processes. This model guides research on women's use of violence, and positing violence is influenced by exposure to violence within the family, community, and larger culture.

Although few studies apply FEM to violence perpetrated by women, variables associated with each of these levels have been identified as risk factors for violence among women. For example, histories of family violence, negative peer influences, and exposure to violent media images are prominent factors among women with violent offenses. Women's exposure to risk factors across levels and the life course may increase the likelihood of women's violence.

Overcontrolled and Undercontrolled Personalities

Theories that examine overcontrolled and undercontrolled personalities emphasize that factors both internal and external to the individual are instrumental in predicting violence.

Theorists initially identified these personality styles among male juvenile offenders and found the undercontrolled personality to be particularly characteristic of aggressive boys. Lowered inhibitions against aggressive behavior lead to the likelihood of aggressive responses when frustrated or provoked. Overcontrolled aggressors are far less common but tend to be young men who commit extremely violent crimes, such as homicide. These offenders show lower overall rates of aggression. It is hypothesized that these men inhibit their feelings of anger, which results in anger accumulating over time and through repeated provocation, with the ultimate result being an isolated explosion of anger and violence. In 2000, researchers analyzed the overcontrolled hostility construct with a sample of women offenders. The hostility construct effectively identified the 1-time offenders from the repeat violent offenders and nonviolent offenders. In contrast, repeat violent offenders showed undercontrolled attributes. This empirical application of the overcontrolled personality concept provides significant clinical implications for working with violent women offenders.

Treatment Directions

Across research, several factors are key target areas for treatment programming and services for women convicted of violent offenses. These factors include adverse childhood experiences, adulthood victimization experiences, relational dynamics and relationships across the life span, substance use, mental health, and anger. Research reviews of programming available for women involved in the criminal justice system have found that a majority of treatment opportunities for women focus on reducing substance use; however, developments in gender-responsive and trauma-informed programming include a broader array of issues and outcomes for women. As a hallmark program, one intervention was created specifically for women convicted of violent offenses, titled *Beyond Violence: A Prevention Program for Criminal Justice-Involved Women*. This program incorporates multiple theories with a focus on women's anger, mental health, substance use, relationships, violence victimization and perpetration, and community experiences. Positive short-term and long-term outcomes for this intervention have been found across studies with multiple

populations and in different state prisons. Overall, more research is needed regarding efficacious treatment options regarding women and violence.

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See also Female Offenders; Female Offenders: Gender Differences in Criminal Offense Characteristics; Female Offenders: Prevalence and Statistics; Gender and Crime; Gendered Pathways; Violent Offenders

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FEMINIST PERSPECTIVES ON CRIME

Feminist perspectives on crime consider gender and gender inequality as central components necessary to fully understand patterns of criminal

offending, victimization, and interactions with the criminal justice system. A gendered analysis of crime is fundamental to a feminist perspective to understand what behaviors are defined as criminal, why and how women's criminal behavior is different or similar to that of men, and how society responds to men and women who commit actions deemed as crimes. This entry focuses on the key elements of feminist perspectives on crime, beginning with describing patterns of criminal offending and victimization, key concepts that comprise a feminist perspective, and a general and historical overview of the development of feminist perspectives on crime.

Gender Differences in Patterns of Criminal Offending and Victimization

Data on patterns of criminal victimization and offending in the United States provided by the Bureau of Justice Statistics and the Federal Bureau of Investigation demonstrate important gender differences. All evidence indicates that not only are men arrested for crimes at a different rate than women, the crimes they are arrested for are not the same as those for which women are arrested. Arrest data show that more men than women are arrested for committing crimes, and the majority of prisoners in state or federal prisons are men.

Patterns of criminal offending and victimization also vary by gender. For example, men are more likely than women to be arrested for violent crimes, whereas women are more likely than men to be arrested for prostitution. In addition, there are important gender differences in types of victimization experienced. For example, women are much more likely to experience sexual victimization than men, whereas men are more likely than women to be victims of homicide. The relationship between the victim and the offender also varies by gender and highlights the different risks faced by women compared to men. One clear difference in victimization risk occurs for homicide. Although there are fewer female than male victims of homicide, women are more likely than men to be killed by their intimate partner, and men are more likely than women to be killed by a stranger.

Overall patterns of offending have changed over time. Official crime rates, as reported by

government entities like the Federal Bureau of Investigation, have decreased just as new behaviors, such as identity theft, have been identified as crimes. For some offenses, the gender gap has decreased. Clearly, crime does not impact men and women in the same way, but what accounts for these patterns and different levels of risk? Although the gendered patterns of crime have not historically been the focus of mainstream criminology, scholars studying patterns of victimization and offending from a feminist perspective consider gender as a key component to explaining these patterns.

Gender and Oppression as a Key Component of Feminist Perspectives on Crime

Feminist perspectives on crime are characterized by a central focus on gender as a social construct. Different from biological sex, gender encompasses socially defined expectations and characteristics of femininity or masculinity, gender identity, and gender expression. Because it is socially, rather than biologically, constructed, gender is fluid and varies across and within cultures and changes over time.

Sex is biological and sex differences include differences in reproductive organs and hormones that affect physical size and stature. In contrast, gender differences occur as a result of societal expectations for men and women. For example, women, unlike men, are generally born with reproductive organs that make it possible for them to bear children; this is a sex difference. Expectations that women, not men, leave the paid workforce to care for children are gendered.

The distinction between sex and gender has important implications for understanding crime. The relationship between individuals and social institutions is complex, with no single factor explaining behavior. Similarly, there is no single feminist theory. Feminist perspectives do, however, share a common understanding or framework that social institutions are shaped by gender and hierarchically ordered with men in a dominant position over women. Feminist perspectives on crime therefore consider how this unequal relationship, based on gender, frames definitions and explanations of criminal behaviors. Feminist criminologists argue

that to significantly and positively impact the understanding of crime and criminals, including women and other marginalized groups, is not only important but essential.

General Overview of Feminist Perspectives on Crime

Feminist perspectives on crime consider that the history of criminological theory and research has been dominated by a masculine perspective that has influenced the types of questions asked by scholars, the data collection methods, and the interpretation of research findings. As the field of criminology was established, men comprised the majority of scholars studying crime. Their focus was on those individuals who made up the majority of criminal offenders (i.e., men). Furthermore, these scholars were predominately White and economically privileged. Thus, the lens through which they examined criminal behavior was shaped by their own background and experiences. Feminist scholars challenged this viewpoint as they looked for new ways to include the voices of women in research and policy discussions about crime and criminal justice. They argued that the experiences of women were not the same as those of men and that the full picture of crime was impossible without considering how gender, gender inequality, and crime were interconnected. By excluding the experiences of women as victims and offenders, they argued, criminologists had developed an incomplete picture that hindered their understanding of crime. To clarify, feminist scholars were not advocating for criminologists to study women at the exclusion of men. Rather, they were arguing the importance of considering the perspectives of women offenders and victims that had not previously been included.

The feminist perspective also includes thinking about the methods used to collect the necessary data to understand crime. Feminist methodologies focus on giving voice to the individuals who are part of the research rather than speaking for them. Often, feminist methodologies are associated with qualitative research methods. For example, in-depth interviews of female offenders where they talk about their experiences leading up to and including their criminal offenses provide important insight and meaning that would not be obtained if only demographic characteristics were

considered. However, feminist scholars also use quantitative methods. With a better understanding of the unique experiences of men and women, for example, researchers can develop more accurate qualitative and quantitative methods of collecting data on sensitive subjects such as rape and intimate partner violence. It is not the specific method, *per se*, but the approach of identifying the most appropriate method to convey the experiences of those studied that is important. Furthermore, a critical analysis of the research process itself and an understanding of the relationship between the researcher and the research participants are integral parts of feminist methods.

Although there is no singular feminist perspective, and the multiple perspectives encompassed under the umbrella of feminism approach gender inequality from different viewpoints, they share a common focus on explaining women's oppression. Feminist criminology examines crime and victimization within the framework. Historically, five main types of feminist perspectives and their key components are commonly discussed: liberal, radical, Marxist, socialist, and postmodern feminism.

Liberal feminism attributes the oppression of women to differences in how men and women are socialized. Gender differences in crime occur because these differences provide fewer opportunities for women to offend. By comparison, radical feminism views patriarchy as the central component to the oppression of women. Radical feminists focus on crimes against women such as sexual assault as expressions of a patriarchal society.

A Marxist feminist approach argues that women's oppression is a result of inequalities inherent in a capitalist system. Capitalist societies have a gendered division of labor that promotes violence. Socialist feminism builds on both Marxist and radical feminism and argues that the intersection of inequalities based on both sex and class serves to oppress women and that crime occurs within this context.

Postmodern feminists argue that to understand crime it is necessary to understand the uniqueness of each individual woman's experiences as they are shaped by their position in the social structure. It is not possible to create one theory to explain all women's crime and victimization.

In addition to the five commonly discussed feminist perspectives, scholars are including in

their research an examination of the complexities of the intersections of gender, social class, and race. This intersectional approach considers that individuals experience of multiple forms of oppression and how these experiences may influence their actions and reactions.

Historical Overview and Context

Early explanations of criminal behavior were focused almost exclusively on men and boys. The bulk of classical criminological studies used samples of males, often juvenile males, to make conclusions about crime, primarily street crime, and characteristics of criminals. Women were absent from early scholarship as they were not included as part of the samples studied or as scholars developing the body of criminological research. When they were included, women offenders and victims were portrayed in a stereotypical manner or forced to fit within models of male criminality.

This early research did not ask whether explanations of criminal offending developed by studying only males were generalizable to women. One assumption was that any theories developed to explain male crime would also apply to crimes committed and experienced by women. This approach, however, failed to consider that in a gendered social structure men and women have different, unequal experiences. By focusing exclusively on men and boys, criminologists also failed to explain why there was a gap in the number of crimes committed by men compared to those committed by women. Fewer women were committing crime compared to men, and feminist scholars argued that understanding women's criminality could also be beneficial to understanding men's criminality as well.

With the rise of the second wave of the feminist movement in the 1960s and 1970s, the field of criminology began to pay greater attention to women and women's experiences with respect to crime. Feminist scholars questioned the absence of women in explanations of crime, and they were also critical of the limited portrayals of women in criminological theory either as pathological individuals or only engaging in gender-specific crimes such as prostitution.

Furthermore, they began to publish research that considered explanations for the large gender

differences in crime and to question whether the theories developed to explain male crime applied to crimes committed by women. Within a feminist framework, these scholars considered how gender inequality was related to different opportunities or pathways toward criminality for women and they began to study women as offenders as well as victims. Researchers focused on the relationship between victimization and offending. They also examined what types of behaviors were defined as crimes. For instance, focusing attention on offenses such as marital rape and intimate partner violence as crimes, rather than family issues, highlighted some of the unique victimization experiences of women previously not considered. These lines of inquiry opened the door to even more scholarship that considered how to explain differences between men and women with respect to crime.

Jana L. Jasinski

See also Female Offenders: Patterns and Explanations; Female Offenders: Prevalence and Statistics; Female Violent Offending, Theoretical Models of; Gender and Crime; Gendered Pathways; Theoretical Models of Violence and Aggression

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FETAL ALCOHOL SPECTRUM DISORDER IN THE CRIMINAL JUSTICE SYSTEM

Individuals with fetal alcohol spectrum disorder (FASD) experience a range of physical, cognitive, affective, and behavioral impairments as a consequence of exposure to alcohol during pregnancy. FASD most often occurs in the context of additional mental and physical health difficulties, high rates of early life adversity, and poor developmental outcomes, including contact with the criminal justice system. The high prevalence of FASD in the criminal justice system is concerning for several reasons. There is limited professional awareness and capacity to recognize the disability and the difficulties experienced by many offenders with FASD may contribute to increased recidivism and a revolving door trajectory through the criminal justice system. This entry focuses on the intersection between FASD and the criminal justice system, including background, prevalence, research, screening, diagnosis, and intervention in criminal justice settings.

Characteristics and Diagnosis

FASD was first recognized during the early 1970s as a constellation of developmental abnormalities stemming from the teratogenic effects of alcohol use during pregnancy. Since then, research has clarified a wide range of adverse impacts resulting from prenatal alcohol exposure (PAE). Physical indicators of the disability are present in approximately 10% of affected individuals. These include facial dysmorphology, growth restriction, and physical alterations to the brain. In addition, the majority of individuals with FASD experience significant changes in central nervous system functioning, including problems with working memory, executive functioning, attention, social/adaptive skills, language and communication, academic skills, and sensory and motor skills. Individuals with FASD also experience challenges in learning and understanding cause and effect, poor decision-making skills, immature social skills, suggestibility, and behavioral features such as impulsivity. Evidence suggests high rates of

comorbidity with other mental health disorders, including substance abuse and suicide, along with physical health problems. However, there is considerable heterogeneity in functioning and outcomes among individuals, in addition to personal strengths and resiliencies, necessitating individualized assessments to identify personal strengths and limitations.

A number of approaches to FASD diagnosis have emerged over time, including the Institute of Medicine's guidelines for FAS, the University of Washington's FAS Diagnostic and Prevention Network's Four-Digit Diagnostic Guide, the Canadian guidelines for FASD diagnosis, and most recently, the addition of "Neurodevelopmental Disorder associated with Prenatal Alcohol Exposure" in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Terminologies vary by diagnostic system but generally characterize a range of constellations of impacted areas across the spectrum. Examples include fetal alcohol syndrome, partial fetal alcohol syndrome, alcohol-related neurodevelopmental disorder, and static encephalopathy or neurobehavioral disorder, with or without confirmation of PAE. In general, guidelines support a multidisciplinary assessment that spans the spectrum of areas potentially impacted, through a team approach. Unfortunately, there is limited diagnostic expertise across North America, particularly among clinicians with experience and training to conduct evaluations in the criminal justice system context.

Prevalence and Epidemiology

FASD is estimated to affect between 1% and 5% of individuals in North America. It is considered to be the most common preventable neurodevelopmental disability. However, there is considerable worldwide variation in prevalence rates, and higher rates have been demonstrated in vulnerable populations and communities, such as children in foster care. Early research identifying higher rates of FASD in northern Canadian communities and rural communities may have led to the misperception that the disability was linked with a particular ethnic or cultural group. It is important to note that FASD occurs at high rates in areas where the social determinants of health adversely impact women and families, leading to a range of

problems that may increase the risk of alcohol-exposed pregnancies, such as higher rates of addictions, lower engagement in health care, poverty, and homelessness.

FASD and the Criminal Justice System

Among the adverse outcomes experienced by individuals with FASD, overrepresentation in the criminal justice system is likely the most costly and impactful. Limited studies have estimated high prevalence rates, ranging from 10% to 23% in adolescent and adult correctional and forensic settings. A large-scale study of adolescents and adults with FASD found that 60% had experienced contact with the criminal justice system. Canadian youth with FASD are estimated to be 19 times more likely to be incarcerated in a given year compared to those without the disability. These rates far outweigh population estimates for FASD prevalence and are likely underestimates, given an overall lack of awareness of the disability in justice settings, limited access to diagnosis, and lack of routine screening. Currently, there is a strong drive to implement and validate a range of FASD screening tools developed for criminal justice settings that can help to identify individuals at risk of having FASD who require a more extensive evaluation.

Individuals with FASD present with a complex clinical profile that may impact their risk of engaging in illegal behavior. Although empirical data are scarce, reports from clinicians and legal professionals suggest that offenders with FASD have difficulty complying with legal supervision orders, respond poorly to traditional treatment and management strategies, and have higher recidivism rates, leading to a revolving door phenomenon in the criminal justice system. These problems may result, in part, from a failure to identify and provide the support needed to address cognitive deficits and clinical needs linked with offending. FASD may be relevant at various stages of the criminal justice system. Individuals with the disorder may have difficulty understanding and participating effectively in police interviews. They may have poor appreciation of their legal rights upon arrest. Coupled with lower cognitive functioning and social skills deficits, these individuals may be at higher risk of making incriminating statements or false confessions.

Navigating a criminal trial is considered a demanding task for typically functioning defendants and may be particularly difficult for individuals with compromised intellectual functioning. Clinicians working in legal settings may need to consider FASD in the context of a range of forensic assessments required by the courts, including adjudicative capacity, competency to be executed, criminal responsibility, and future violence risk and dangerousness. The court will often consider the role of FASD at the sentencing stage and may order an assessment to understand the role of the disorder in crafting an appropriate sentence, particularly in youth courts, which often takes a more rehabilitative approach. As noted, offenders with FASD may have difficulty complying with legal supervision orders in the community on either probation or parole and are overrepresented in incarcerated settings. Individuals with FASD also experience high rates of victimization and may also have difficulty navigating the criminal justice system as witnesses and victims, requiring additional support.

Research on FASD in the context of the criminal justice system is limited. Several studies have evaluated psycholegal abilities relevant to police interrogation and criminal adjudication in young offenders. In 2014, Kaitlyn McLachlan and colleagues found that young offenders with FASD demonstrated significant impairments in their understanding and appreciation of arrest rights and the adjudicative process at a criminal trial. A smaller pilot study in 2011 by Natalie Novick Brown and colleagues found higher rates of interrogative suggestibility in criminal defendants with FASD, a feature that has been linked with the tendency to acquiesce or give in to questioning during police interviews, along with the provision of false confessions.

Risk and Protective Factors in Offending

Despite a wealth of experiential and clinical information about the experiences and needs of offenders with FASD, research regarding specific factors that contribute to their likelihood of coming into contact with the criminal justice system is limited. As of 2016, only one study, published by Raymond Carrado and Evan McCuish in 2015, explicitly evaluated FASD's role in developmental

and offending outcomes in young offenders. The study retrospectively compared incarcerated youth with FASD (identified based on file review) to a large group of incarcerated young offenders without FASD. Results showed that youth with FASD were more likely to present with risk factors related to offending, including a history of placement in foster care, the presence of comorbid behavioral disorders, low self-control, a negative self-identity, and an earlier first age of alcohol use. However, after controlling for identified risk factors, the FASD diagnosis no longer accounted for early onset and frequent offending, leading authors to suggest that the presence of additional risk factors were most salient in predicting offending outcomes. A 2018 study by McLachlan found that young offenders with FASD recidivated more rapidly during a 1-year follow-up period compared to those without FASD. They also presented with fewer protective factors or those factors that decrease an offender's likelihood of engaging in future violence or offending, which was associated with higher recidivism rates.

Anne Streissguth and colleagues' seminal research on adolescents and adults with FASD highlighted the importance of protective factors in reducing adverse outcomes for individuals with FASD. They found that a stable, nurturing home and younger age at diagnosis were important protective factors linked with lower risk for trouble with the law. Two qualitative studies were also published in 2016 wherein individuals with FASD, as well as professionals who work with the population, were interviewed about risk and protective factors. Jacqueline Pei and colleagues found that participants identified hope, willingness to change, and resilience as key protective factors linked with more positive outcomes. Beth Anne Currie and colleagues found that early diagnosis and lower substance abuse appeared to be associated with reduced justice contact. Overall, there is a need for FASD-related research in criminal justice settings.

Screening, Assessment, and Diagnosis in Legal Settings

In general, screening for FASD at all stages of the criminal justice system is lacking. A number of screening tools have been developed with the aim of identifying justice-involved individuals at risk

of having FASD; however, none have been prospectively validated for use across settings. In addition, most screening instruments rely heavily on the availability of information about an individual's developmental history and functioning, which may be difficult to obtain in many settings and when working with adults. Research indicates that professionals working at all levels of the criminal justice system do not have enough awareness, understanding, and training to identify and support individuals with FASD. There are currently limited assessment and diagnostic opportunities in both juvenile and adult criminal justice settings (e.g., jails, forensic psychiatric facilities).

There is a general consensus that more opportunities for mental health and cognitive assessment, including FASD assessments, are needed for justice-involved individuals with PAE. However, FASD diagnosis is challenging in this population for a number of reasons, particularly as offenders reach adulthood. Individuals in the criminal justice system tend to experience high rates of subsequent adverse events that may contribute to further mental health and cognitive problems, such as head injury, substance abuse, trauma, and poor health care and nutrition. These may cloud the diagnostic picture in the context of PAE. In addition, it may be difficult to confirm PAE as people age due to limited availability of collateral informants (e.g., biological mother may be deceased) and a historical tendency to not document information about PAE in records.

Interventions

Research on interventions for offenders with FASD is limited, and consensus from an evidence-based perspective regarding the best treatments or programs offenders with FASD has yet to be reached. However, evidence suggests interventions that adhere to the popular Risk-Needs-Responsivity criminal justice intervention theory are effective in a wide range of offender populations and may prove helpful in the evaluation of programming for offenders with FASD. The Risk-Needs-Responsivity model posits that the most intensive intervention resources should be directed toward offenders with the highest level of risk, that interventions should address identified needs, and that interventions should be delivered in a manner that

is responsive to the capacities of each individual. The responsivity arm of the Risk-Needs-Responsivity model is likely to be particularly key for offenders with FASD, given the complex cognitive and behavioral features that may impact their ability to benefit from traditional correctional intervention strategies without modification.

Kaitlyn McLachlan

See also Cognitive Deficits, Effects on Rehabilitation; Forensic Assessment of Offenders; Low Intellectual Functioning in Incarcerated Offenders, Treatment of; Neurodevelopmental Disorders in Incarcerated Offenders, Treatment of; Offenders With Cognitive Disorders

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FIELD TRAINING FOR CRIMINAL JUSTICE CAREERS

Professionals in criminal justice careers are tasked with making complex moral and legal decisions while demonstrating sound judgment and

reasoning. Field training programs are one of the ways in which criminal justice agencies train, educate, evaluate, and prepare criminal justice professionals for these vital positions. Field training programs are designed to guide new officers, agents, deputies, and other individuals in law enforcement professions in developing a working and functional knowledge of laws, codes, case law, procedures, policies, directive systems, interpersonal communication, investigation, emergency and nonemergency response to a variety of calls for service, corrections processes, law enforcement and organizational culture, and other aspects of criminal justice careers.

This entry focuses on field training for careers in criminal justice, including the need for effective field training techniques and programs, the historical context of the development of field training, the major field training models, and major issues incorporated into field training since the development of structured field training programs.

Effective Training

Properly selecting, effectively training, and adequately supervising criminal justice professionals are moral and legal obligations of all criminal justice agencies. Failing to provide effective training or providing improper training to law enforcement officers are among the liabilities to agencies and to supervisors in criminal justice professions, particularly when the training or lack of training is causally linked to a constitutional violation.

Field training programs developed and continue to evolve and improve as a result of legal, social, and political influences. Law enforcement agencies recognized deficiencies and liabilities of relying solely on on-the-job training. This reliance resulted in the advancement of training programs designed to address these concerns. Increasingly effective training in criminal justice fields has incorporated adult learning techniques into structured programs.

Although no one theory or model defines how adults learn effectively, a number of principles have been identified as producing better results when training adults in criminal justice fields. A focus on how individuals learn effectively has overtaken the prior training approach. Previously,

individuals were offered a single way to learn as determined by a representative of a particular agency. Failing to adjust to whatever lessons were presented by the agency would result in failing to assimilate or perform. Failing to assimilate or perform would often result in separation from the agency.

In the 1980s, research began to emerge regarding effective ways to present education and training to adult learners, which would later be applied to training in criminal justice fields. The multidimensional nature of adult learning, also referred to as *andragogy*, suggests that the context of an individual's cultural background, interpersonal dynamics, relationships, individual strengths, individual challenges, and individual learning style interrelates in how an employee will successfully learn.

Among the more effective and transformational learning methods is self-directed learning in which the learner makes decisions, engages in, and takes responsibility for the learning process. Within professional criminal justice training methods and programs, the successful learner will learn through experience, learn in a way that is personally relevant, and learn through problem-centered rather than content-oriented training.

Field training programs reflect the intersection of criminal justice professions and the study and management of human behavior. Field training programs have been developed and continue to evolve to effectively train and evaluate newly hired law enforcement professionals and to assimilate these employees into law enforcement professions and their specific agencies' cultures. Field training programs often serve as a probationary period for employees, during which employees are subject to both training and evaluation by instructors to determine suitability to a particular law enforcement or criminal justice position.

History

In the early 20th century, August Vollmer, chief of the Berkeley Police Department in California, defined and organized several areas of policing, including creating a police school. This school would initiate the formalization of police training and police academies. Other agencies began to follow this trend in organizing police training within

state, county, municipal, educational facilities, and other law enforcement jurisdictions. Although there was no uniform training method or model among the agencies, many agencies sought to create or refine structured training programs. Two of the major field training models that developed from this transformation are the San Jose Model and the Police Training Officer (PTO) Model.

San Jose Model

Field training in law enforcement was predominantly informal and unstructured prior to the introduction of the first major field training model, San Jose Model, sometimes referred to as the *Kaminsky model*, which arose from the San Jose California Police Department. Prior to the 1970s, when law enforcement officers completed an academy, they were provided minimal training. This training often amounted to a brief orientation to specific skills and basic departmental procedures prior to being released to work independently.

Two missing components of effective training were identified that the San Jose Model attempted to address: evaluation and mentoring. Without a formal and consistent training officer, a new officer would not have an experienced and knowledgeable officer who could offer him or her valuable advice and knowledge. Moreover, without a formalized system of evaluation and accompanying documentation, a law enforcement agency could easily fail to identify and correct an employee's weaknesses. Secondarily, an agency could fail to identify major performance deficiencies on the part of an employee that would result in a trainee's severance from the agency.

The San Jose Model was designed to organize the learning process into four phases of training that incorporates adult learning principles, standardized performance guidelines, and standardized evaluation. Standardized evaluation is produced through daily observation reports prepared by training officers as well as periodic evaluations prepared by supervisors. The phases were designed to associate stages of learning with the requirement to perform basic tasks and dependence on the trainer, then later more complex tasks and independence. The fourth and final phase was designed to document the

trainee's performance from an observation perspective of the training officer as the trainee performs as a single, independent law enforcement officer. The San Jose Model stood as the leading and standard field training and evaluation model for more than three decades and is still utilized in many current law enforcement and other criminal justice training programs. In addition to its use by law enforcement agencies, the San Jose Model was adapted for application to other criminal justice positions such as probation officer, corrections officer, game warden, and park ranger.

PTO Model

In 1999, the Reno Nevada Police Department and the Police Executive Research Forum set out to develop an alternative field training model that incorporated problem-solving methods and community policing methods into the existing realm of field training. The PTO Model, also called the *Reno model*, sought to address the lack of two areas in existing field training programs. These areas were identified as fundamental, ongoing change in criminal justice professions, and protection against liability through an emphasis on effective training and education.

Like the San Jose Model, the PTO Model also utilizes several training phases, beginning with an integration phase, followed by a phase focused on nonemergency incident responses, then emergency incident responses, patrol activities, and criminal investigation. Trainers using the PTO Model document evaluations of the trainee through the trainee's completion of daily journal entries documenting his or her observations and self-assessments, through *Coaching and Training Reports* completed by training officers each week, the completion of problem-based and community-based exercises, and midterm and final evaluations.

Police academies and field training programs continue to evolve in ways that reflect increasingly meaningful and effective structure, curriculum, and the delivery of information using a variety of learning styles. The PTO Model is applied to many criminal justice positions as well, such as communications, detention officer, and game warden.

Field Training Advancement

Law enforcement training will continue to update practices related to improved tactics; however, revolutions in police training also reflect the advancement of law enforcement as a profession. As field training programs in criminal justice fields continue to evolve, they incorporate these more complex and sophisticated training issues that reflect the needs and principles of the communities' agencies and serve the values of society as a whole. As social problems and priorities evolve, criminal justice as a discipline must also progress. Among these advancing tenets in fields of criminal justice are ideals surrounding community policing and procedural justice.

Community Policing

An orientation to community policing and community problem-solving has been introduced into the training programs in law enforcement professions, as noted in the PTO Model phases. Beyond the technical skills, procedure and policy knowledge, and knowledge surrounding ordinances and laws, professionals in criminal justice are expected to be a part of and engage with the community in which they serve.

Among the pillars of community policing are community input and influence into agency priorities and policies, developing trust between the citizens and police department, and a focus on crime prevention and law enforcement issues that relate to citizens' quality of life. Community policing requires the recognition of the role a community plays in the authority granted to the criminal justice system, and a balance of crime control and prevention with the relationship criminal justice professionals have with the community. These concepts have been incorporated to varying degrees and in various ways in field training programs, such as in the communication and problem-solving-related standards of the San Jose Model or the community-based exercises incorporated into the PTO Model.

Procedural Justice

Similar to the integration of community policing principles in field training, the principles of procedural justice, or the perceived

fairness citizens experience in the criminal justice processes, have become integrated in various ways into existing field training programs. The concept of procedural justice is tied to the perception of the justice of the process, rather than the perceived justice of the outcome of a situation addressed by the criminal justice system.

The principles of procedural justice are applied to many facets of criminal justice careers. These include a sense of having a voice, a belief they are being heard, and a perception that they are being treated with respect and dignity throughout the criminal justice process, that decisions are made with neutrality and are free of bias, the process is understandable, and perception of helpfulness and interest members of the criminal justice system take in resolving the problem. Concepts of procedural justice have become incorporated into the values and field training in many field training programs within the criminal justice professions as well.

This process of continual evolution of field training programs echoes the importance of the acceptance and assimilation of society's values into field training programs for each of the criminal justice professions and into the criminal justice system as a whole. Where field training once failed to exist, training programs in criminal justice professions have progressed and evolved to reflect the needs and priorities of the people criminal justice professionals serve.

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See also Career Paths in Criminal Justice; Community Policing and Crisis Intervention Team Model; Correctional Officers; Law Enforcement Agencies; Law Enforcement Employment Screening; Policing

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FORENSIC APPLICATIONS IN THE CRIMINAL JUSTICE SYSTEM

The criminal justice system in the United States has in effect become a second public mental health system. A large percentage of persons in U.S. jails and prisons have serious mental illness, substance abuse issues, intellectual disabilities, or a combination of these. In many states, jails in large cities house more persons with serious mental illness than can be found in state mental health facilities. A principal reason for this expansion of persons with mental illness in the criminal justice system stems from inadequate resources at the community and state levels for public mental health care. Although some persons with mental illness commit serious crimes, often individuals with mental illness are arrested for an array of nonviolent offenses such as trespassing, loitering, minor drug offenses, and similar crimes that are related more to the defendant's mental illness than with criminal intent. Once such an individual is in the criminal justice system, however, a number of forensic

issues frequently arise relating to the defendant's mental state. This entry reviews issues pertaining to serious mental illness at several points in the criminal justice process including apprehension, diversion of offenders, competency to stand trial, competency in other contexts of the criminal process, the insanity defense, and diminished capacity.

Apprehension

Typically, law enforcement officers have substantial discretion at the scene of a possible crime either to make an arrest and transport the alleged perpetrator to jail or—if mental illness is suspected—to apprehend the individual for the purpose of transporting the person to a mental health facility for an evaluation. This type of emergency detention allows law enforcement officers to make an on-the-scene decision to pursue an emergency detention for a mental health evaluation and possible services rather than making an arrest. Often, given inadequate resources for an effective public mental health system, law enforcement officers are the first responders to situations in which a person with mental illness is in crisis. In response, many cities and counties have developed Crisis Intervention Team programs to better assist law enforcement in responding to calls involving possible mental health issues. With Crisis Intervention Team training, officers are better positioned to make decisions at the scene of alleged crimes and to respond to situations involving persons with mental illness who are in crisis. Successful implementation of a Crisis Intervention Team program or the use of specialized mental health deputies can frequently result in avoiding the criminal justice system altogether by diverting the individuals directly into mental health crisis services.

Diversion of Offenders

Many jurisdictions have developed programs and implemented policies to identify—and divert into treatment programs—persons with serious mental illness who have entered the criminal justice system and charged with relatively minor, nonviolent offenses. There are a wide variety of such programs including mental health courts, specialized mental health public defenders offices, and mental

health dockets. An important first step toward the success of these programs is a thorough mental health screening at the jail subsequent to the defendant's arrest. Jail officials should also conduct data searches to identify whether the detainee has received or is then receiving mental health services from the state's public mental health system. Many alleged offenders with mental illness have previously received mental health services, whereas others will be diagnosed for the first time in the jail. Correspondingly, it is important that the jail provide mental health care, including appropriate medications. If the arrestee with mental illness refuses medication, that raises other legal issues, and many states have a process for allowing the state to seek a court order regarding the administration of medication.

In many of the successful diversion programs, after a defendant is identified as a person with mental illness, the court will appoint defense counsel who has received specialized training in mental illnesses and mental health law. Correspondingly, in jurisdictions that operate mental health courts or specialized mental health dockets, the presiding judges undertake a central and critical role. As with other specialized courts such as drug courts and veterans' courts, the judge is not strictly operating in a traditional, adjudicatory role. Rather, the judge facilitates regular status sessions that include all the key players: defendant, prosecutor, defense counsel, and members of the treatment team. Although there are many variations among jurisdictions that employ specialized mental health courts or dockets, typically participants volunteer for the program and agree to participate in outpatient mental health services for an extended period (including agreeing to remain compliant with prescribed medications). In exchange for participation, either all charges will be dropped or the court will defer adjudication contingent on successful completion of the prescribed program. Perhaps the most important aspect leading to success in these programs is the active participation of the presiding judge. At the regular status sessions, the judge typically inquires about matters such as whether the defendant has attended scheduled outpatient appointments and has been taking prescribed medications. These programs have largely contributed to lower recidivism rates and longer periods of engagement in

mental health services for the populations served, and it is anticipated that more jurisdictions will develop comparable programs.

Competency to Stand Trial

A defendant must be competent to stand trial. Under the U.S. justice system, this means that the defendant must be able to have a rational as well as factual understanding of the proceedings that are being conducted against the person and be able to consult in a meaningful manner with the person's attorney with a reasonable degree of rational understanding. It is important to note, however, that a lack of competency is not a defense to the underlying crime but instead is a necessary predicate to allowing criminal proceedings to begin or continue. If there is evidence prior to trial to suggest that the defendant might be incompetent to stand trial due to mental illness or an intellectual disability, the court must order that the defendant undergo a competency evaluation. (Issues with regard to the defendant's competency can also arise during the course of trial, which will also result in the need for a competency evaluation.) Usually, a competency evaluation is conducted by a psychologist or psychiatrist with appropriate forensic training and experience. Often, experts are preferred or required to have certification or special qualifications in forensics from the American Board of Professional Psychology or the American Board of Psychiatry and Neurology. In addition, most jurisdictions require that the examining expert not be involved in the defendant's treatment but instead be independent.

As part of a competency examination, the forensic expert is generally tasked with exploring the capacity of the defendant to be able to rationally understand the pending charges and their potential consequences; to converse with counsel about relevant facts and legal strategies; to recognize the various participants in a judicial proceeding and to understand the adversarial nature of the proceedings; and to exhibit appropriate courtroom behavior and to testify, if desired. The forensic examiner also determines whether the defendant has a mental illness or intellectual disability and the degree by which any such disability has a bearing on the defendant's capacity to communicate

with counsel in a meaningful manner and understand the proceedings. In the case of a defendant with mental illness, the forensic expert should also identify whether the defendant is either taking previously prescribed medications or whether appropriate medications are necessary to ameliorate the symptoms of the defendant's mental illness to permit a restoration to competency. In most jurisdictions, statements made by the defendant during the competency evaluation are generally not admissible in later court proceedings except for any hearing or trial on the question of the defendant's competency to stand trial or in other situations in which the defense first introduces evidence regarding the defendant's mental state.

Upon concluding the examination, the forensic expert prepares a detailed report for the court. This report should do more than simply present the expert's conclusion as to whether or not the defendant is competent to stand trial. Instead, in the report, the expert documents the procedures undertaken during the examination and details clinical observations, findings, and conclusions, along with support for those findings and conclusions. In matters involving a defendant with mental illness or intellectual disability, the report should also document the symptoms and deficits relating to the disability and, in the case of a defendant with mental illness, the likelihood of restoration of competency with appropriate treatment for the symptoms of the illness.

If the defense has also raised an issue regarding the insanity defense, there will need to be one or more forensic evaluations conducted on the question of the defendant's sanity at the time of the events that resulted in criminal charges. Some jurisdictions require that different forensic experts be appointed to conduct the competency and insanity examinations. In other states, the court may initially appoint the same expert to conduct both the competency examination and the insanity examination. If the expert concludes that the defendant is competent to stand trial, then the expert may proceed to examine the defendant with regard to insanity. If, however, the examiner concludes that the defendant is *not* competent to stand trial, the expert may not continue with an examination on the question of the defendant's sanity. This is critical because once there has been

a determination that the defendant is not presently competent, anything further that might be shared with the examining forensic expert would be suspect and likely unreliable.

Following the competency evaluation and upon the defendant's return to the court, the court will generally proceed with competency proceedings. In most jurisdictions, the court will conduct a competency hearing without a jury; however, some jurisdictions allow a defendant to demand a jury trial solely on the question of competency. In such a case, it cannot be the same jury that will determine guilt or innocence of the underlying criminal charges because the focus is solely on the defendant's competency to stand trial. If the court concludes that the defendant is incompetent to stand trial, then the court will order that the defendant be transported from the jail to a mental health facility for competency restoration treatment. For nonviolent offenses, many jurisdictions also provide an option for outpatient competency restoration treatment. Upon restoration of a defendant's competency, the defendant will be returned to the court's jurisdiction and the criminal proceedings may resume (whether that is a trial or the entry of a guilty plea). A frequent problem in many jurisdictions, however, is that defendants with mental illness are restored to competency at a mental health facility (often with medication treatment) but then relapse upon returning to the local jail and awaiting trial. Many times, there can be a lack of continuity of care after the defendant's return to the jail and during the time lag before the criminal proceedings resume. This raises the prospect that the defendant will again be incompetent to proceed to trial, and additional competency evaluations and proceedings will be necessary.

Competency in Other Contexts of the Criminal Process

In addition to competency to stand trial, a criminal defendant's competency is relevant in several other contexts in the criminal justice system. First, a defendant must be competent to plead guilty to criminal charges. This is significant because over 90% of all criminal prosecutions in the United States are resolved by plea agreements. If a defendant is incompetent to enter a guilty plea, the

adjudication may be subject to later challenge. Accordingly, it is important that a defendant with mental illness who is in need of treatment receive appropriate services, including necessary medications, to ensure that the symptoms of the defendant's mental illness have stabilized and that the defendant not only is competent to stand trial but also is capable of agreeing—competently—to any guilty plea.

Second, a defendant must be competent to exercise a choice to waive the presence of counsel and to proceed to trial without representation. If the defendant is incompetent to make such a critical decision, but the court nonetheless allows the trial to proceed in the absence of defense counsel, the resulting trial and its outcome may be subject to reversal.

Finally, a defendant who has been adjudicated guilty of a capital crime and who faces the death penalty must be competent to be executed. A defendant on death row who has a serious mental illness might become incompetent, particularly if the defendant's mental illness is not being treated. Ethical issues can arise for both forensic psychiatrists and attorneys in such a situation. The psychiatrist will recognize that medication is appropriate to treat the symptoms of the person's mental illness, but that the treatment will likely result in restoring the defendant's competency to then be executed. Can that doctor ethically support a state's effort to order forced medication in such situation? The defendant's counsel will also likely recognize that medication is in the defendant's best interest with regard to treating the symptoms of the individual's illness but ethically must oppose attempts by the state to order forced medication because of the likely restoration of competency for execution. One state, Maryland, has enacted legislation to require the courts to commute the death sentence in such a situation to life in prison without the possibility of parole.

Insanity Defense and Diminished Capacity

Insanity Defense

Most states permit a defendant to plead and attempt to prove legal insanity as a defense to crimes. The formulations of the insanity defense vary, however, among these states.

Many jurisdictions require the defendant to prove that because of mental illness or intellectual disability, the defendant should not be found guilty of the charged crime because the defendant did not know or appreciate that the conduct resulting in the criminal charges was wrong—a cognitive test. Other states also allow juries to make a volitional inquiry. In those states, the defendant can succeed with the defense by showing that because of mental illness or intellectual disability, the defendant lacked the capacity either to appreciate the wrongfulness of the defendant's conduct or to conform the defendant's conduct to the requirements of the law.

Contrary to popular myth, the insanity defense is not raised frequently, and it is relatively rarely successful. It is invoked far less commonly than issues regarding a defendant's competency to stand trial, yet when it is raised in a high-profile case, there is often significant publicity. For example, following the much-publicized insanity acquittal of John Hinckley Jr. for the attempted assassination of President Ronald Reagan in 1981, many state legislatures and the U.S. Congress enacted laws that narrowed the scope of their respective insanity defenses.

Unlike other defenses to crimes, such as self-defense, an insanity acquittal does not typically result in the defendant's leaving the courtroom as a free person. Instead, there are usually follow-up judicial proceedings that lead to long-term, court-ordered hospitalization for mental health services, with periodic judicial review of the commitments.

In general, defense counsel will typically only raise the insanity defense in cases involving very serious crimes. This is due in part because for lesser offenses, plea agreements can lead to comparably shorter sentences without the uncertainty of long-term hospitalization following an insanity acquittal. Moreover, raising the insanity defense can be an expensive proposition given that testimony from forensic psychologists or psychiatrists is critical to informing and persuading the jury about the defendant's mental illness and its impact on the defendant's cognitive state at the time of the events in question. At times, however, the defense can be raised successfully when it is not vigorously opposed by the prosecutors, often when they have reached a conclusion that

long-term hospitalization serves the ends of justice, as opposed to lengthy incarceration.

Diminished Capacity

Related to the insanity defense and recognized in some states is the defensive theory of diminished capacity. Under this defense, a defendant is allowed to introduce evidence regarding the defendant's mental state at the time of the events for which the charges are pending to negate the mens rea necessary for the state to obtain a conviction. For example, suppose that a defendant intentionally fires a gun at a police officer but misses. The state then prosecutes the defendant for the crime of attempted murder, which among its elements requires the state to prove that the defendant intended to kill the victim. But, suppose that due to the symptoms of the defendant's mental illness, the defendant believed that he was shooting at a zombie. In such a case, the evidence could be introduced under a diminished capacity defense as an attempt to negate or disprove that the defendant had the requisite mental state of intent to kill another person. Some states do not allow such a defensive theory, however, and require any type of evidence relating to mental illness to be introduced as part of pleading and proving an insanity defense. In contrast, however, in those states that do not provide for an insanity defense, the ability of a defendant to introduce mental state evidence to negate the mens rea necessary to prove a crime is nonetheless constitutionally required.

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See also Competency for Execution; Competency to Stand Trial; Criminal Courts; Criminal Responsibility; Mental Health Assessment; Mental Health Courts; Trials, Criminal

Further Readings

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FORENSIC ASSESSMENT OF OFFENDERS

Forensic assessment is the evaluation of an offender's mental health or psychological functioning in order to answer a specific question posed by the legal system. The law sometimes allows and/or mandates different responses from the system as a result of an offender's cognitive and mental health functioning. For example, the U.S. Supreme Court has ruled that it is unconstitutional to execute a person with intellectual disability. Evaluation of an offender's diagnosis or functioning in a situation such as this needs to be completed by qualified mental health professionals, making forensic assessment one of the clearest intersections between psychology and the law. This entry details the differences between forensic assessment of offenders and general mental health assessment and introduces common types of forensic assessment.

The Forensic Assessment Context

The Referral Source

Forensic assessments seek to answer a specific question about an offender's psychological functioning that has bearing on his or her legal case. These questions are sometimes referred to as *psycholegal* questions as a result. It is the fact

that a question is being answered for the court system, not the fact that an offender is being evaluated, that makes an assessment a *forensic assessment* and most clearly distinguishes this area from general mental health practice. It is often stated that the legal system, rather than the offender, is the client of a mental health professional completing a forensic assessment. Although a mental health professional who is providing treatment for an offender may be called upon to provide and/or testify relevant treatment information, this would not be considered a forensic assessment as the therapist's focus has been on meeting the offender's treatment goals, not addressing the questions of the court. Therapists are generally discouraged from completing forensic assessments of their clients. This is because forensic assessments require a level of objectivity that is difficult to obtain once one has provided treatment to an offender. There are also conflicting expectations and obligations to the offender in each type of assessment that may be difficult for a therapist to reconcile as discussed later in this entry.

The Ultimate Issue Debate

While the defining feature of a forensic assessment is answering a psycholegal question, there is some conflict within the field as to how an evaluator should answer the question. Mental health professionals complete forensic assessments to assist the trier of fact in reaching a decision. The trier of fact is a judge or jury and it is their responsibility to decide the outcome of a case or what is often referred to as *the ultimate issue*. Determining if an offender was legally insane at the time of an offense and therefore not guilty or such a danger to the community that he or she should be removed from it are examples of ultimate legal issues.

The extent to which forensic evaluators should speak directly to ultimate issues is debated. On one side, some argue that mental health professionals are not experts in the law or afforded the right to make moral decisions about its enforcement that society gives judges or juries. For example, most jurisdictions generally define legal competency as the ability of defendants to understand charges against them and assist their

lawyer in their defense. The ultimate issue before the court is whether they are able to do this to a *subjectively determined* reasonable level. Those who believe that forensic evaluators cannot or should not determine this level instead urge them to conduct an assessment that addresses specific areas of functioning related to this ability while not making a conclusive statement about the offender's competency. Others see the issue quite differently. They argue that mental health professionals do indeed have specialized knowledge that allows broad conclusions to be made (though the trier of fact can still choose to accept or reject them). Moreover, it may be confusing to a jury why an evaluation would be requested and completed if not to answer the question posed.

Restrictions on ultimate issue testimony may vary across evaluation type and jurisdiction. For example, in the United States, Federal Rules of Evidence explicitly prohibit conclusions as to the mental state at the time of an offense while not barring such testimony outright in other types of cases. Case law indicates some inconsistency in the application of this rule, however, and evaluators and legal observers may find varied outcomes of objections to ultimate issue testimony in individual cases.

Other Unique Aspects of Forensic Assessment

Role of the Evaluator

The task of answering specific psycholegal questions is not the only thing that distinguishes forensic assessments from general mental health assessments. The most obvious difference is that of the role taken on by the evaluator. In general mental health assessment, a mental health professional generally adopts a therapeutic stance focused on improving or enhancing an individual's functioning or quality of life. In forensic assessment, the evaluator's primary goal of answering a psycholegal question requires an objective stance as to the long-term outcome for the offender. Indeed, determining that an offender has the abilities needed to stand trial may ultimately result in conviction, and the result of a competency to be executed evaluation may clear someone for death. It should be noted that adopting an objective stance for the

purpose of the evaluation does not mean that forensic assessments are done without respect for the offender and his or her rights. In fact, evaluators may need to be particularly skilled at developing rapport and eliciting information from offenders.

Response Style and Suspected Malingering

Self-reports are highly valued in general mental health evaluations, and the information provided by a person is generally believed to be valid. Forensic evaluators incorporate self-report information but are generally trained to collect multiple sources of data and often see self-reports as no more important than other types of information. In fact, some degree of defensiveness resulting in inaccurate portrayals of functioning is expected from offenders, and some have called for routine evaluation of possible malingering, or intentional feigning of psychiatric symptoms for secondary gain, in all forensic assessments. In forensic assessment, the concern is frequently that offenders may be motivated to avoid legal consequences for their actions by presenting themselves as affected by a mental illness.

Confidentiality and Information Sharing

The information provided in general mental health assessments is confidential, with major exceptions involving suspicion of child abuse or neglect and disclosure of information related to threats of grave harm toward self or an identified other. An offender is not typically afforded any confidentiality in forensic assessments and will need to be properly informed of this before being evaluated. As a result, many may be reluctant to participate, though they are typically court-ordered to do so.

The demands placed on the forensic evaluator are great, particularly as establishing rapport and gathering data from an offender and others in his or her life often needs to be completed quite rapidly and by deadlines set by the court system rather than the evaluator. The results of forensic assessments may be provided to the court as written report and/or oral testimony in which the evaluator is subject to questioning by both the prosecution and the defense.

Specific Forensic Assessments

Competency to Stand Trial

The Psycholegal Question

Competency to stand trial evaluations is one of the most common forms of forensic assessment. It has long been believed that a justice system that does not allow defendants to properly defend themselves would be inherently unfair. In the United States, this belief is illustrated in the *Dusky* standard, referring to the 1960 legal decision of *Dusky v. United States*. This decision formally operationalized competency to stand trial as the ability to

1. consult with an attorney to a reasonable and rational degree, and
2. hold a rational and factual understanding of the charges one is facing.

Deficits in one or both areas may result in a finding of incompetency to stand trial. The question that evaluators seek to answer therefore centers on an offender's cognitive abilities as they relate to these two areas. Given that the legal system also has a mandate to bring cases to trial, an attempt to restore incompetent offenders to competent states is often made, and evaluators may also be asked to speak to the likelihood of this happening. For example, incompetency due to the acute symptoms of schizophrenia may be alleviated by appropriate medical treatment while incompetency due to an extremely low IQ associated with an intellectual disability will not.

The Assessment

The assessment of competency focuses on a defendant's current functioning and abilities. Evaluators may assess for the presence of specific mental health disorders, but a psychiatric diagnosis alone is not enough to qualify one as incompetent. Evaluations will typically involve an interview of the offender including behavioral observations that may be relevant to his or her ability to work effectively with a lawyer. Psychological testing may be used as well. General psychological testing measures may be used to the extent they provide information bearing on the abilities needed for competency. Formal intelligence testing, for

example, may be relevant to present reasoning abilities as well as restorability to competency as described earlier while broader personality measures have little utility.

Several tests have also been developed that specifically assess competency to stand trial. These are considered forensic assessment instruments as they are used only in forensic assessments to help answer specific psycholegal questions. Use of forensic assessment instruments in competency evaluations may increase the objectivity and reliability of conclusions. It is important to note that these instruments vary in their format and level of detail. Brief screening instruments are intended to rule out incompetency and avoid unnecessary full-length evaluations. Other measures aim to fully assess competency-related abilities by directly questioning legal knowledge and reasoning or exploring defendant's answers to questions about these issues as they relate to hypothetical vignettes. Other competency measures are actually more similar to structured interview guides that allow evaluators to organize their questioning.

Controversies and Issues

Most offenders evaluated for competency to stand trial will be found competent. Thus, incompetency is a low base rate event. Low base rate events are difficult to study as adequate samples are hard to generate. They are also hard to predict as rare events are associated with high rates of false-positive conclusions. It is important to understand that competency measures are not *tests* that definitively detect the absence or presence of legal competency. All psychological instruments have some degree of measurement error. Thus, the error rates of tests must be considered and appropriately conveyed to the trier of fact. While assessment measures have an advantage over unstructured clinical judgment in this regard, the legal system must determine what level of error is acceptable for itself.

A related issue is the competency of minors. Age and immaturity, by themselves, may render some youthful offenders incompetent. Many believe that developmentally sensitive measures of competency must therefore be used, though few are available. Competency evaluations of juveniles using measures developed for adults should include a caveat about their applicability.

Competency to Be Executed

The Psycholegal Question

As with many areas of forensic assessment, a legal decision carved out an area of practice. In 1986, the U.S. Supreme Court ruled in *Ford v. Wainwright* that executing someone who is criminally insane is a form of cruel and unusual punishment and therefore unconstitutional. *Insane* is a legally defined term and not a very well defined one at that time. As it relates to competency to be executed, the word *insane* bears more similarity to competency to stand trial than being so impaired by mental illness so as to not be held responsible for one's actions (see Criminal Responsibility section in this entry). The Supreme Court did not set a specific competency standard in *Ford* or the related 2007 case of *Panetti v. Quarterman*. Nevertheless, the decisions have been interpreted together to suggest that defendants must have both factual and rational understanding of their impending execution. In other words, offenders must know that they will be executed and understand that this is punishment for a crime they have been convicted of. For example, an offender who understands that he or she will die but harbors persecutory delusions for the reason why may be incompetent.

Specific competency standards vary across individual states as a result of the ambiguity of the Supreme Court decisions in *Ford* and *Quarterman*. In some jurisdictions, an offender must also be able to self-advocate by communicating reasons why the punishment might be unjust. It is important to note here that *having* the ability to do this is not the same as doing it and an offender who chooses not to utilize available appeals or legal avenues to avoid execution is not automatically incompetent if it is determined that he or she made a rational decision not to do so.

The Assessment

Evaluation of competency to be executed is quite rare, and as a result, there is limited research in this area. Although competency issues may have been raised earlier in a defendant's case, assessment of competency to be executed should involve consideration of the defendant's *current* required abilities, which may vary depending on the jurisdiction where the evaluation is completed in as

noted earlier. While this remains one of the most controversial areas of forensic assessment, there is a consensus that such evaluations should include an interview with the offender and those individuals familiar with him or her (e.g., family, lawyers, prison staff, treatment providers). Checklists and interview guides have been developed by some authors, though norm-referenced assessment measures are not available.

Controversies and Issues

Additional research to guide practice in this area is needed but difficult given the limited number of evaluations that are completed. These assessments are also notable for the ethical issues they present. A finding of competency in essence *clears* an offender for execution. As mental health professionals, forensic evaluators may find this incompatible with ethical mandates to *do no harm*. There are also concerns that personal views on capital punishment may introduce bias into this form of assessment. These ethical conflicts may be strong even in jurisdictions that do not require evaluators to speak to the ultimate issue in these cases.

A finding of incompetency brings additional ethical conflicts if attempts are made to restore an offender to competency, often with the use of forced psychiatric medication. These ethical issues have resulted in organizations such as the National Commission on Correctional Health Care prohibiting correctional treatment providers from participating in competency to be executed evaluations and urging that they instead defer to independent evaluators.

Competency to Waive Miranda Rights

The Psycholegal Question

Making incriminating statements to police during an interrogation or confessing to a crime may appear to make a criminal trial more straightforward and this may prove true, unless a defendant asserts that he or she was not competent to do so. The Supreme Court case of *Miranda v. Arizona* (1966) clarified that police must inform suspects of their right to remain silent during questioning and to consult with a lawyer. It must also be clear that the information that the suspect provides can

be used against him or her and that the interrogation can be stopped at the suspect's request. Competent waiver of one's Miranda rights requires that a defendant does so in a manner that is *knowing, voluntary, and intelligent*. In other words, one must understand that he or she has specific rights, comprehend the implications of these rights, and waive them without coercion or due to extreme distress. Decisions about the admissibility of evidence in cases of contested competent Miranda waivers are typically made by considering the *totality of circumstances* with multiple factors possibly relevant, including those within the individual (e.g., intelligence and history of contact with law enforcement) and the nature of the interrogation (e.g., prolonged or coercive). As a result, assessments may be quite broad in scope.

The Assessment

Unlike the other competencies reviewed in this entry, assessment of competency to waive Miranda rights is retrospective. If available, review of a recording or transcript of the waiver and subsequent interrogation is therefore quite important. Given the importance of understanding and reasoning about one's rights, formal assessment of intelligence and academic achievement is essential in many cases. Deficits in these regards are neither necessary nor sufficient for incompetency, however, as it is possible that factors other than intellectual limitations (e.g., extreme stress or symptoms of a mental disorder) could also impair understanding or reasoning. Individuals of limited intelligence may also give competent waivers if they are appropriately informed and counseled of their rights in a manner that matches their abilities or if prior contacts with the legal system are believed to have provided adequate *education* about their rights.

Forensic assessment instruments have been developed to specifically assess the abilities to make competent Miranda waivers and may be used in addition to tests used to determine intelligence, mental disorders, or personality traits that may make one susceptible to undue influence or coercion.

Controversies and Issues

Juvenile offenders present with unique issues related to Miranda waivers. Jurisdictions vary in

regard to whether minors may waive their rights for themselves or require parents to do so for them. While one would assume most parents have their child's best interests in mind, *incompetency by proxy* may be a real issue if parents have their own intellectual or other impairments in understanding or reasoning as described earlier.

Criminal Responsibility

The Psycholegal Question

If defendants can prove that they did not commit a crime, they will be found not guilty. However, even those who admit to a crime may be found not guilty if they lack criminal intent or *mens rea*. This long-held legal tradition was formally operationalized, in 1843, in England and is now known as the *M'Naghten standard*. Briefly, the standard holds that a defendant may be found *not guilty by reason of insanity* if a mental problem prevents one from knowing what he or she was doing or that it was wrong. Various criticisms and adaptations of this standard have been proposed over time. A more modern iteration was made in 1962 by the American Law Institute, which suggested that people should not be held responsible for a crime if they do not understand that their actions were wrong or were unable to "conform conduct to the requirements of the law." Thus, evaluations of criminal responsibility will require evaluating

1. the possible presence of a mental illness or intellectual disability, and
2. a person's motivation, reasoning, and level of control when committing a criminal act.

Defendants found not guilty by reason of insanity are acquitted. They are generally committed to psychiatric care following their acquittal. There are other situations in which defendants may assert that their mental functioning significantly impacted their crime in ways to lessen their culpability though not to the extent to fully excuse them from it.

Diminished capacity refers to the inability to form intent or lack of specific intent required for a crime (e.g., the premeditation typically required for first-degree murder). Defendants successful in arguing diminished capacity are typically convicted of lesser offenses.

The Assessment

As mentioned earlier, an evaluation of criminal responsibility involves assessment of the presence of mental illness or developmental disabilities and possible links of such problems to the crime. Assessments will include a review of available records including police reports and a detailed interview with the defendant. Evaluators must reconstruct a person's mental status at the time of their offenses by speaking to them and those who may have observed the crime and/or the person's behavior close in time to it. Part of this will be a thorough review of his account of the crime. Given the potential for self-incrimination, informed consent and advisement of rights are extremely important. Psychological testing may be used to support the diagnostic process, though forensic assessment instruments focused on criminal responsibility are not prevalent.

Controversies and Issues

The retrospective nature of evaluation of criminal responsibility poses a significant challenge for evaluators. Mental health professionals are trained to diagnose mental health disorders by collecting data on past history and current symptoms. Current symptoms may actually be irrelevant to criminal responsibility for a prior act though they may add support to the presence of a diagnosis needed to establish the basis for not guilty by reason of insanity defenses. Research has made clear that memories can change over time, even in the absence of overt attempts to dissimulate or provide inaccurate information. Thus, inconsistencies between current reports and those made closer in time to the crime or in official records may need to be reconciled.

There is a misconception among the public that the insanity defense is overused and is an attempt to literally get away with murder. In reality, the defense is rarely used and even more rarely successful. Nevertheless, given the high stakes involved, the potential for malingering may be high in these cases and should be assessed.

Risk Assessment

The Psycholegal Question

The question posed in forensic risk assessment appears fairly straightforward: How dangerous is

this person and what is the likelihood that he or she will reoffend? The ultimate issue a judge or jury will consider in these cases typically focuses on punishment and the level of confinement that punishment should be completed in. Risk assessments may also be completed prior to release from confinement to determine the level of supervision needed in the community. Risk of violence or reoffense is generally believed to result from a combination of *static risk factors* that do not change such as criminal history and *dynamic risk factors* that are malleable over time such as substance use. *Protective factors* such as strong social support may also be considered. Thus, risk assessments are also capable of identifying areas that can be targeted in treatment in which an offender may be court-ordered to participate.

The Assessment

As previously described, risk assessment involves collection of both historical and current information about an offender. A variety of risk assessment tools were developed after it was determined that mental health professionals were unable to make accurate predictions about future risk using only their professional judgment. Although interviewing of offenders and review of records to obtain objective historical information remain important parts of these evaluations, risk assessment tools are now commonly used as well to improve reliability and accuracy. These measures differ in their development and administration, however. Structured professional judgment measures serve as interview guides that assist evaluators in systematically considering risk factors that have been identified in the literature. The risk level posed by an offender is still determined by the evaluator's overall impression of him or her. Actuarial measures also consider identified risk factors, though in these measures, risk factors have been statistically associated with reoffending and allow for comparison between the offender being assessed and a normative sample. In other words, the measure can provide a more specific and sometimes a quantitative risk level.

Controversies and Issues

Risk assessments are unique forms of forensic assessment in that they neither attempt to describe

current or past functioning but predict an event that *may* occur in the future. There is no current assessment approach or technique that can do this with 100% certainty (and likely never will be). Science can estimate the risk of reoffense and error rate of a specific technique, but determining what actions to take at different risk levels and how much uncertainty to allow in the accuracy of a specific assessment must be subjectively determined by the trier of fact. As a result, evaluators are urged to report the limitations of their findings in their reports.

Civil Commitment of Sexual Offenders

The Psycholegal Question

In cases of civil commitment of sexual offenders, the question evaluators must answer again centers on dangerousness, specifically an individual's risk of sexual reoffense. Of note, the ultimate issue in these cases is not decided at a criminal trial but at a civil hearing after the offender has already served a sentence for his or her crime. Although specific statutes vary across jurisdictions, these are often referred to as *sexually violent predator* laws in the United States and require (a) a history of sexual offense, (b) a diagnosable mental health problem or condition, and (c) a high level of risk of reoffense. Forensic mental health evaluators are typically asked to address the latter requirements by diagnosing a type of mental disorder marked by abnormal sexual interests or behavior known as a *paraphilia* or other mental health disorder that can be causally linked to deviant sexual behavior and by offering an assessment of an individual offender's current level of risk of future offending. Individuals who are at high risk may be confined in treatment facilities or ordered to submit to outpatient treatment and supervision indefinitely.

The Assessment

Assessment of risk for the purpose of civil commitment proceedings is much the same as that described earlier with the addition that a diagnosis is often required by statute. Of all the types of forensic assessments reviewed in this entry, civil commitment of sexual offenders is the most recently developed, and assessments may show

variability until best practices evolve. However, risk assessment measures specific to sexual offending are available and are generally used.

Controversies and Issues

The issues related to the prediction of future behavior described previously are applicable to this form of evaluation as well and perhaps amplified given the fact that offenders have already served time for their crimes. Prioritization on community safety often results in support for these laws, while some point out that they infringe upon the civil liberties of offenders by submitting them to a legal form of double jeopardy that is particularly unfair given limitations in the accuracy of risk assessment and effectiveness of sexual offender treatment. Evaluators' attempts to address this by clearly presenting quantitative predictions of risk from actuarial instruments when available may not address this issue, as research has found that jurors may find any risk as *significant risk*. As currently written, sexual predator laws may reflect a problematic blurred boundary between the legal and mental health systems.

Juvenile Offenders: Amenability to Treatment and Waiver to Adult Court

The Psycholegal Question

The juvenile justice system's approach to youthful offenders has evolved over its history. While initially established on the premise that the criminal motivation and possible rehabilitation of children and adolescents differed from adults and required specialized attention, Supreme Court cases such as *Kent v. United States* (1966) and *In Re Gault* (1967) determined that juveniles should be afforded many of the same rights as adult defendants. The law typically allows youth of a certain age or accused of certain crimes to be tried and sentenced as adults. For some serious crimes, waiver or transfer to adult court may actually be mandated by the law. In other situations, there is prosecutorial or judicial discretion. The frequency of such cases has varied depending on public sentiment regarding the seriousness of juvenile crime. When discretion is possible, a forensic assessment may be requested to assist decision makers in determining the juvenile's dangerousness and

amenability to reform with treatment in the juvenile justice system. If it believed that the juvenile cannot be safely maintained or rehabilitated within the juvenile justice system, the case may be heard in adult court opening the juvenile up to adult sentences.

The Assessment

Evaluation of amenability to treatment or waiver of juveniles may resemble general mental health assessment more than other types of forensic assessment as key questions are whether the juvenile has an identifiable mental health problem and their specific treatment needs. Identification of treatment needs is not enough, however. Another aspect of these evaluations involves assessment of dangerousness. Thus, assessments will typically involve a review of records, interviews with the juvenile and those who are familiar with him or her, and formal risk assessment.

Controversies and Issues

As mentioned earlier, assessment of risk of violence or reoffense can be enhanced with testing, but concerns about false positives are great. This may be particularly true in the case of juvenile offenders for whom a degree of illegal behavior may reflect normative developmental changes in risk taking and impulsive decision-making. Risk assessment measures used should therefore have been developed and tested with adolescents, though fewer measures are available for this group. Once in the adult system, if mandatory sentences following conviction are seen as at odds with the general juvenile court process of individual sentencing, then the decision to waive a juvenile's case to adult court should be made by the trier of fact with all available information.

Conclusion

Forensic assessments of offenders are used to answer specific questions for the legal system. Although the questions may vary across assessment types, all forensic assessments differ from general mental health assessments in important ways that call for specialized knowledge and

training. Each form of assessment also brings its own unique set of unresolved issues and controversies. Assessments that answer psycholegal questions as accurately as possible and acknowledge any weaknesses or limitations have the best chance of assisting both the legal system and the offenders who find themselves within it.

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See also Competency for Execution; Competency to Stand Trial; Criminal Culpability; Criminal Responsibility of Offenders; Criminal Risk Assessment, Juvenile Offending; Criminal Risk Assessment, Sexual Offending; Criminal Risk Assessment, Violence; Forensic Interview; Forensic Measures for Assessing Offenders

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FORENSIC INTERVIEW

The forensic interview is a key element of any forensic evaluation. This detailed interview is used to gather information and clinical data required to answer a specific psycholegal referral question. The following sections outline the unique characteristics of forensic interviews, including legal contexts, referral questions, and other important considerations (e.g., use of collateral information, bias and judgment error, safety and ethical considerations).

Characteristics of the Forensic Interview

Forensic interviews differ from typical clinical interviews in multiple ways. The scope of the forensic interview and the role of the examiner vary considerably depending on the context and the referral question. Unlike most clinical interviews, which typically emphasize diagnostic assessment and establishing treatment goals, forensic interviews focus on gathering data to answer a specific psycholegal question. The perspective of the person being examined also holds less importance, as the goal of the evaluation is to develop the most accurate impression possible, based on information from *all* relevant sources. A typical clinical interview, on the other hand, usually relies solely on the patient's report of events, experiences, and emotions.

The forensic examiner must also be aware of his or her relationship with the examinee. Although an examinee may decline to participate in a forensic interview, many legal contexts prevent the examinee from limiting the information that is disclosed to other parties. That is, a report may be prepared regardless of whether the examinee participates in the evaluation. Furthermore, while establishing rapport is critical to a successful forensic interview, the potential for negative outcomes for the examinee may limit the extent to which an examiner should encourage a frank disclosure of information. There will also be situations in which an examiner may need to challenge, confront, or probe the examinee in order to resolve real or perceived discrepancies or to clarify ambiguous information.

Forensic interviews are particularly vulnerable to threats to the validity of the information gathered. The results of a forensic examination often impact an examinee's liberty, creating a strong incentive for distortion, fabrications, or withholding relevant information. The examiner must consider the possible motivations of the examinee and other collateral sources, which may increase the likelihood of distortion (whether minimization or exaggeration).

Lastly, the forensic examiner must be cognizant of the pace and setting of forensic interviews. The examiner may have limited time to conduct an interview and may not have the ability to conduct a follow-up interview, as access to correctional settings may be limited and legal proceedings are often time sensitive. Therefore, it is critical that the examiner collect as much relevant information as possible within the time available.

Legal Contexts

The goals of a forensic evaluation differ depending on the legal context and the corresponding psycholegal referral questions. For example, pretrial and trial evaluations assess an individual's competency, decision-making abilities, or mental state at the time of an alleged offense, whereas custodial evaluations typically assess an individual's risk of harm and mental stability in order to inform security and treatment interventions. Lastly, pre- and post-release evaluations assess an individual's risk of reoffending violence or mental health needs following an individual's return to the community.

Pretrial and Trial Evaluations

Both prior to and during legal proceedings, forensic examiners may be asked to evaluate an individual's competency, decision-making abilities, or mental state at the time of an alleged offense. For example, forensic examiners may be asked to assess an individual's competency to waive Miranda rights or make a statement to the police or to assess an accused's competency to stand trial. Other pretrial referral questions include an individual's competency to represent one's self (i.e., to waive the right to counsel), to plead guilty (i.e., to waive the right to trial), to be sentenced, or

even to be executed. With the exception of competence to confess or waive *Miranda* rights, examinations of competency focus on the individual's present mental state and, therefore, require a careful examination of the individual's current mental functioning.

A forensic examiner may also be asked to assess an accused's sanity at the time of the offense. Like an evaluation of competency to waive *Miranda* rights, a mental state evaluation focuses on the individual's psychological functioning at a previous point in time. Hence, the examiner will typically merge interview data with collateral sources (e.g., medical records, witness statements) to determine an individual's mental state at a previous point in time.

Because virtually all pretrial evaluations require an assessment of the person's current mental state, the forensic interview will typically include a review of the examinee's social, psychiatric, medical, and education history. In addition to a clinical interview and gathering collateral information from available records (e.g., police statements, mental health records, criminal history, witness statements), the examiner may also use psychological assessment tools to assess for cognitive impairment, psychiatric symptoms, or exaggeration (i.e., malingering).

Custodial Evaluations

Custodial forensic evaluations can also occur in a variety of criminal justice contexts. Following admission into a correctional facility, clinicians often assess the inmate's intelligence, suicide risk, violence risk, and symptoms of a mental illness. These evaluations typically help gauge whether an imminent risk of harm exists, as well as mental stability for, and appropriateness of available treatment programs (e.g., anger management, substance abuse treatment).

Unlike most pretrial forensic evaluations, custodial evaluations are more akin to general clinical evaluations, with the exception of the setting and the incentive to distort symptoms. The examiner often has little information about the examinee's history and therefore must be prepared for severe symptoms that have not previously been identified. However, evaluations conducted in custodial settings have a greater risk of violence; thus, the

examiner should take precautions to ensure his or her safety during the interview (e.g., adequate physical distance from the examinee with access to the exit, awareness of the facility's safety procedures). Finally, because of the inherently coercive setting, the examiner must be mindful of the potential for deliberate symptom exaggeration or minimization.

Pre- and Postrelease Evaluations

Forensic examiners are often asked to complete pre- or postrelease evaluations in order to inform a judge, parole board, or probation officer about the examinee's risk to the community. The specific focus of these evaluations depends on the referral question, though three overarching questions are most common: general risk of reoffending (e.g., for parole evaluations), specific questions regarding violence risk, and mental health treatment needs. Violence risk assessments may focus on a specific type of risk, such as sexual violence in jurisdictions where involuntary commitment of sex offenders is possible. In evaluations of risk of violence or reoffense, forensic examiners often utilize some form of structured risk assessment instrument in order to evaluate the relevant risk and protective factors. The forensic examiner may also be expected to make recommendations for risk management, such as identifying treatment needs or suggesting interventions that could facilitate community reintegration and reduce risk.

During pre- and postrelease evaluations, the examiner often elicits information about the examinee's criminal history, attitudes toward violence, and plans for the future. Collateral sources may also help identify resources available to the individual in the community (e.g., social support, employment opportunities). Lastly, although examinees are rarely motivated to exaggerate psychiatric symptoms during pre- and postrelease evaluations, assessment tools may aid in the detection of minimization.

Other Considerations

In addition to collecting clinical data from forensic interviews, forensic examiners must also consider several other important factors during the interview and evaluation process that will aid in

objectively answering psycholegal questions. These include the incorporation of collateral information, assessment of false or distorted information, and recognition of potential bias or judgment error. Finally, the examiner must also be aware of safety and ethical considerations that may be unique to the interview's forensic context.

Collateral Information

As noted earlier, forensic interviews are often bolstered by collateral sources in order to corroborate information provided by the examinee. Collateral informants can include those who are, or have been, in frequent contact with the offender (e.g., relatives, friends, employers) or have observed the individual (e.g., victims of or witnesses to the offense). Medical and criminal justice records can also provide useful information. Of course, the availability and utility of collateral information will vary across cases and settings. For example, medical records may not exist and it may be difficult to contact family members or friends. Resolving conflicts between self-report and collateral information can often require the evaluator to determine which source seems most credible. When collateral information is unavailable, the examiner is forced to rely more heavily on self-report and should be appropriately cautious in rendering conclusions.

False or Distorted Information

As mentioned earlier, providing false information during a psychological evaluation, whether due to resistance, embarrassment, or limited trust, is common in forensic interviews. To help compensate for the problems posed by distorted responding, evaluators often rely on psychological tests that explicitly assess defensiveness and/or symptom exaggeration.

Bias and Judgment Error

Another issue that should be considered in forensic interviewing is the potential for bias or judgment errors on the part of the examiner. Forensic evaluators are often provided with information about the examinee and his or her alleged

(or known) criminal history or records of prior psychiatric diagnoses or evaluations. These sources of data, while important, may lead to preconceived beliefs or expectations about the examinee. Hence, the potential for a confirmatory bias, whereby the examiner poses questions intended to confirm these preexisting beliefs about the examinee and may fail to ask questions that do not, can impact the accuracy of the evaluation. To minimize the possibility of bias, it is important that the forensic evaluator identifies these potential threats and explicitly searches for information that could disconfirm expectations.

Safety Considerations

As noted earlier, the potential for aggression in forensic settings often requires safety precautions during the forensic interview. Before starting an interview, the examiner should inquire as to the examinee's current state or the presence of any agitation. Precautions should also be taken in order to ensure both the examiner's and the examinee's safety during the evaluation. For example, the examiner should be aware of the facility's safety procedures and avoid bringing (or permitting access to) items that could be used as a weapon. Seating arrangements should be established that positions the examiner closest to the exit, while maintaining a safe distance from the examinee. Some interview rooms have a panic button or even require that institutional personnel be present during the interview (ideally far enough away to minimize confidentiality concerns). Although not ideal, some form of physical restraints may even be necessary in order to provide adequate security for the examiner. During the interview, the examiner should be alert to indications of aggression (e.g., changes in the examinee's behavior, raised voice or hostile tone). If the examinee becomes agitated or upset, the examiner should attempt to de-escalate the situation and/or discontinue the interview.

Ethical Considerations

There are several resources that help examiners navigate the forensic interview, including the American Psychology–Law Society's *Specialty Guidelines for Forensic Psychologists* and the American

Psychological Association's *Ethical Principles of Psychologists and Code of Conduct*. Two of the most complicated ethical issues that a forensic interviewer must consider are informed consent and confidentiality. The forensic evaluator must recognize that the *client* is not necessarily the individual being interviewed. Rather, the examiner is often retained (or employed) by a third party such as an attorney, judge, or government agency. Therefore, it is imperative that the examiner informs the examinee of the nature of the interview (e.g., procedures, who the examiner works for), risks and potential benefits of participating in the evaluation, and the consequence of declining to participate. Although in many settings an examinee's refusal to participate does not prevent the evaluation from taking place, this disclosure is required for informed consent. Furthermore, while the examinee's right of privacy should be respected, forensic interviews are often conducted in jails or prisons, where privacy is not guaranteed or even possible. Interviews may need to be conducted in open settings, where other people can overhear the evaluation. The examiner may be able to impact these circumstances but often cannot. Lastly, the examiner should explain the limits of confidentiality in the context of the forensic interview, including who will receive copies of the reports and whether other individuals will be informed of information disclosed (e.g., threats of harm to self or others). These disclosures will usually enhance not detract from establishing rapport, as examinees typically appreciate candor and honesty, and are unlikely to expect confidentiality.

Final Thoughts

The forensic interview is a cornerstone of all forensic assessments. Developing the skills necessary for a competent forensic interview is challenging and requires a multifaceted approach to the process. Only with vigilance to the unique characteristics of the forensic interview can the evaluator maximize accuracy and objectivity.

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See also Forensic Applications in the Criminal Justice System; Forensic Assessment of Offenders; Forensic Measures for Assessing Offenders; Structured Risk Assessment—Forensic Version (SRA-FV)

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FORENSIC MEASURES FOR ASSESSING OFFENDERS

This entry reviews instruments that mental health clinicians commonly use to assess psychological symptoms, personality traits, behavioral problems, and psycholegal issues relevant to the assessment and management of criminal offenders. The instruments reviewed encompass a variety of formats, including self-report inventories, clinician rating scales, and structured clinical interviews that assess the presence of mental disorders, risk of violence and sexual offending, and response style.

Assessment of Psychiatric Symptoms and Mental Disorders

The high frequency of mental disorders among inmates in the United States is well established. Assessing the presence and nature of psychiatric symptoms often impacts offender management while incarcerated.

Self-Report Inventories

Multiscale self-report inventories have multiple advantages, including group administration, computerized scoring and interpretation, and broad coverage of symptoms and mental disorders. The Minnesota Multiphasic Personality Inventory-2 (MMPI-2), its revised, short-form (MMPI-2-RF), and the Personality Assessment Inventory (PAI) are frequently used in forensic settings. These instruments are intended for use with adults who have at least a fourth- to sixth-grade reading level

and assess a range of symptoms, maladaptive personality traits, and behavioral problems. Although the MMPI-2 has more research support, the PAI may have broader application in correctional settings because it requires a lower reading level and offers *correctional* normative data that can inform judgments of risk of institutional misconduct and treatment needs. Versions of these instruments have also been developed for adolescents (i.e., MMPI-2-A, PAI-A) with item content modified to reflect developmental differences between adolescents and adults.

Screening Measures

Brief screening measures are used to identify those who require a more comprehensive psychiatric evaluation and may be useful when evaluating large numbers of individuals. Typically, screening measures are administered orally and require fewer than 5 min to complete. For example, the Brief Jail Mental Health Screen contains only eight questions assessing current mental health symptoms and treatment history. The Brief Jail Mental Health Screen was developed for use with adults and has demonstrated good predictive accuracy in identifying offenders with a mental disorder, although it may be more accurate for men than for women. A widely used screening tool for youth is the Massachusetts Youth Screening Instrument-Version 2. The Massachusetts Youth Screening Instrument-Version 2 has separate forms for boys and girls and is typically used upon entry to a juvenile justice facility to identify the mental health needs that can (or should) be addressed.

Cognitive Assessment Instruments

Cognitive disorders, including both intellectual disability (ID) and traumatic brain injury, are common in offender populations and can hinder the accuracy of other diagnostic approaches (e.g., self-report inventories). ID is characterized by significant deficits in intelligence and adaptive functioning (i.e., the extent to which an individual can function independently in activities of daily life). Although no measures have been developed specifically for assessment of cognitive functioning in correctional settings, a wide range of cognitive/

neuropsychological instruments can be used for this purpose. However, as these instruments are vulnerable to insufficient effort, cognitive assessment tools should be accompanied by measures of effort to ensure that the individual has performed to the best of his or her abilities. Similarly, no measures of adaptive functioning have been developed for correctional settings although a number of such scales exist, and the assessment of adaptive functioning is further complicated in correctional or forensic settings because offenders have little opportunity to demonstrate adaptive functioning abilities.

Risk Assessment Instruments

Another major focus of mental health assessment in the criminal justice system is violence and recidivism risk. Risk assessments influence both pre- (e.g., sentencing) and post-adjudication issues (e.g., parole eligibility). Research has repeatedly shown poor accuracy rates for risk assessments based on clinical judgment alone; the use of risk assessment instruments can help the clinician structure his or her decision-making, either through the application of a predetermined algorithm to gauge risk level (i.e., an actuarial approach) or identification of risk factors to be considered (i.e., the structured professional judgment [SPJ] approach). Violence risk assessment instruments also differ in the types of risk factors they include. Some include only static risk factors or those that relate to an offender's history or personal characteristics that are stable over time, whereas others include dynamic risk factors or those that may change over time.

SPJ Instruments

The SPJ approach to risk assessment is best exemplified by the Historical-Clinical-Risk Management-20 (now in its third revision; HCR-20^{v3}). Intended for use with adults in correctional or mental health settings, the HCR-20^{v3} contains 20 static and dynamic risk factors for violence grouped into Historical (e.g., history of violence), Clinical (e.g., current mental health symptoms), and Risk Management (e.g., future problems with treatment adherence) categories. Clinicians rate the presence and relevance (for the individual

being evaluated) for each risk factor and then use these ratings to develop a risk formulation, identify scenarios in which violence might occur, and generate risk management strategies. Clinicians also generate three summary risk ratings (Case Prioritization, Serious Physical Harm, and Imminent Violence—each rated as low, moderate, or high) to communicate the individual's violence risk. A large body of research has demonstrated the utility of the HCR-20 with criminal offenders and forensic psychiatric patients. Other SPJ instruments target specific types of violence (e.g., sexual offending) or focus on a wide array of problem behaviors. For example, the Short-Term Assessment of Risk and Treatability contains 20 dynamic items that are used to evaluate risk of multiple problem behaviors, including violence, suicide, self-harm, recidivism, and treatment noncompliance.

Several SPJ instruments have been developed to facilitate the evaluation of risk in youth. For example, the Structured Assessment of Violence Risk in Youth comprises 24 static and dynamic risk factors and, unlike most SPJ instruments, includes six protective factors. Like the HCR-20, clinicians use these ratings to evaluate the youth's overall risk level and identify potential targets for intervention. Similarly, an adolescent version of the Short-Term Assessment of Risk and Treatability is used to assess multiple domains of risk in juveniles.

Meta-analytic studies have consistently supported the predictive accuracy of SPJ tools. However, the reliance on individual case analysis and the need for specialized training often limit the applicability of SPJ approaches in correctional settings, where large numbers of offenders require a prerelease assessment.

Actuarial Risk Assessment Instruments (ARIAs)

ARIAs structure both the identification and weighting of risk factors and generate a probabilistic estimate of violence risk. Most ARIAs rely exclusively on static risk factors, although some include dynamic risk factors and/or assess change over time. One widely used ARIA is the Violence Risk Appraisal Guide (VRAG), and its revision, the VRAG-R. The VRAG was developed for use with adult offenders or forensic psychiatric

patients and contains 12 static risk factors targeting demographic/personal background and health/criminal history variables. Total scores on the VRAG/VRAG-R are grouped in one of nine *bins* that are associated with a probability of future violence. However, the VRAG, like most ARIAs, fails to account for change over time and omits idiosyncratic risk (or protective) factors that could impact an individual's risk.

A widely used ARIA for gauging risk of recidivism is the Level of Service Inventory (LSI). The LSI is based on the Risk-Need-Responsivity model, which provides that risk management strategies are most effective when they are proportionate to the offender's risk level, address the individual's criminogenic needs, and account for characteristics that may impact how the offender responds to treatment. The LSI family of instruments includes a case management version (LS/CMI), a youth version (YLS/CMI), and a screening version. These tools comprise static and dynamic risk factors grouped into eight subcomponents (e.g., Criminal History, Education/Employment). These instruments generate a total score quantifying the offender's overall risk/need level and eight subcomponent scores used to identify risk factors that may be targeted through treatment or supervision. Unlike many ARIAs, the LS/CMI and YLS/CMI encourage clinicians to develop their own estimate of risk based on the combination of their clinical judgment and actuarial data.

Psychopathy Instruments

As part of a risk assessment, clinicians often assess psychopathy, a personality construct characterized by interpersonal (e.g., dishonesty), affective (e.g., callousness), lifestyle (e.g., irresponsibility), and behavioral (e.g., criminality) traits. Research indicates that psychopathy is one of the strongest predictors of violence and general reoffending among adult offenders, although evidence supporting this construct is more mixed in juveniles. The most commonly used psychopathy instruments are those developed by Robert Hare and colleagues: the Psychopathy Checklist-Revised, Screening Version, and Youth Version. Individual Psychopathy Checklist Item scores are summed to yield a total score that reflects the severity of psychopathic traits. Self-report measures of

psychopathy have also been developed, such as the Psychopathic Personality Inventory–Revised. However, given the risk of deliberate distortion, self-report measures are typically only utilized for research.

Sex Offender–Specific Instruments

A number of SPJ and ARAI tools have been designed for the assessment and management of sexual recidivism risk. Adult sex offender–specific SPJ tools include the Sexual Violence Risk-20 and the Risk of Sexual Violence Protocol. Modeled after the HCR-20, these tools guide clinicians through a series of ratings regarding the presence and relevance of static and dynamic risk factors, culminating in a summary rating of the offender’s overall sexual recidivism risk (low, moderate, or high). Although a modest literature has demonstrated strong support for these tools, the existing research is far less robust than for the HCR-20. The Static-99 (and expanded version, Static-2002) is the most commonly used sex offender–specific ARIA. The Static-99/Static-2002 (both of which were revised in 2009; Static-99R/Static-2002R) was developed for the assessment of sexual recidivism risk in adult males and assess static risk factors (with the exception of age). More recently, the Violence Risk Scale–Sexual Offender Version was developed to incorporate dynamic risk factors and assess change over time, while still maintaining the actuarial approach to decision-making. Scores generated by the Violence Risk Scale–Sexual Offender Version (static and dynamic Items) generate both probabilistic and qualitative (e.g., low, moderate–low) risk judgments.

A parallel set of risk assessment tools has been developed for juvenile sex offenders. Among the most widely used are the Juvenile Sex Offender Assessment Protocol–Revised and the Estimate of Risk of Adolescent Sexual Offense Recidivism. The Juvenile Sex Offender Assessment Protocol–Revised contains 28 items that encompass both static and dynamic risk factors and form two static scales (Sexual Drive/Preoccupation; Impulsivity/Antisocial Behavior) and two dynamic scales (Intervention; Community Stability and Adjustment). The Estimate of Risk of Adolescent Sexual Offense Recidivism consists of 25 items divided into five domains: history of sexual assault, sexual

interests and behaviors, psychosocial functioning, family/environment, and treatment. As with the HCR-20, clinicians use their item ratings on the Juvenile Sex Offender Assessment Protocol–Revised and Estimate of Risk of Adolescent Sexual Offense Recidivism to formulate an overall risk estimate. Because there is considerable variability in estimates of their utility, these tools should be used as an adjunct to a thorough, individualized assessment of risk.

Response Style Instruments

An important component of any forensic mental health evaluation is the assessment of response style, including malingering/symptom exaggeration and defensiveness/symptom minimization. Numerous instruments have been designed to aid clinicians in the assessment of malingering and defensiveness, providing critical data about the validity of an offender’s self-reported symptoms or impairment. These instruments are typically divided into those that address cognitive functioning (i.e., cognitive effort) and those that assess validity of reported psychiatric symptoms.

Detecting Exaggerated Cognitive Impairment

Instruments designed to detect feigned or exaggerated cognitive impairment rely on a number of different approaches to detect suboptimal effort. Some measures use the *floor effect*, consisting of overly simple tasks that even those with severe cognitive impairment should complete. For example, the Rey 15-Item Memory Test requires the examinee to reproduce 15 letters, numbers, and shapes arranged in a manner that facilitates memory (e.g., A, B, C, 1, 2, 3). The Rey 15-Item Memory Test and other floor effect measures (e.g., the Dot Counting Test) have limited accuracy in identifying feigned cognitive impairment because examinees often recognize the simplicity of the task. Also, some types of genuine cognitive impairment and/or psychiatric symptoms can affect performance on these tests.

Another strategy used by cognitive effort tests is symptom validity testing (SVT), which compares the examinee’s performance on a forced-choice task to chance performance. The Test of Memory Malingering is a widely used SVT

instrument that involves the presentation of 50 drawings. The examinee is subsequently provided with 50 recognition trials, each containing a previously seen drawing (*target*) and a distractor, and is asked to identify the target. Scores on the Test of Memory Malinger and other SVTs can be compared to chance performance (i.e., less than 50% correct) but can also be compared to normative data based on genuinely impaired individuals. Research has demonstrated strong classification accuracy for the Test of Memory Malinger in individuals with psychosis and traumatic brain injury but a somewhat greater risk of false positives (i.e., incorrect identification of feigning/exaggeration) with adults with dementia or ID.

The Validity Indicator Profile integrates the floor effect and SVT approaches with the performance curve approach. Performance curves analyze an examinee's performance on items of varying difficulty, with the expectation of increasing errors as item difficulty increases. The Validity Indicator Profile includes verbal and nonverbal subtests and classifies an examinee's performance according to effort (high or low) and intention (to perform well or to perform poorly).

There are also cognitive effort tests derived from many commonly used tests. An example of an *embedded* cognitive effort test is the Reliable Digit Span index, a floor effect measure based on an individual's performance on the Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV) Digit Span subtest. Digit Span requires the examinee to remember progressively longer strings of numbers and recall them both forward and backward. The Reliable Digit Span is calculated by summing the longest series of digits recalled both forward and backward. Established cut scores generate good predictive accuracy but, like most cognitive effort measures, may misclassify individuals with ID.

Detecting Feigned Psychiatric Symptoms

Measures to detect feigned psychiatric symptoms include both interview-based and self-report scales and can also be embedded within existing symptom inventories or free-standing instruments. Clinicians commonly use the MMPI-2/RF and PAI to detect feigning. Importantly, these measures also permit clinicians to differentiate deliberate symptom exaggeration from random or confused

responding and have been translated into numerous languages, making them useful in cross-cultural evaluations. However, the self-report nature of these instruments limits their use with offenders with severe cognitive impairment or psychosis, as they may not have the literacy, comprehension, or attention span necessary to complete these tests.

Commonly used free-standing measures of symptom exaggeration include the Structured Interview of Reported Symptoms-2 and the Miller Forensic Assessment of Symptoms Test. These instruments use a structured interview format and use multiple strategies to detect feigning (e.g., endorsement of rare symptoms, unusual symptom combinations, discrepancy between reported and observed symptoms). Whereas the Structured Interview of Reported Symptoms-2 utilizes a scoring algorithm to classify response style, the Miller Forensic Assessment of Symptoms Test, a screening tool, uses a total score to identify cases that require more in-depth assessment. Research has found that the Structured Interview of Reported Symptoms-2 has good predictive accuracy in identifying feigned psychosis but questionable utility in identifying feigned mood or anxiety disorders.

Detecting Minimization or Defensiveness

Clinicians frequently use the MMPI-2 and PAI to assess symptom minimization or defensiveness. Both instruments contain scales that assess denial of minor character flaws, exaggerated ability to cope with stress, and minimization of emotional distress. Clinicians also sometimes use free-standing measures of minimization or defensiveness, such as the Paulhus Deception Scales. The Paulhus Deception Scales is a 40-item self-report measure that assesses two types of defensive responding: conscious denial or defensiveness (Impression Management) and unconscious exaggeration of positive attributes (Self-Deceptive Enhancement). Research has found that MMPI-2, PAI, and Paulhus Deception Scales have good classification accuracy in identifying defensive responding.

Trial-Related Abilities

Competence to Stand Trial

The Supreme Court defined competence to stand trial in *Dusky v. United States* (1960),

holding that a criminal defendant must have “sufficient present ability to consult with his attorney with a reasonable degree of rational understanding and a rational as well as factual understanding of the proceedings against him” (p. 402). A handful of instruments have been developed to assist clinicians in evaluating these abilities.

The MacArthur Competence Assessment Tool–Criminal Adjudication (MacCAT-CA) is a semi-structured interview intended for use with adult offenders. Items on the MacCAT-CA are divided into three groups: (1) *Understanding* Items, which assess factual understanding; (2) *Appreciation* Items, which assess rational understanding; and (3) *Reasoning* Items, which assess ability to assist counsel. Understanding and Reasoning Items contain vignettes related to a hypothetical case, whereas Appreciation Items relate to the examinee’s own criminal case. The MacCAT-CA generates numerical scores for each subscale but does not generate an overall index of competence or a determination of competency.

Like the MacCAT-CA, the Evaluation of Competency to Stand Trial–Revised is designed to assist clinicians in assessing competence-related abilities in adult offenders. Evaluation of Competency to Stand Trial–Revised Items are divided into three scales that assess the three primary competence-related abilities and a fourth scale designed to assess response style (Atypical Presentation). Unlike the MacCAT-CA, Evaluation of Competency to Stand Trial–Revised items do not use vignettes but rather assess an offender’s legal understanding and ability to consult with counsel in his or her own case. Items also assess psychotic thought processes that may impact an offender’s rational understanding and ability to consult with counsel. Item scores are summed to generate three scale scores, and cut scores are used to classify the offender’s level of impairment.

Competence to Waive Miranda Rights

Another issue that arises in forensic evaluations where a defendant has made a confession is the capacity to understand Miranda rights. In *Miranda v. Arizona* (1966), the Supreme Court has ruled that a criminal defendant must understand his or her right to silence, utterances can be used against him or her, and the defendant has the right to an

attorney. The most widely used scales to assess these rights were developed by Tom Grisso in the 1970s and recently revised. Like many forensic assessment instruments, Grisso’s Instruments for Assessing Understanding and Appreciation of Miranda Rights Scales are used to inform, but cannot definitively determine an individual’s capacity, and are vulnerable to deliberate distortion or exaggeration.

Criminal Responsibility

In many jurisdictions, the defense of not guilty by reason of insanity is available. This defense is defined differently across jurisdictions; but generally, a defendant raising it must establish that he or she did not understand the wrongfulness of or could not control his or her behavior because of a mental disorder. The Rogers Criminal Responsibility Assessment Scales was specifically designed to assist clinicians in these evaluations and comprises 25 scales that assess factors relevant to the not guilty by reason of insanity defense. Clinician ratings on these scales generate six summary ratings: potential malingering, presence of cognitive impairment, presence of a major mental disorder, loss of cognitive control, loss of behavioral control, and judgment of whether loss of cognitive/behavioral control resulted from an organic condition or mental disorder. The psycholegal criteria ratings are then entered into a decision tree that generates a finding regarding the offender’s mental state at the time of offense (i.e., insane, sane, or no opinion). The Rogers Criminal Responsibility Assessment Scales has displayed good interrater reliability and concordance with not guilty by reason of insanity court verdicts in research; however, the research base supporting this instrument is very limited. Moreover, this tool has been criticized for failing to provide objective criteria to guide clinician ratings and is more useful in helping to organize an assessment of relevant information rather than providing a quantitative assessment of a defendant’s mental state.

Final Thoughts

Although numerous psychological tests are used with criminal offenders, the importance of the clinical issues involved in these evaluations requires reliable, well-validated instruments.

In addition, consideration of cultural differences and educational background, which can impact the accuracy of these measures, is paramount.

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See also Brief Jail Mental Health Screen (B-JMHS); Criminal Risk Assessment, Psychopathy; Criminal Risk Assessment, Sexual Offending; Criminal Risk Assessment, Structured Professional Judgment of; Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR); Forensic Assessment of Offenders; Historical-Clinical-Risk Management-20 (HCR-20); Juvenile Sex Offender Risk Assessment Protocol-II (J-SOAP-II); Level of Service Inventory (LSI); Level of Service Inventory-Revised (LSI-R); Level of Service Inventory-Self Report (LSI-SR); Level of Service/Case Management Inventory (LS/CMi); Massachusetts Youth Screening Instrument; Mental Health Assessment; Psychopathic Personality Inventory-Revised; Psychopathy Checklist-Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL:SV); Psychopathy Checklist: Youth Version (PCL:YV); Risk Assessment, Actuarial; Sexual Violence Risk-20 (SVR-20); Short-Term Assessment of Risk and Treatability (START); Short-Term Assessment of Risk and Treatability: Adolescent Version (START:AV); Static-2002 and Static-2002R; Static-99 and Static-99R; Structured Assessment of Violence Risk in Youth (SAVRY); Violence Risk Appraisal Guide (VRAG) and the Violence Risk Appraisal Guide-Revised (VRAG-R); Violence Risk Scale-Sexual Offender Version (VRS-SO)

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FORENSIC PSYCHOLOGY, RESEARCH METHODS IN

Forensic psychology, broadly defined, is the application of psychology to the legal system and questions of law. This can take many forms, such as the assessment of individuals to resolve issues regarding competency to stand trial or criminal responsibility, treatment of individuals in correctional institutions or mandated to community supervision, and the use of psychological research in the courtroom to educate jurors on issues such as the accuracy of eyewitness testimony. Forensic psychologists also apply psychological knowledge to issues pertinent to those working for the justice system, such as police officers exposed to trauma or attorneys seeking help selecting jurors. Forensic psychology research applies the scientific principles of experimentation to answer questions related to police and judicial practices, offender treatment and rehabilitation, and many other intersections of psychology and the law to ensure fair and just treatment across the legal spectrum. Many approaches, methods, and techniques of research are found within the area of forensic psychology. This entry outlines the importance of forensic psychology research, common methods and approaches to research within forensic psychology (including examples), and important considerations when beginning forensic psychology research.

Importance of Forensic Psychology Research

With increasing frequency, psychological constructs, assessments, and research findings are presented within courts of law as evidence via expert witness testimony, so it is important that the process with which these constructs, assessments, and other findings are established is completed with scientific rigor. Calls for *stronger* research (e.g., use of creative and multiple methodologies, replications, greater integration of theory, more interdisciplinary collaboration) have been made in the field. Forensic psychology research is utilized in courts, referenced by policy makers, and implemented in a wide variety of contexts, so findings from research in this area can

have tremendous consequences for current and future legal defendants, inmates, civil matters, policies, laws, and regulations.

Because of the intersection of psychology and the law in forensic psychology, research in this area needs to be robust and thorough enough to be presented as evidence. All evidence presented in court needs to meet the standard of admissibility (i.e., the *Daubert* standard). This legal standard is based upon the rulings of various U.S. Supreme Court cases for determining the admissibility of expert testimony. To be admissible under *Daubert*, the theory or technique in question must (a) have been tested, (b) been subjected to peer review and publication, (c) have a known or potential error rate, (d) have and maintain standards controlling its operation, and (e) have general acceptance within the relevant scientific community. Every theory, method, technique, and assessment introduced as evidence must meet these *Daubert* criteria. When beginning any project, researchers should keep in mind that *any* research in forensic psychology may someday be cited in a court of law and thus should design, conduct, and report on their findings accordingly.

Methods and Approaches

Depending on the particular area of interest in forensic psychology, there are multiple methods for answering the formed research question. Approaches can be divided into quantitative, or qualitative, or a combination of the two. The approaches included in this entry are a small sample of the multitude of research approaches available. More specific methods may exist for particular areas (i.e., eyewitnesses, deception), and researchers are advised to review relevant literature to determine whether an anticipated method is appropriate.

For Research Questions Asking “What Is . . . ?”

To answer research questions related to the description and definition of a construct (an abstract or theoretical idea used to explain a concept of interest), quantitative approaches are used. These approaches can include the use of surveys and rating scales, archival and secondary data collection, and experiments to better understand a

construct or to determine what relationships, if any, exist between constructs.

Surveys and Rating Scales

Survey research is the most commonly used data collection method in forensic psychology. Surveys involve the distribution of a compiled set of questions to participants from the population of interest. The questions can be open- or closed-ended and may cover a wide variety of topics depending on the construct of interest. Surveys can be quickly completed by many participants at one time. Responses are self-reported, meaning participants answer the survey questions themselves, thus making surveys an appealing option for researchers when time and resources are limited. For example, a researcher may use surveys to seek responses from a group of waiting prospective jurors on their perspectives of the use of DNA evidence in a trial.

A rating scale is similar to a survey in the sense that it is a compiled set of questions; however, rating scales include questions that participants answer regarding others. For example, prison officials may be interested to know what impact administrative segregation may have on an inmate's behavior. Correctional officers could be asked to complete rating scales of various inmate behaviors at various time points following an inmate's placement in the segregation unit. The findings can be compiled to determine the frequency of particular behavioral occurrences at each of the measured time points.

Both surveys and rating scales can be used to measure a construct over time (i.e., longitudinal research), and often, they are used for the validation and norming of instruments. Validation and norming includes determining if an instrument measures what it is intended to measure and that the same interpretation of scores is possible with individuals of various races, genders, and ages. This validation and norming is essential for an instrument to meet scientific standards.

Archival and Secondary Data Collection

Researchers do not always have to collect data from a new set of participants to answer a research question. A review of data that already exist can yield fruitful information as well. Many

government agencies maintain annual data on a variety of topics. For example, through the U.S. Bureau of Justice Statistics, a variety of crime and victimization data are available (e.g., hate crime data from the National Crime Victimization Survey). Much of the data is publicly available and can be used for research. Data also can be extracted and utilized from a previous research project; this is known as *secondary data analysis*. For example, a researcher may be interested in whether offenders' scores on a common criminal risk assessment measure change over time. The researcher could review publicly available data (e.g., gathered by a community supervision agencies of parolees for the last 15 years) to compare scores on the measure across time and subsequent criminal outcomes to determine whether there was a change in scores across the time frame and whether it is predictive of crime.

Archival and secondary data collection are advantageous because fewer resources need to be allocated for obtaining information (i.e., data); however, sifting through already compiled data can still be resource intensive. A data set may not be in an easily managed format. An additional drawback is that no new data can be added to the set; therefore, researchers are restricted to the information in the data file. Many data sets from previous researchers or government agencies are available for public access (e.g., National Archive of Criminal Justice Data), and researchers are urged to make their data publicly available to encourage study replication (i.e., the repeating of a previous study with a new sample to determine if the findings are reproducible), as replication strengthens the validity of research findings.

Experiments

Experiments are designed to determine causal effects—in other words, to determine if manipulating one variable significantly affects another variable. These studies also include quasi-experimental studies, whereby there is no true random assignment of participants to study conditions. Experimental studies can be simple or complex, depending on what is being manipulated, and can occur within or outside of a research laboratory. Types of experiments include pretest–posttest designs and randomized controlled trials.

A pretest–posttest design measures a construct before and after the manipulation of a variable (e.g., participation in a treatment program). For example, a researcher is interested in levels of emotional distress and criminal risk for persons in a treatment program designed to reduce criminal behavior. Participants complete measures of distress and criminal risk before (pretest) and after (posttest) the treatment. Scores on these measures are then compared across these two time points to determine impacts of the treatment on the assessed outcomes.

A randomized controlled trial is similar in that there is measurement before and after a manipulation; however, participants are randomly assigned to groups, and one group serves as a control group and does not receive any manipulation or receives an alternative manipulation. For example, an agency considering adoption of a treatment program for use with its probationers convicted of a drug-related offense may contact a researcher to determine the effectiveness of this program on a subset of its probationers. The researcher randomly assigns probationers from the subset to participate in the treatment program or a no-treatment comparison group (treatment as usual), or an alternate treatment program, measuring the substance use of both groups. One group (the experimental group) participates in the targeted program, and then both groups' substance use is measured again. Substance use of both groups is compared to determine whether those who participated in the targeted treatment program demonstrate significant reductions in their substance use compared to those who were not in the target program.

For Research Questions

Asking “How (or Why) Does . . . ?”

Qualitative approaches are often used to answer the question of how or why a construct or phenomenon exists. These approaches allow for the development of theories and models and to uncover possible causal mechanisms between relationships discovered with quantitative methods.

Interviews and Focus Groups

Common approaches include the use of interviews (one-on-one discussion of a particular topic with a participant) and focus groups (a discussion of a topic led by a moderator and multiple

participants). These approaches can include a set of predetermined questions used to guide the discussions, or the discussions can be unstructured. The responses from participants are recorded and analyzed for common themes of the language related to the construct or phenomenon of interest.

For example, previous research determined that inmates did not access available mental health services as anticipated in a local county jail. Several focus groups over the course of 1 month were held at the jail, with the discussion led by a trained research assistant. Discussion topics included level of awareness with the available services, reasons for avoiding access of services, and beliefs about the quality of the provided services. The inmate responses were compared, and commonalities in language were compiled to offer a variety of reasons for the inmate failure to access the resources.

Case Studies

Case studies are an in-depth analysis of a single or small number of participants. The participants can include an agency (e.g., a community supervision agency), a group of people (e.g., persons in a substance abuse or mental health court), or a single person (e.g., convicted serial killer). A case study may involve review of the participant records (e.g., investigative reports, personal documents, behavioral records) to extract material related to the area of interest and/or interviews with members of (or related to) the participant. For example, a researcher interested in experiences of police officers undergoing fitness-for-duty evaluations may conduct interviews with a small sample of police recruits who recently completed such evaluations to better understand the concerns that officers have when participating in these types of evaluations.

Important Considerations

The selection of research method depends on the level of both internal validity (ability to determine causality of findings) and external validity (ability to generalize findings to other people, places, and situations) desired as well as available resources. One of the primary research challenges in forensic psychology can be differences in definitions of legal concepts from state to state and country to

country. Thus, it is important for researchers to be familiar with the relevant laws and concepts related to the area of study.

Megan A. Thoen

See also Experimental Criminology, Research Methods in; Measurements and Scales, Use in Forensic Research; Offenders With Mental Disorders: Treatment Outcome Research; Research in Criminal Psychology; Self-Reports and Questionnaires; Treatment or Program Outcome Evaluations; Violent Offenders: Treatment Outcome Research

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FRAUD

Fraud is a violation of trust. At its core, it is a human act intended to deceive another person in such a way that the victim suffers a loss and the perpetrator makes an unlawful gain. Although fraud can be considered theft, such theft is not by force. Importantly, there is no robbery at gun-point, no direct threat of harm or injury to the victim, or even any use of physical force. Rather,

the perpetrator relies on lies, misrepresentation, or betraying the trust of another in order to gain money or something else he or she considers to be of value. This entry begins by reviewing a few theories of crime as they relate to fraud; it then discusses the status of the development of criminological profiles and ends with a discussion of the prevalence and risk associated with fraud, especially among businesses and organizations.

Theories

Many psychologists and criminologists believe that fraud, like any other crime, can best be explained by three factors: a supply of motivated offenders, the availability of suitable targets, and the absence of capable guardians. This section introduces two other theories that also invoke a triad: the A-B-C theory and the fraud triangle.

A-B-C Theory

In 2013, as part of the emerging discipline of behavioral forensics, which explores human motivations for crime, Sridhar Ramamoorti and colleagues proposed the A-B-C taxonomy or the *bad apple, bad bushel, and bad crop* theory. The A-B-C theory posits that when considering fraud, one should employ a multilevel analysis, moving from the individual to a colluding group to an entire culture or environmental factor. In addition, different units of analysis corresponding to the level of fraud perpetration—that is, apple (individual), bushel (group), and crop (culture)—may be called for. Under the A-B-C typology, an individual acting alone would be characterized as a bad apple. When there are accomplices and thus collusion is involved, it is a case of a bad bushel. When an organization's leaders engage in corrupt behavior, however, and the whole culture is toxic, it is considered a bad crop. The bad crop syndrome can result in a normalization of deviance and can even afflict an entire industry—for example, the 2012 London Interbank Offered Rate rigging scandal, whereby major European banks reportedly manipulated interest rates.

Fraud Triangle

The fraud triangle, created by Donald Cressey, includes three vertices: opportunity, pressure/incentive, and rationalization. Cressey notes that none of these elements alone would be sufficient to

result in fraud; instead, all the three elements must be present. Using embezzlement as an example, there must be (a) an opportunity for a financial trust violation, (b) a nonsharable problem (i.e., a problem that one does not want to disclose to another such as drug use or gambling addiction), and (c) a set of rationalizations that define the behavior as appropriate in a given situation (e.g., “I’m just borrowing the money; I’ll pay it back later”; “everyone else is doing it, so why can’t I?”).

The concept of “the dark triad of human personalities”—namely, narcissists, psychopaths, and Machiavellians—has been utilized to challenge the fraud triangle. For those with little or no conscience and devoid of empathy (so-called dark triad personalities), only the lack of opportunity prevents them from lying, making false representations, and emotionally manipulating people to commit fraud. In other words, if the opportunity exists, regardless of the other vertices of the triangle, these personality types are likely to perpetrate fraud.

Criminological Profiles

Theory and research on the psychology of fraud offenders has historically been underdeveloped. However, at least two types of such offenders have been suggested in the literature: the accidental or situational fraudsters and predators. These have also been referred to as the *benign bad apple* and the *malignant bad apple*, respectively. Some researchers have urged that additional research be conducted to better define accidental fraudsters and predators and to develop meaningful criminological profiles. Examining theory from disciplines such as psychology, psychiatry, sociology, anthropology, and criminology can aid efforts to develop criminological profiles in the context of fraud as well as to understand and prevent fraud. The subfield focusing on these issues has been referred to as *behavioral forensics*.

Prevalence and Risk

For almost 20 years, the Association of Certified Fraud Examiners has conducted a global, nonscientific survey of Certified Fraud Examiners concerning the incidence, types, costs, and other characteristics of occupational fraud and abuse every 2 years. Occupational frauds are those in which an employee, manager, officer, or owner of

an organization commits fraud to the detriment of that organization. The three major types of occupational frauds depicted are corruption, asset misappropriation, and fraudulent statements. Findings regarding the characteristics of offenders, length of fraud, type of fraud, source or root cause of fraud, how the fraud was detected, the demographics of perpetrators, and the size of businesses who were victimized are reported. The Association of Certified Fraud Examiners' 2018 *Report to the Nations* estimated that organizations lose 5% of their

revenues to fraud annually. Similarly, the University of Portsmouth's Centre for Counter Fraud Studies in its report *The Financial Cost of Fraud 2018* estimates that globally, as of July 2018, the cost of fraud is £3.24 trillion (US\$4.2 trillion).

The Association of Certified Fraud Examiners also pioneered and popularized *The Fraud Tree: Occupational Fraud and Abuse Classification System* as shown in Figure 1. The Fraud Tree has three major branches, namely financial statement fraud, asset misappropriation, and corruption,

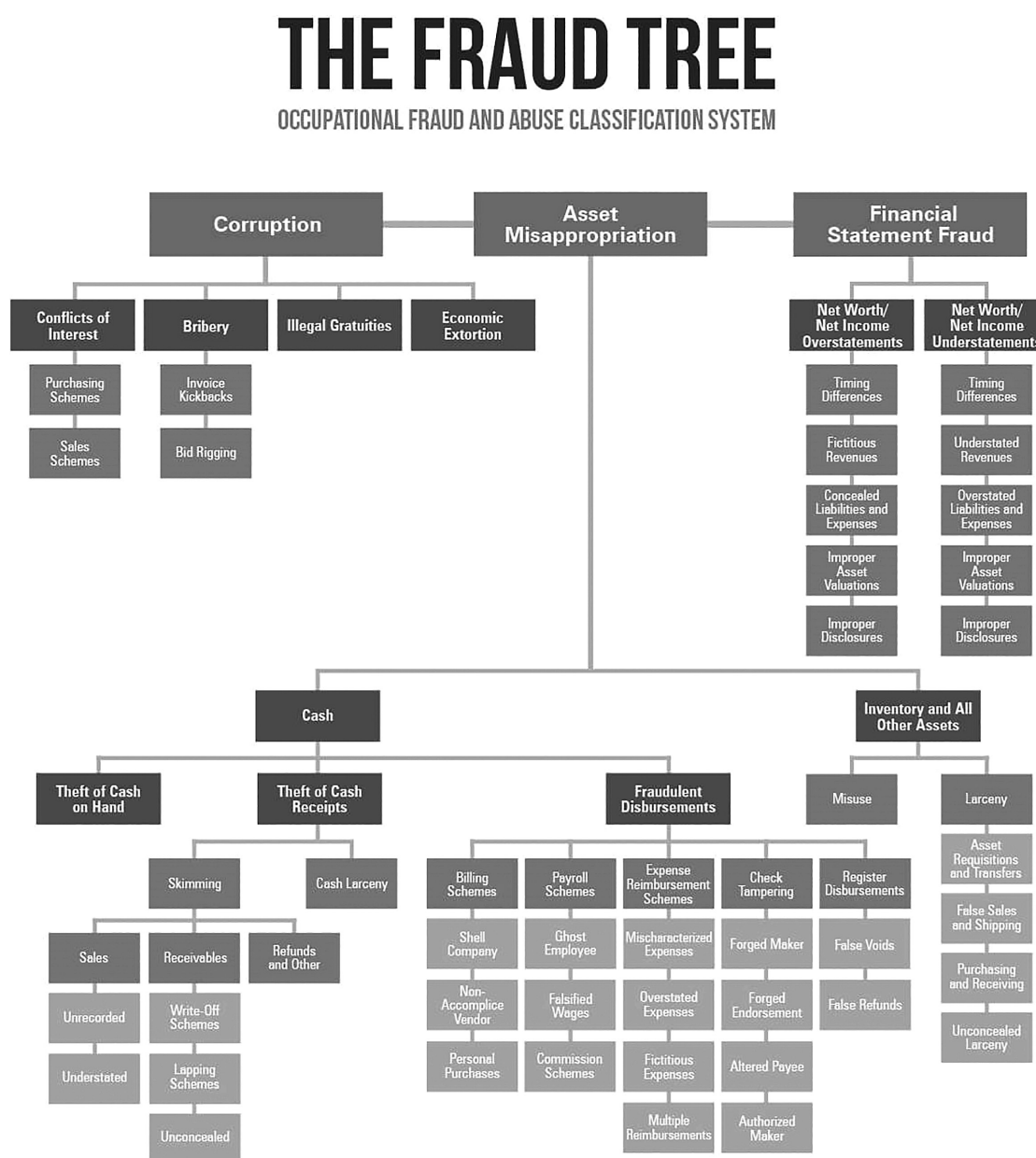


Figure 1 The Fraud Tree

Source: Association of Certified Fraud Examiners (2018), Austin, TX. Reproduced with permission.

along with several examples of each. Of course, it is possible for all the three categories of occupational fraud, which have distinct characteristics and schemes associated with them, to be occurring simultaneously at the same organization.

In September 2016, the Committee of Sponsoring Organizations of the Treadway Commission released a *Fraud Risk Management Guide*. The guide laid out five principles as best practices for businesses and organizations to assess and manage their fraud risk: fraud risk governance (e.g., through policies), fraud risk assessment, fraud prevention activity, fraud investigation and corrective action, and fraud risk management evaluation and monitoring activities.

Sridhar Ramamoorti

See also Corporate Crime; Corporate Psychopaths;
Economics of Crime; Occupational and Corporate Crime

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FROTTEURISM

Frotteurism is considered a sexual disorder that involves rubbing against or touching a nonconsenting individual for the purpose of sexual arousal or, on occasion, orgasm. Most individuals described or diagnosed as frotteurs tend to rub up against unsuspecting victims in crowded public places, such as public transit or shops, and leave the scene quickly after a very brief encounter. In most jurisdictions, such individuals if apprehended face legal charges (e.g., sexual assault) and sanctions for such behavior, although the penalties for frotteuristic activity, even repeated frequently, tend to be minimal. Frotteurism is often described as a *nuisance* or *minor* sexual offense or paraphilia (i.e., psychosexual disorder). Legally, frotteurs are likely to be viewed as fit to stand trial, although, if convicted, they are unlikely to serve lengthy custodial sentences. It is worth noting here that many victims of frotteurs appear to reject the common view that few long-term or serious consequences result from such unwanted touching—a fear of public spaces, a loss of trust in others, and a sense of personal violation are just some of the effects reported by victims.

A number of writers have pointed out that there have been few accounts of frotteurism in the clinical literature. A. P. Patra and colleagues viewed the typical frotteuristic act as involving a young male perpetrator and a female victim, but they cited little credible support for such an assertion. There appear to be no published accounts involving female frotteurs, as noted by Richard B. Krueger and Meg S. Kaplan, but there may well be some women who employ such behavior. The lack of clinical information might account for the relatively recent addition of frotteurism to the

American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM)* as well as problems concerning prevalence estimate and suggested treatments. This entry reviews the current understanding of frotteurism and discusses several remaining issues.

Understanding Frotteurism

Richard von Krafft-Ebing (1886/1935) was likely the first clinician to document what he termed *frotteurism* or *frottage*, although confusion can arise since it is also a term used now to refer to consenting, nonpenetrative sexual activity to say nothing of the long-standing technique involving rubbing or smudging used by some artists or illustrators. Krafft-Ebing described three cases of frottage, which he understood to be a variety of exhibitionism, at the same time acknowledging that the limited number of cases known until the late 19th century precluded any firm conclusions. While all features of exhibitionism may not be fully understood at present, rubbing against someone does not appear to be in the repertoire of many exhibitionists, so Krafft-Ebing's classification of the disorder is rather questionable.

The American Psychiatric Association is regarded typically as the primary source of information about frotteurism, despite its relatively recent inclusion of the sexual problem in its diagnostic manual, the *DSM*. To obtain a diagnosis of frotteurism, or frotteuristic disorder according to the fifth edition of the *DSM*, an individual must engage in nonconsensual rubbing for sexual gratification usually in a public place over a period of six months with at least three victims. Recurrent, intense sexually arousing fantasies or sexual urges involving rubbing against a nonconsenting person are said to accompany the disorder. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The necessity of rubbing, whether public or private, raises the question of the relationship of frotteurism to another similar albeit more obscure notion, namely *toucherism*. Toucherists derive sexual arousal from exclusive use of the hands as opposed to the use of other parts of the body (e.g., groin area). This term is used interchangeably with frotteurism by some clinicians.

Toucherism might be best understood as a variant or subtype of frotteurism.

The origin of frotteurism may well be the result of a chance encounter around the onset of puberty where rubbing in public produces pleasurable sexual sensations and fantasies. Such sensations and fantasies might then be enhanced through more contacts and/or masturbatory sessions to the point where the behavior becomes a very powerful and fulfilling aspect of an individual's sexual identity and repertoire. This learning-based understanding of the development of frotteurism, however, is speculative at this point. Perhaps one component of an expanded learning-based understanding might include certain cultural components. Cultural beliefs or norms supportive of male dominance and control of women, for example, might produce more unwanted public touching of women by men. This appears to be the case in countries such as Japan, where train cars offering sexual segregation have been introduced on some rail services in order to avoid unwanted groping and touching.

In an attempt to understand frotteurism, it might be useful to expand this view of culture and learning, or learning within a cultural context, a little further. Based on James Horley's forensic-clinical work with offenders diagnosed as frotteurs, frotteurs might be best viewed as timid or unassertive rapists, individuals with the likelihood of committing a more serious sexual assault given the right set of circumstances (e.g., sufficient doses of alcohol, a very docile victim). Such an observation came from penile plethysmographic assessments—whereby penile blood flow in response to a variety of sexual scenarios can be viewed, recorded, and analyzed via computer—of men described as frotteurs. Horley's results showed that these individuals were more sensitive to non-violent or less violent material than men convicted of rape, but they did become aroused to coercive sexual stories. Although such a position has not been supported by substantial follow-up research or replication, coupled with a psychosocial theory of general sexual functioning it might provide an explanation of how some individuals develop a proclivity for anomalous sexual fantasies and activities. Krueger and Kaplan speculated that offense severity progression is typical with frotteurism (i.e., physical and/or psychological harm

to their victims increases with subsequent offenses), and this might be due to more confidence and mastery in line with an understanding of frotteurism as an interest, however, transitory, in less violent (i.e., violence minus the blood, extreme pain, and/or death) sexual coercion.

The limited clinical evidence and empirical work concerning frotteurism confuses more than clarifies. There appear to be three general features of frotteurism: Frotteurs have a large number of victims, they are often not arrested, and they are unlikely to serve long sentences. However, such features speak only to criminological or sociolegal characteristics and not to the nature of any hypothesized, underlying disorder. Thus, frotteurism is far from a well-understood disorder.

Unresolved Issues

A number of serious questions about frotteurism remain. Three of the main issues—the prevalence of the disorder, the best treatment approach, and a satisfying theoretical account of the disorder (if, in fact, there is a disease entity or a real and distinct disorder at play here)—require some attention here.

The question regarding the prevalence of frotteurism is a nagging one. Typically, the disorder has been regarded as rare or at least not very common. Some researchers and clinicians, however, argue otherwise. Frotteurism has been presented as a common problem among males in the United States, although the evidence is based on unverified self-reports provided by self-referred sexual offenders who were not incarcerated. Such individuals, during attempts to seek treatment and avoid arrest, may underreport serious sexually anomalous behavior and overreport nuisance or less severe activities. In 2014, R. Scott Johnson and colleagues conducted a review of prevalence studies but found few studies. The few studies that are available typically have small sample sizes and do not include *DSM* criteria for frotteuristic disorder. Rates of frotteurism vary from less than 1–35% of nonclinical male respondents. These prevalence findings point to important problems, methodological, and, otherwise, without answering the question of problem prevalence.

The issue of treatment efficacy of frotteurism is murky in a similar fashion. There appear to be few

if any suitable studies concerning the treatment of frotteurs in the treatment literature. While the use of certain psychiatric medications has been endorsed by some clinicians, very much consistent with the American Psychiatric Association's recommendation, there have been no published research work to support such an approach, and if a learning-based understanding of frotteurism is correct, pharmacotherapy could be understood as merely addressing and possibly just masking the symptoms or expression of the problem rather than getting at the roots of the issue. It appears to be the case that despite a number of treatment suggestions such as various unique individual psychotherapeutic techniques consistent with personal construct theory that Horley has employed over the years, researchers cannot say with any assurance that any treatment is known to be effective.

With regard to a theoretical account or explanation of frotteurism, Kurt Freund, a famous Czech sexologist who relocated to Canada, provided one attempt: courtship disorder. For Freund, frotteurism and all sexual disorders stem from a disturbance of proper courtship behavior that is largely a biologically based disruption of normal sexual desires that produces a wide range of sexual deviance. The origin and exact nature of the disturbance was not specified by Freund, but a number of researchers and clinicians, especially those who adhered to an evolutionary psychological perspective, have promoted courtship disorder as one possible explanation of sexual deviance.

As one alternative theoretical possibility, personal construct theory—a theory that focuses on choice and meaning of particular acts that contribute over time to a characteristic means of interpreting and anticipating events—has been suggested by some researchers, including Horley, as a means of explaining sexual anomalous behavior. In the case of personal construct theory, a learning-based view of the acquisition of a sexual problem like frotteurism is not discarded or ignored; the basis of the sexually anomalous behavior is not the learned behavior per se, but rather, the acquired system of constructs that support and promote the set of behaviors involved in the sexually offensive acts. However, no substantial and compelling evidence to support courtship disorder, learning theory, personal construct

theory, or any other theoretical offering exists at this point.

The exact nature of frotteurism appears to be very open. Although it may appear advisable that real frotteurism be distinguished from feigned frotteurism, what does real frotteurism refer to? One might accept that there are some people, particularly men, who would obtain primary or even exclusive sexual satisfaction from forced and unwanted public caressing or rubbing against unsuspecting women or men, but viewing them as mentally disordered may excuse what can be construed more simply as offensive and unacceptable behavior. One might also ask whether they are engaging in less serious sexual offenses not because of a lack of interest in more serious offenses but because of a temporary or long-term lack of courage. These questions and many others remain unanswered.

James Horley

See also Competency to Stand Trial; Sexual Offenders

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G

GENDER AND CRIME

Gender has become one of the most reliable predictors of crime, especially violent crime. Governmental, crime victim, public, private, and self-reporting data sources are consistent in indicating adult males commit more crimes and are more likely to repeat their crimes than their adult female counterparts. Even with juvenile data denoting marked increases in girls committing more serious violent crimes, the overwhelming prevalence of male's criminal involvement continues. This entry begins by reviewing statistical data regarding crime and gender and then examines theories related to criminality among genders as well as the role that genes may play in criminality. The entry concludes with a brief look at gender in the criminal justice system.

Gender and Crime Data

In 2014, the U.S. Federal Bureau of Investigation published its *Uniform Crime Report* comprising data submitted to the Federal Bureau of Investigation from more than 18,000 law enforcement agencies nationwide. Analysis of these data indicates that males committed 6,021,910 crimes, a reduction of 14.6% since 2010. Females during the same period committed 2,202,349 crimes, a decline of 8.5% since 2010. For the category of murder and nonnegligent manslaughter, males committed 6,665 offenses, a reduction of 6.6% since 2010. Females committed 895 crimes, an

increase of 2.2% since 2010. In every criminal category, males committed significantly more criminal offenses than did females during the same period. The exception to these findings is data indicating that females commit more crimes of prostitution and commercialized vice than their male counterparts.

The Office of Juvenile Justice and Delinquency Prevention, 2010–2012, indicated that female juveniles commit higher rates of forcible rape, aggravated assault, larceny-theft, simple assaults, weapons possession, prostitution and commercialized sex, sex offenses (not including forcible rape and prostitution), possession of alcohol by minors, disorderly conduct, offenses against the family and children, public drunkenness, and all other offenses (except traffic) than do males. However, female juvenile offenders account for only 14% of offenders in residential placement. Their male juvenile counterparts account for 83% of offenders in residential placement.

Gender and Criminality Theories

Most theories—including behavioral, biological, biosocial, cognitive, conflict, criminal justice, criminology, cultural transmission, culture of poverty, deterrence and rational choice, differential association, genetics and evolution, labeling, psychodynamic, psychological, psychosocial, routine activities, self-control, social construction, social control, social disorganization, social learning, social strain, structural functionalism, and symbolic interaction theories—focus on crimes

committed by males. However, such theories fail to consider that gender disparity may account for a correlate of crime. Much of the criminality research, however, has not yet identified specific key causations for criminality, especially for women. This entry reviews a few theories that have attempted to address female criminality.

Masculinity Theory and Marginalization Theory

In the past, it had been assumed that women's lesser roles in criminality were either a result of their biology or sexuality. For decades, masculinity theory has posited that women who engage in behaviors signifying masculinity, such as crime and violence, are attempting to compensate for a lack of maleness. New research findings, though, indicate that female crimes result from marginalization, discrimination in family and workplace environments, and/or women's increasingly complex lifestyles as the family's primary provider. Thus, identifying a woman's susceptibility to criminal activity would require considering the personal structures, struggles, oppression, and life experiences she has lived through. Other relevant theories related to female criminality include opportunity theory and marginalization theory, with marginalization theory being considered by many researchers to be the most relevant and significant for analyzing causes of female criminality.

Strain Theory and General Strain Theory

Both male and female offenders are susceptible to Robert Merton's strain theory and Robert Agnew's general strain theory. These theories take into consideration the pressures placed upon individuals who are socially bound to a life of poverty and to whom a legitimate path to success is inaccessible.

Merton's strain theory was based on the principles that all Americans are equal regardless of class, gender, or ethnicity and encouraged to pursue success—albeit success in this theory was measured by the accumulation of material possessions and financial wealth. Through progression, Merton identified that this measure of success was not attainable by all Americans. Thus, he introduced

anomie, detailing that the imbalance of the societal and cultural goals produces unrealistic goals.

Agnew's general strain theory evolved from Merton's strain theory and recognized the societal and cultural limitations placed on all Americans with regard to attaining wealth and resources. Agnew pointed especially to youth and marginalized groups that have had negative experiences, not solely associated with finances. Agnew also pointed out that these limitations, or strains, were unjust, high in magnitude, associated with low social control, and create pressure on and incentives for those experiencing them to engage in criminality.

Some studies indicate that females' likelihood to offend is more about constraint than strain. After attempting all socially approved means of improving their lives without success, some people may determine that nonlegitimate means or self-created opportunities are the only options available to them. Under this theory, the constraint, or turnaround point, for females is when either they are prosecuted and incarcerated or they determine their place in society has improved to the point that they reevaluate and accept societal norms.

Genes and Gender Criminality

Nineteenth-century criminologist Cesare Lombroso explained that female and male offenders displayed traits from generations past due to phenotypical markers found in DNA that allow the older genes to override newer traits because of shortening or prolonging fetal development. In the 21st century, research into DNA is revealing more about the links between genes and violent crime. Two specific genes, the MAOA gene and a divergent of cadherin 13 (CDH13), have been linked with substance abuse, and substance abuse is associated with violent crime. Studies also show that offenders of both genders who had committed nonviolent crimes lack this specific genetic profile.

It is important to note, however, that neither an individual's genetic makeup nor his or her genetic markers should be proffered as evidence of criminality in criminal trials or used to render verdicts because as of 2018, there are no empirical findings demonstrating that a single or combination of

genes, alone or combined, correlates with violence. Despite the lack of empirical support for genetic causation, some creative defense attorneys have used this information in an attempt to influence sentencing. In a 2006 U.S. court case, a jury rejected the defense attorneys' argument that this new genetic research was to blame for their client's actions. However, in 2009, an Italian jury did rely on genetic research to reduce an offender's sentence. Many researchers insist that in the future, the fields of genetics, biology, neurology, and anatomy will help to explain violence and aggression with regard to both genders, thus furthering understanding of gender and crime.

Criminal Justice System

With regard to the criminal justice system's treatment of offenders, investigations conducted by the U.S. Department of Justice, Federal Bureau of Investigation Civil Rights Division, and various nongovernmental organizations have recognized the existence of disparities between the gender related to socioeconomics, maximum–minimum sentencing relative to drug offenses, and sentencing. Because the criminal justice system in the United States tends to focus its funding on the majority offending group (males), the minority offending group (females) often faces disparity with regard to funding, level of care, and rehabilitative services.

To address such gender disparities as well as to mitigate and reduce crime regardless of gender, criminal justice and social policies must support communities and establish interventions that provide vulnerable populations with realistic and sustainable options for active growth and attainable life goals and subsistence. Moreover, society must dedicate itself to rebuilding and creating communities that care for its citizens and promote social responsibility. Failure to do so could impede the identification of programs that identify causes of criminality and that successfully reduce recidivism rates and incarceration of both genders as well as impact research designed to clarify gender criminality.

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See also Female Offenders: Gender Differences in Criminal Offense Characteristics; Female Offenders:

Patterns and Explanations; Female Violent Offending, Theoretical Models of; Gender and Identity in Prison; Offender Risk Assessment: Culture and Gender Considerations

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GENDER AND IDENTITY IN PRISON

The experience of incarceration can have a tremendous impact on an individual's sense of self, or identity, and this impact varies by gender. Because over 90% of the incarcerated people in the United States and around the world are male, prisons have traditionally been understood to be masculine spaces regardless of whom they confine. When society constructs prisoners as male, the people with other gender identities (i.e., women and transgender people) may be overlooked. In light of the vulnerabilities experienced by incarcerated people who do not identify as male, correctional systems are seeking to make prisons and jails more gender responsive.

The Social Construction of Gender and Identity

Unpacking the complicated meanings of gender and identity is critical to understanding how these constructs are enacted in correctional settings. Identity refers to the narratives that are built by internal and external forces to describe the self. These narratives are not static: While some elements of identity may be constant throughout the life course, many dimensions can and do change over time. Identity is produced by an infinite number of characteristics including, but not limited to, family history, peer group, religious beliefs, nationality, ethnicity, socioeconomic status, education, and criminal justice status.

Gender is one of the myriad identities assigned to and assumed by human beings. Like all elements of identity, gender is a socially constructed category. Gender identity often aligns with biological sex organs, but this is not always the case. The terms *man/men* and *woman/women* categorize people by their sex organs (male or female, respectively) and/or the social and cultural characteristics attributed to these categories. Individuals for whom their biological sex and gender identity align are referred to as *cisgender*. Transgender individuals are those people for whom their gender identity does not align with their biological sex category.

Impact of Incarceration on Identity

The impact of incarceration on identity varies by individual. For some people, incarceration may interrupt their existing sense of self. The experience of being arrested, tried, and confined can be a foreign, unforeseen series of circumstances that is incompatible with an existing identity. This disconnection between how a person sees him- or herself and how others see and treat him or her could result in an identity crisis. For others, incarceration, while unwelcome, may not be incompatible with the identity they have constructed for themselves. Knowing that other people with whom they identify have gone to prison could position the experience of incarceration as an expected outcome of their identity. Under these circumstances, incarceration may actually strengthen elements of an individual's identity or sense of self. Gender identity will impact how an individual understands and experiences prison.

Men, Identity, and Prison

Around the world, over 90% of incarcerated people are men, lending a masculine hue to the prison place. In this way, prison can be understood as a rite of passage for men, which reinforces their masculine identity, especially for individuals who are able to construct some sense of power and control while confined—for example, through gang membership or leadership in education or work placements. However, men may also perceive the prison experience as one that undermines their manhood by stripping them of autonomy and power. For example, while incarcerated in the United States, people lose control about when and where they eat and sleep and what clothes they can wear. They can no longer earn even a minimum wage, so providing financial support to family is not possible. They must follow the orders of the prison security and administrative staff and may be punished, and even abused, by these authority figures. All of these circumstances are extremely emasculating, which can partially explain the high incidence of violence in correctional settings. Men may use violence against other inmates or staff to reassert the masculinity that has been diminished by their

confinement. Men who are perceived as weak in this environment may be assigned traditionally female roles and tasks, related to housekeeping, personal care, and sexual behavior.

Women, Identity, and Prison

For women, incarceration is also an experience that can upset their gender identity. To begin with, as explained earlier, prison is a male space so simply being sent into confinement destabilizes the female self. While women also experience a loss of autonomy and power, this pain may be less acute than that among their male counterparts because power and control may have been largely absent in women's community experiences. In the United States, the majority of female offenders are survivors of interpersonal violence. In fact, the harsh circumstances of poverty, substance use, and sexual and physical assault experienced by these women outside of prison may make life inside feel relatively safe and stable.

Nevertheless, the loss of freedom is painful for all incarcerated people, including women. Particularly pronounced is the pain associated with the inability to care for family, especially children. Women are more likely than men to have been living with their children at the time of their arrest, creating a marked separation upon confinement. Women may seek to reconnect with their roles as mother, sisters, and daughters while incarcerated by organizing themselves into ersatz families comprised of other inmates. Same-sex relationships also reflect women's relational selves and desire to identify as a coupled partner.

Transgender, Identity, and Prison

The gender binary organization of correctional systems makes incarceration particularly problematic for transgender people. In the United States, most systems only have facilities for men and women and assignments are made on the basis of biological sex organs. Transgender men, people who identify as men but have female sex organs, who are assigned to a women's prison may be able to enact their masculine selves with relative safety, given the continuum

of gender identities that are present in women's facilities. However, being categorized as a woman by the corrections administration could still be upsetting and disruptive to the individual's gender identity. Transgender women, people who identify as women but have male sex organs, face tremendous danger when they are placed in a men's prison or jail as their gender identity can be perceived as a weakness. Given these vulnerabilities, transgender women are often placed in segregated solitary housing units, isolating them from human contact and essentially punishing them for the system's inability to protect them. There are some correctional units specifically for transgender women in major metropolitan areas in the United States, but most jurisdictions do not have enough transgender offenders to provide this type of gender-specific housing.

Gender-Responsive Services in Prison

In general, the rehabilitative goals of correctional facilities hinge on facilitating the development of positive, noncriminogenic identities among offenders. Desistence from crime is strongly associated with individuals' ability to write new narratives about their lives that do not involve lawbreaking. In light of the gender-related crises of identity that can be produced by incarceration, correctional services have actively sought to develop more gender-responsive programs that foster favorable outcomes including positive gender identities. Attention to gender demonstrates that providing services to women and transgender people that were originally designed for men places these minority groups at a disadvantage: Programs should be *equivalent* but not the *same*. The goal is to move beyond parity (i.e., sameness) and create equality (i.e., equivalence) for all prisoners. Gender-responsive programming considers the gender-specific needs of men, women, and transgender people.

Gender-Responsive Services for Men

The prosocial masculine identities of provider, father, and husband are associated with desistance

from crime. From that, prison rehabilitation programs for men such as education, job training, fatherhood initiatives, and interpersonal skills and self-awareness, including anger management and violence prevention, can promote positive male identities. The need for incarcerated men to enact masculinities related to power as a form of self-defense presents a challenge for these programs that require an honest self-reflection that could be interpreted as weakness. Programs that center on peer mentoring and support can produce individual and community change by breeding new avenues to respect within the prison. In the United Kingdom, sports programs show promise for building positive alliances around teamwork. Fatherhood programming has also been developed to facilitate visitation and build responsible, family-oriented gender identities.

The critical message from these initiatives is that gender also matters for men. Even though men extract power from their hegemonic masculinities, these roles can also inhibit their potential, especially among offenders who are seeking to move away from lives of crime and violence. Teaching and demonstrating noncriminogenic, nonviolent ways to *be a man* is critical to men's recovery and rehabilitation.

Gender-Responsive Services for Women

Gender-responsive approaches for women suggest an overall framework for working with female offenders and specific ideas for mental health programming. These initiatives seek to capitalize on women's social connectedness and identity as caregivers by encouraging them to care for themselves first and strengthen their sense of self-efficacy. System-wide interventions involve altering how staff speak to women, safeguarding against sexual abuse, and assigning female staff to strip search and bathroom protocols. Behavioral health services focus on treating the high rates of mental illness among this vulnerable population and confronting women's histories of trauma and grief with a range of services from talk therapy to dance. The understanding of women's lives as relational endorses peer support programs and efforts to foster connections with community and family during incarceration and at release, especially between mothers and their children.

Education and job-training skills are also critical to helping incarcerated women build positive narratives about their potential.

Gender-Responsive Services for Transgender People

In addition to services described for men and women, transgender people may require specific medical services related to their gender identities. Many transgender people take hormone medication to allow their physical selves to align with their gender identities. Continued access to this treatment upon incarceration is critical and is legally required for individuals who have been diagnosed with gender identity disorder. For people without this specific diagnosis, and those who want to initiate hormone therapy while incarcerated, access to care may be more difficult. There is also considerable debate about whether or not correctional systems are responsible for providing sex reassignment surgery. Even though incarcerated people have a constitutional right to medical care, the lack of consensus about whether this type of surgery constitutes an elective or medically necessary procedure means that the procedure is not generally covered by correctional health services. In addition to these medical procedures, access to cosmetics, hair products, and gender-appropriate clothing, including undergarments, may also be needed for transgender people to uphold their gendered identity while incarcerated. Failing to provide these services may result in disruptive behaviors, including self-harm, that are detrimental to both institutional and individual outcomes.

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See also Criminal Risk Assessment, Gender-Responsive; Female Offenders: Controversies in Assessment, Treatment, and Management of; Female Offenders: Gender Differences in Criminal Offense Characteristics; Gender and Crime

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GENDERED PATHWAYS

Gendered pathways is a research area that emerged within feminist criminology at the end of the 1980s. This paradigm acknowledges the importance of women's unique experiences that may contribute to their offending behavior. The life histories of women in the criminal justice system are often used to contextualize and understand their initial criminal behavior and recidivism as well as reveal the risk factors that may influence their offending. It proposes that women and men have distinct pathways into the criminal justice system, and for women, the common pathways to offending are based on survival (of abuse and poverty) and substance abuse.

Evidence supporting gendered pathways has largely been developed using qualitative methodologies, such as rich, in-depth interviews with small samples of women in the criminal justice system. However, quantitative research has emerged that has also found support for this perspective.

Understanding the unique factors that may compel women to commit crime has practical implications in that it may guide the current practice of correctional risk/needs assessments, facilitate assessment-driven case management, and aid the development of more comprehensive and successful programs and interventions for justice-involved women.

Components of Gendered Pathways

When researchers recorded and explored the experiences of women prior to their criminal justice involvement, several components were identified

in the gendered pathways research, which were believed to produce and sustain female criminality. These include histories of personal abuse, mental illness, substance abuse, economic and social marginality, homelessness, and relationships. The gendered pathways paradigm seeks to explain how specific external circumstances experienced by women offenders (e.g., abuse and trauma, poverty, dysfunctional relationships) generate internalized behaviors (e.g., substance abuse and/or mental health issues) that tend to result in various externalizing behaviors such as drug use, theft, prostitution, assault, robbery, or other criminal behavior. Many feminist scholars view these externalizing behaviors as criminalized survival strategies. Examining the components found in these life histories has revealed different pathways to crime and prison, each with specific risk factors that drive these pathways.

One of the most notable risk factors mentioned in the gendered pathways literature is victimization. Childhood and adult victimization are viewed as important in the etiology of female delinquency and criminal behavior. For example, scholars propose that girls and women who have been victimized engage in survival strategies that bring them in contact with the juvenile or criminal justice system. Girls may experience abuse in their home so they run away. While on the streets, they may engage in survival behaviors such as prostitution, theft, and drug use that may bring them to the attention of the juvenile justice system or escalate into crime in adulthood. Experiencing abuse and trauma may also lead to the development of mental health symptoms, which, if left untreated, may lead to a girl or woman to use drugs or alcohol to *self-medicate*. This coping strategy may lead to addiction and bring her in contact with the juvenile or criminal justice system, either through the use of illegal substances or engaging in illegal activities to support her drug habit. These and other pathways have been well-documented in both the qualitative and quantitative research that has explored gendered pathways.

Qualitative Research Contributing to Gendered Pathways

Many scholars have used qualitative methodologies that have found support for girls' and

women's unique pathways to offending behavior. For example, Meda Chesney-Lind has regularly proposed that girls or women take very different pathways into the system compared to their male counterparts. The development of this argument was built upon the extensive interviews of Chesney-Lind and her colleagues with girls and women in the juvenile and criminal justice system. These interviews illustrated how the experiences of adult women in prison underscored the important links between women's childhood victimizations and their later criminal involvement. She found that many women in the criminal justice system were the victims of childhood physical and/or sexual abuse in their homes and that this compelled these women to run away. Once they were on the streets, they engaged in prostitution, petty property crime, and drug use. As adults, the women continued these activities since they were un- or undereducated and had virtually no marketable occupational skills. Other scholars have drawn similar conclusions regarding the gendered experiences and subsequent offending behavior.

For example, Regina Arnold interviewed 50 African American women serving sentences in a city jail and 10 African American women in prison to examine how these women, in her view, refused to accept or participate in their own victimization. She argued that for young African American girls who had a lower socioeconomic status, involvement in survival behavior was viewed as active resistance to their victimization. That is, many of the women in the sample had severe trauma and abuse histories, which subsequently compelled them to run away from home, steal, and leave school. These activities brought them to the attention of the juvenile justice system, parents, and legal guardians, and the process of criminalization began. Sustained criminal involvement then became the norm and a coping strategy, with drug abuse being a way of dissociating from what they had to do to survive on the streets, and committing crimes was a way to support their drug habit.

The most notable work that discusses gendered pathways is Kathleen Daly's analysis of women entering into felony court. She examined the presentence investigative reports of 40 women to discover the situations and environments that may have brought them in contact with the criminal

justice system. From these reports, Daly described five unique pathways, which included (1) *harmed and harming* women, who were either abused or neglected as children, were labeled as *problem children*, acted out, and may have substance abuse and psychological problems; (2) *street* women, who experienced abuse as children that compelled them to run away from home, and while on the street engaged in petty crimes to survive, subsequently becoming addicted to drugs and engaged in criminal behavior to support their drug habit, which contributed to their extensive criminal histories; (3) *battered* women, whose involvement in the criminal justice system was a result of being engaged in an abusive relationship with a violent man; (4) *drug-addicted* women, whose involvement in the criminal justice system was fairly recent and a result of using or selling drugs in their relationships with significant others or family members; and (5) *other*, who were women who did not fit any of these profiles. The lawbreaking of the women in this last group did not have abuse histories, mental health issues, or substance abuse problems, so their criminal behavior appeared to be motivated by greed.

Quantitative Research Examining Gendered Pathways

In addition to these and other qualitative studies that explore gendered pathways, quantitative analyses of this paradigm have emerged since 2006. Michael Reisig, Kristy Holtfreter, and Merry Morash examined the predictive validity of the gender-neutral risk/needs assessment, the Level of Service-Revised, for women who had been determined as following a gendered *pathway* to their recent felony conviction. Using Daly's framework, the authors used official sources (i.e., correctional personnel, presentence investigative reports, participant reports) to create *biographies* for each woman. Using these biographies, they determined whether each woman fit into one of Daly's gendered pathways. Their analysis revealed that for the three fourths of the women who could be grouped in four of the gendered pathways (i.e., street women, drug-connected women, battered women, and harmed and harming women), the Level of Service-Revised was unable to accurately predict their recidivism. Since the Level of

Service-Revised is a risk/needs assessment that is based on a traditional criminological theory (social learning theory), this suggests that traditional theories may not accurately address the causes of some women offenders' criminal behavior, particularly if the risk factors are gendered.

Emily Salisbury and Patricia Van Voorhis also used Daly's framework when they explored gendered pathways in a sample of adult women probationers. The results of the study statistically supported three gendered pathways to women offenders' incarceration: (1) a childhood victimization pathway that began with childhood abuse contributed to past and current forms of mental health issues and substance abuse; (2) a relational pathway in which women's dysfunctional relationships with significant others contributed to their adult victimizations, reductions in self-efficacy, and current mental health issues and substance abuse; and (3) a social and human capital pathway in which women's issues involving self-efficacy, family support, and education, as well as dysfunctional relationships, contributed to difficulties with their employment and financial statuses and consequent incarceration.

Other support for gendered pathways has been found using statistical methods that generate typologies, or subgroups, of justice-involved women and girls. These subgroups are interpreted as these women traveling a specific *path* into criminal justice involvement. For example, Tim Brennan, Markus Breitenbach, William Dieterich, Emily Salisbury, and Patricia Van Voorhis used data containing gender-neutral and gender-responsive risk factors to examine whether certain paths or subgroups found in the pathways literature existed in a large sample of female inmates. Their analyses produced eight distinct paths or subgroups of women inmates, four of which reflecting gendered pathways have been discussed in both the qualitative and quantitative literature. These four paths were characterized by abuse experiences, mental health issues, substance abuse problems, and abusive and dysfunctional relationships with significant others.

It should be noted that most of the research that has been generated supporting gendered pathways has been conducted with women-only samples. Some critics contend that if these are gendered pathways that are important for women

only, then research should be done to compare men and women to discover if these are indeed relevant for women only. Some research has emerged to address this issue by including male comparison groups. For example, Natalie Jones, Shelley Brown, Kayla Wanamaker, and Leigh Greiner used multidimensional scaling to explore the thematic structures and criminal backgrounds of a male and female juvenile probation sample and discovered a gendered pathway for girls only, one that, among other things, included elements of abuse, mental illness, and substance abuse. In another study, Krista Gehring used path analysis with data collected from a gender-responsive needs assessment to explore whether there were gendered pathways to pretrial failure for a sample of male and female pretrial defendants. The researcher found the presence of a pathway to pretrial failure that included childhood abuse, historical indicators of mental illness, and substance abuse for the female defendants only.

Gendered Pathways and Policy Implications

Research supporting gendered pathways illustrates that there are gender-specific risk factors (i.e., child abuse, mental health, and substance abuse) that contribute to women's criminal justice involvement. This can inform the development of both criminal justice risk/needs assessment instruments, case plans, and interventions for women. Risk/needs assessments should be based in theory and include risk factors that research suggests are linked to criminal behavior; therefore, many scholars suggest that gendered pathways should also be considered when developing risk/needs assessments for women. Gender-responsive risk/needs assessment instruments like the Women's Risk/Needs Assessment and the Service Planning Instrument for Women have incorporated gendered pathways into their development, but these are but a few among many risk/needs assessments that are used by criminal justice agencies.

Once a gender-responsive risk/needs assessment is implemented, case managers can use the assessment results to generate purposeful case plans. Interventions that target various components of gendered pathways such as abuse and trauma, mental health issues, substance abuse,

dysfunctional relationships, and financial instability should be included in these case plans. Identifying and attending to issues proposed in the gendered pathways literature is crucial for preventing girls and women from entering and cycling through the juvenile and criminal justice systems.

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See also Developmental Theories of Crime; Maltreatment; Female Offenders; Female Offenders: Patterns and Explanations; Feminist Perspectives on Crime

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GENERAL VIOLENCE IN PRISONS

Violence in prison includes homicides, physical assaults, sexual assaults, fighting, rioting, possession of weapons, and the threats or attempts of these in prison. Although violence can and has been perpetrated by staff, it is mostly an unstudied topic and not much is known about prison staff violence. Prisoner violence has been well studied and is the main topic of this entry. Studying prison violence is important because violence has extremely high costs—in staff's and prisoners' lives, in physical injury, in emotional damage to its victims, in monetary costs to prisons as well as

state and federal governments, in the lengthening of prison sentences and the increased use of high-security options including supermax prisons, and ultimately in decreasing the safety of communities. This entry includes information on the prevalence of prison violence, its causes, consequences, and possible solutions.

Prevalence of Prison Violence

To understand the prevalence of prison violence, one must examine not only prisons' official statistics of violence but also victimization surveys. Much prison violence, with the exception of homicide, is not reported by either staff or prisoners. Staff do not report it for various reasons: not caring, addressing the violence on their own, protecting fellow officers and favored prisoners, and keeping themselves safe. Prisoners do not report because it violates the inmate code, making them a snitch; they fear reprisal; they view being victimized as embarrassing and emasculating; and they fear being labeled as weak and thus a greater target for subsequent disrespect and victimization. Only a very small proportion of prisoner victims ask for and are placed in protective custody for their safety. Actual occasions of violence that end up in official reports are more likely to occur in public areas of the prison where they are witnessed by staff, have been brought to the attention of prison administrators due to serious injury, or are reported by prisoner informants. The dearth in official reporting of violence is further exacerbated by definitional issues and the tendency by some prison systems to minimize their level of violence.

In the United States, official rates for prison homicide (seven per 100,000) are lower than homicide in the community (11.2 per 100,000). Assault rates on prisoners are higher (28 per 1,000) than assault rates on staff (14.6 per 1,000). However, various victimization surveys and research studies put the level of actual physical victimization at much higher rates, to between one tenth and one third of inmates. Prisoner Rape Elimination Act studies have found sexual assault to affect almost 5% of prisoners.

Most of the violence perpetrated occurs in male prisons; however, violence does occur in female prisons as well. Victimization rates of

female prisoners can be similar and sometimes higher than those of men, though across their entire incarceration, women usually experience less victimization than men. Overall, female prisoners are less likely to be violent than their male counterparts.

While interpersonal violence is more frequent than collective violence, the latter was ubiquitous during the 1970s and the 1980s. During these riots, prisoners demanded improved conditions of confinement; increased opportunities for work, education, and treatment; as well as other changes in rules, amenities, and prison procedures. Although much of the violence during this period involved property damage, work stoppages, and the takeover of parts of prisons, others were full-scale riots. Prisoners and prison staff were killed and injured and property extensively damaged, including the burning of parts of buildings. Riots occurred at Attica Prison (New York) in 1971, the New Mexico State Penitentiary in 1980, and the U.S. Penitentiary in Atlanta, GA, in 1987, as well as prisons across the globe.

Causes of Prison Violence

Prisoner Characteristics

The majority of research on prison violence has focused on the characteristics of prisoners who perpetrate violence. These include static characteristics that are inherent or cannot be changed as well as dynamic ones that may be altered to decrease violence.

Static Characteristics

Age has been found to be the strongest predictor of prison violence—younger prisoners are more likely to be involved in violence than older prisoners, using aggressive and sometimes preemptive tactics when faced with potential danger. Older prisoners tend to avoid violence at all costs. Three other strong predictors of prison violence are prior incarceration, history of prison violence, and prior gang affiliation. Although prior gang affiliation is static, prison and future gang affiliation could be considered dynamic characteristics. The study of the relationship between prison violence and race, ethnicity, marital status, or offense type has yielded mixed results.

Dynamic Characteristics

One set of dynamic characteristics that affects whether or not a prisoner is involved in violence is his or her coping strategies. Most prisoners experience stress during their incarceration. However, those with less positive or negative coping strategies are more likely to resort to violence when faced with stressful events or circumstances. Prisoners who elicit emotional and instrumental support from family, fellow prisoners, and prison staff are less likely to engage in violence in general. Other positive coping strategies that reduce violence include a general attitude accepting that problems exist for all of us, behavioral disengagement when interpersonal conflicts occur, and positive problem-solving, helped by open communication. Negative coping in prison includes venting one's emotions, the use of humor or tough bravado, and negative or absent problem-solving skills.

Since access to mental health records of prisoners is rare, the study of the relationship of mental illness to prison violence is lacking. Nevertheless, prisoners with indicators of mental illness (e.g., self-reports; evidence of treatment and medication) have been linked to violence and placement in supermax prisons. The correlation between anger, anxiety, or substance abuse and prison violence is also unclear.

Gresham Sykes discussed how the hierarchy of prisoners affected violence in the Trenton State Prison (New Jersey) in the mid-1950s. He labeled those who perpetrated different types of violence as toughs, hipsters, gorillas, and wolves and those who were victimized as weaklings, fish, and punks. Most penologists now refer to the small percentage of prisoners who perpetrate the largest percentage of violence as predatory convicts. Among these perpetrators who enjoy violence and use it to gain power are the state-raised youths. Raised in foster care and juvenile facilities, they lack the love and prosocial upbringing, causing them to be inordinately angry and unable to cope, perpetrating violence on both staff and fellow prisoner alike.

Institutional Causes

Although less studied, there are institutional causes of prison violence. For example, higher security prisons (e.g., maximum or supermax) are

more violent than lower security prisons. Prison architecture that includes blind spots, poor lighting, and antiquated technologies produces more violence. Some believe that dreary, dirty prison conditions negatively affect the moods of both prisoners and staff, exacerbating violence. Research on the relationship between overcrowding and violence is mixed; yet, boredom is a clear predictor of violence. Researchers have found that the racial and ethnic compositions of both staff and prisoner populations affect violence, as do the prisoner collective propensity, high staff turnover, and prisons with transient, unsettled prisoner populations. Administrators' decisions on regimes and their responses to events have been found to attenuate and exacerbate both collective and interpersonal violence. Finally, correctional staff can aggravate prison violence through disrespectful and inhumane treatment of prisoners, inadequate communication skills, and ignoring prisoner violence and prisoner needs.

Situational Precipitators

Prisoner characteristics and the prison environment can interact in certain ways as to promote or mitigate prison violence. Prisoners do not act in a vacuum but take into consideration many factors and thus may behave differently depending on their location, the type of prison, and their surrounding circumstances. In many prisons, mostly young, urban males have imported their street culture into prisons, often leading to a replication of street violence in prison yards. Their campaign for respect supports the use of violence to exact respect and build reputations and is exacerbated by the hypermasculine culture of prison that eschews weakness and promotes a tough and unemotional exterior. Researchers have found that certain activities such as gambling, strong-arming, the black market, and the presence of contraband, especially drugs, increase the level of violence. When staff allows these activities to exist and do not address bullying and conflicts between inmates, violence flourishes.

Consequences of Prison Violence

The most obvious consequences of prison violence are physical injury, the need for medical attention

and hospitalization, and possibly death. Prison violence also causes emotional damage to prisoners in the form of increased depression and anxiety, fear, and post-traumatic symptoms such as insomnia, nightmares, hypervigilance, flashbacks, detachment, and lack of energy. The fear of violence can be disabling and prisoners who are fearful and focused on keeping safe are less likely to focus on improving themselves through education and rehabilitation. Finally, prison violence can have debilitating effects on prisoners' health and contributes to prisoners' self-harm, including attempted and successful suicide. Prisons in which violence is ubiquitous tend to breed men and women who are more prone and willing to commit violence themselves.

The consequences of prison violence do not remain in the prison. Released prisoners who have been victimized by violence and/or who have perpetrated violence to ensure their safety are likely to experience its aftereffects. The anger, depression, and anxiety from fear of violence in prison could continue to affect their behavior, especially during the early part of their community reentry. People who have become violent or more violent in prison are more likely than those who have not become violent or more violent in prison to bring that violence into their homes and communities, increasing cycles of violence and contributing to increased levels of violence in the community.

Addressing Prison Violence

When prisoners are caught perpetrating violence, they typically are charged with a disciplinary infraction and proceed through the prison's disciplinary process. If the violence is significant, they may also be charged with additional crimes. Possible sanctions include punitive segregation or classification to administrative segregation or supermax prisons. The concentration of violent, disruptive, and unmanageable prisoners in supermax prisons began in the late 1990s, reducing the use of dispersion of problem prisoners to out-of-state or faraway prisons.

The prevention of prison violence is not easily obtained. Prisons can enact strict search procedures for visitors and staff as well as regular searches in prisons for weapons. Prisons that have implemented direct supervision, unit management, and the proper classification of prisoners have decreased

their overall prison violence. In addition, prisons that provide education, prosocial activities, and treatment programming counteract boredom that often leads to negative behavior. Technology such as cameras, scanners, and transponders that locate violent prisoners may augment violence prevention. The Prison Rape Elimination Act, passed by the U.S. Congress in 2003, mandates that prisons develop zero-tolerance policies toward sexual assault and processes that ultimately detect, prevent, and punish prisoners and staff who engage in it. Prisons are mandated to report annually on the actual incidents of sexual assault that come to their attention as well as to allow annual sexual assault victimization surveys. The same attention to general interpersonal violence is warranted as is the assurance that disciplinary processes and prison regimes are just procedural. Similarly, prison administrators can ensure that staff–inmate relationships are based on respect, communication, and structure and that prison staff are properly trained and supported.

Prison administrations can also reduce the atmosphere of violence by taking measures that reduce fear. This includes tracking and monitoring gangs and strict supervision of gang members who perpetrate violence. But it can also include other measures—housing decisions that attenuate fear; staff vigilance; and the proper assessment, supervision, and treatment of young offenders. Some prisons have had success in decreasing violence through anti-bullying programs or through the use of incentive initiatives. Administrators can also address the needs of their mentally ill prisoners, who can be both victims and perpetrators of violence, by properly identifying, housing, and treating them. Prisons can also help all prisoners cope with the stresses of prison by increasing family support, staff involvement to help prisoners solve their problems, and by changing prisoners' criminogenic thinking by offering prisoners cognitive behavioral therapy. Although the causes of prison violence are many, the potential avenues for reducing violence are similarly abundant.

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See also Correctional Officer's Attitudes Toward Offenders; Imprisonment and Stress; Inmate Code; Institutional Violence and Misconduct; Prison Gangs and Strategic Threat Groups; Segregation in Prisons; Victimization in Prisons

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GENETIC AND ENVIRONMENTAL INFLUENCES ON VIOLENCE AND AGGRESSION

Since the early 20th century, the expansion of the field of criminology has contributed substantially to understandings of aggression, violence, and criminality. However, those contributions now appear incomplete with recent methodological advancements occurring within other disciplines. This assessment stems from the reliance on standard social science methodologies (SSSMs) in criminology. From topic and sample selection to statistical analyses and interpretation, SSSMs rest on the assumption that social processes alone are responsible for variance in personality and behaviors. While in the past, this assumption went unchallenged in criminology, recent empirical examinations have confronted the fundamental properties of the SSSM approach. Specifically, since the early 2000s, researchers within biosocial criminology have begun to argue for the

elimination of the blank slate assumption from criminological assessments and a recognition of how individual differences impact the propensity toward violence, aggression, and criminal conduct. Biosocial criminology typically employs the methodologies of behavioral and molecular genetics in assessments of the causes of aggression and violence. This entry provides a synopsis of the intellectual advancements generated from the use of behavioral and molecular genetics in the field of criminology. The entry begins with an overview of the fundamental principles of behavioral and molecular genetics and concludes with a review of some of the general research findings assessing the genetic and environmental effects on aggression and violence.

The Foundations of Behavioral and Molecular Genetics

The concentration of behavioral and molecular genetics can be concisely described as the dissection of the phenotypic variance observed within a group. Phenotypic variance refers to the observable differences on a single trait between individuals within a population. Both behavioral and molecular genetics rest on the assumption that phenotypic variance is influenced, to varying degrees, by two factors: genetics and environment.

At this point, it is important to differentiate between behavioral and molecular genetics. Behavioral geneticists are often most interested in the additive and nonadditive (i.e., dominant) effects of genetic factors on phenotypic variance (the heritability component of behavioral genetic equations), whereas molecular geneticists are interested in assessing the direct or interactive effect of one or more specific polymorphic genes. Importantly, although the two approaches differ, they still incorporate environmental factors into their analyses.

In discussing environmental factors, these approaches also recognize that the uniformity of environmental influences presented in research based on a SSSM is misguided. Thus, environmental factors are bifurcated into two different categories: the shared environment and the nonshared environment. An easy way to conceptualize these factors is to think of two siblings. The shared environment represents those nongenetic factors that

are the same between the two siblings and that serve to make them more phenotypically similar (e.g., socioeconomic status). The nonshared environment, in contrast, refers to all nongenetic factors that are unique to each sibling and serve to differentiate the siblings on any given phenotype (e.g., different peer networks). Behavioral geneticists employ a variety of methodological and statistical strategies to determine the proportion of phenotypic variance within a population attributed to genetic (heritability) and nongenetic (shared and nonshared environments) factors but the most common is the study of twins.

Twin studies generally include a sample of monozygotic (MZ) and dizygotic (DZ) twins. When general assumptions are held (e.g., random mating and an equal environment within the dyads), MZ twins and DZ twins differ from each other in only one way: MZ twins share 100% of their genetic information while DZ twins share, on average, 50%. Thus, the logic underlying the twin methodology is simple. If, when comparing groups of MZ twins to groups of DZ twins, observations suggest greater phenotypic similarity among MZ twins than DZ twins, it indicates that genetic factors are more influential on the phenotype under study. Conversely, if greater phenotypic similarity is observed among DZ twins than MZ twins, it suggests that environmental factors are more influential.

Relying on this logic, various statistical techniques are employed in twin studies to estimate the proportion of the phenotypic variance explained by genetic factors, the shared environment, and the nonshared environment. Thus, using conceptually sound and methodologically valid techniques, phenotypic variance is decomposed into the three factors that account for 100% of the differences in the phenotype under study within a population. For example, the univariate ACE model is a structural equation modeling technique used for assessing the quantity of variance within a single phenotype explained by genetic factors (A), the shared environment (C), and the nonshared environment (E). It generates estimates of the phenotypic variance explained by each factor through the statistical comparison of a more genetically similar group and a less genetically similar group, generally MZ and DZ twins. The technique can also include the trimming of

elements from the model (typically by dropping either A or C) and the use of model fit statistics to determine which of the parameters has the most substantial influence on phenotypic variance.

While the ACE model is employed to partition the variance in a single phenotype, a similar model can be used to determine the genetic and nongenetic influence on the covariation between two phenotypes. Known generally as the Cholesky model, this approach generates estimates of the phenotypic variance within a multivariate relationship for genetic and nongenetic influences. As an extension of the statistical properties of the ACE model, the Cholesky model generates A, C, and E estimates for multivariate relationships by assessing the concordance and discordance of a multivariate relationship within twin pairs.

Although the ACE and Cholesky models, as well as designs such as adoption and family/pedigrees studies, are valuable in discerning the relative influence of genetic and nongenetic factors on univariate and multivariate phenotypic variance, they do not provide information regarding the effect of isolated factors. Fortunately, a method known as *MZ discordance*, which allows for the isolation of nongenetic factors that affect an outcome, can be employed. The logic is simple: Given that MZ twins share 100% of their DNA and, by definition, 100% of their shared environment, the only reason for within-pair discordance on a phenotypic outcome is due to nonshared environmental factors. Thus, utilizing different statistical techniques (e.g., difference scores or saved residuals in regression models), researchers can indicate which nonshared environmental factors affect an outcome while simultaneously controlling for the potentially confounding effects of shared genetic and nongenetic factors. The method is a highly effective way to determine potentially causal relationships between nongenetic variables and phenotypic outcomes.

Similarly, molecular geneticists employ methods wherein they isolate the direct and interactive effects of specific polymorphic genes. By using techniques such as candidate gene analyses, genome-wide association studies, and genome-wide complex trait analysis, researchers can identify which groups of genes as well as which individual genes impact phenotypic variance. In addition, researchers in this area employ

gene–environment interaction methodologies to assess the differential effect of genetic polymorphisms across environmental contexts (and vice versa).

Genetic and Environmental Estimates of Aggression and Violence

Both individual studies and meta-analyses have illustrated the differential effects of genetic and nongenetic factors on aggression and violence. For example, a study by John Philippe Rushton in 1996 estimated that approximately 55% of the variance in violent behavior among adult males was accounted for by genetic factors with the remaining variance (45%) explained by nonshared environmental factors. Importantly, Rushton also observed that for females, the nonshared environment accounted for the totality of the variance in violent behavior. Thus, Rushton illustrated the differential effect in which genetic and nongenetic factors can influence males and females. More recently, a study by James Christopher Barnes and colleagues in 2013 assessed the genetic influence on a specific type of violent behavior: intimate partner violence. The authors found that between 20% and 54% of the variance in behaviors such as hitting, injuring, and sexually assaulting one's partner is accounted for by genetic factors. Molecular genetic analyses have also illustrated the influence of genetic factors on violence. For example, a study by Hexuan Liu and colleagues in 2015 illustrated the various ways in which individual genes and the collective effect of multiple genes interact with a variety of social outcomes to influence variance in violent behaviors.

In their meta-analysis that included 24 different genetically sensitive studies, Donna R. Miles and Gregory Carey in 1997 concluded that up to 50% of the variation in aggression is accounted for by genetic factors. The authors noted that their results did not support such theories regarding aggression as social learning, which emphasizes the role of shared environmental effects. More recently, in a massive undertaking, Tinca J. C. Polderman and colleagues in 2015 conducted a meta-analysis of 50 years' worth of twin studies covering virtually every studied phenotype. Overall, the authors indicated that about 50%, on average, of any given phenotype is accounted for

by genetic factors. In findings related to aggression and violence (conduct disorder), the authors found that approximately 49% of the variance could be accounted for by genetic factors, 18% by the shared environment, and about 33% by the nonshared environment.

In an effort to isolate nongenetic influences on the variance in aggression and violence, some researchers have employed the aforementioned MZ discordance method. For example, a study of Sybil Alexandra Burt and colleagues in 2009 indicated that those twins who had greater exposure to delinquent peers during early adolescence (relative to their co-twins) also displayed greater externalizing behaviors (including aggression and violence) over the course of their adolescence. Similarly, a study of Kevin M. Beaver in 2008 illustrated that twins who reported a greater number of delinquent peers relative to their co-twins also reported greater involvement in delinquency during adolescence (but not adulthood). As a reminder, these findings indicate the influence of an *environmental* effect (e.g., delinquent peers) after the influence of shared genetic and shared nongenetic effects have been controlled. Thus, these analyses provide robust evidence for the influence of delinquent peers on the variance in aggression and violence (especially during adolescence).

Moving Forward

This entry has highlighted the shortcomings of the SSSMs and the benefit of a biosocial approach to studying the etiologies of aggression and violence. While not an exhaustive review of the literature in this area, the entry illustrated two important points. First, in using behavioral and molecular genetic methodologies, researchers are more adept (relative to purely social approaches) to uncover the complex nexus of factors underlying variance in aggression and violence. Second, such approaches allow not only for the identification of genetic factors but also for a more rigorous and statistically sound manner to identify *environmental* factors that influence the development of aggression and violence. In accomplishing these two important facets of research, studies that employ a biosocial approach lead to better understanding of aggression and violence and thus

better informed policies and programs directed at reducing the financial, psychological, and societal costs associated with these antisocial outcomes.

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See also Alcohol and Aggression; Neurobiological Bases of Aggression; Neurobiological Models of Psychopathy; Violent Offenders

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GLOBAL IMPRISONMENT

The institution of the modern prison is an invention of the early 19th century. As such, it was inspired by the ideas of the enlightenment and religious reform movements and was generally an attempt at alleviating the plight of prisoners, helping them reform for a life without crime, and integrating them into the emerging world of industrial societies. The prison turned out to be one of the most successful institutions ever and is certainly the most widely adopted criminal justice institution. Its diffusion across the globe was unprecedented in terms of its velocity and the diversity of contexts in which it took hold despite great cultural, political, and economic differences, and a mounting lack of evidence that it, in fact, could achieve its objectives of reforming prisoners or deterring future crimes. It was seen as a promising solution to problems of crime and punishment at the beginning of the Industrial Era and as a penal technology that befitted the requirements of the emerging powerful nation and colonial states.

The prison is now an integral part of criminal justice institutions across the globe. However, countries differ widely in their use of imprisonment for different types of offenses, the number of individuals incarcerated, the social groups that are most affected, prison living conditions, and the provisions available for prisoners' well-being and rehabilitation. The global landscape of imprisonment is shaped by these differences, and according to Jan van Dijk, the divisions between global regions reveal a justice deficit in conjunction with a *North-South security divide* that mainly affects developing countries in the southern hemisphere. In many countries in this global region, living conditions in prisons are life-threatening, often due to endemic violence. In this entry, the major problems of contemporary global imprisonment are addressed, including overcrowding, human rights issues, and the situation of female prisoners.

Incarceration Rates

Present estimates of the world's prison population are between 9 and 10 million, which amounts to a rate of at about 152 prisoners per 100,000 of the population globally. Between 1990 and 2013, the

number of prisoners increased overall by 25%. This general trend between 1990 and 2013 affected member countries of the Organisation for Economic Co-operation and Development mainly in the northern hemisphere, with an increase of nearly 40%. This is mirrored in a number of countries in poorer regions, such as in Asia, a region that experienced a similar increase. While the prison population of the Americas increased by 50%, it did not change in Africa during this time. Half of the world's prisoners are held in prisons in the United States, China, and Russia. The United States has the highest imprisonment rate with more than 700 per 100,000 people; this is more than 4 times the global average. With just 5% of the world's population, the United States houses 25% of the global prison population. This mass incarceration is unique in the history of criminal justice, if concentration camps, labor camps, and other types of detention are not included as part of criminal justice institutions.

When global regions are compared, the Americas have the highest imprisonment rates, with an average of 234 prisoners per 100,000 of the population. This is followed by Europe with 156 prisoners per 100,000. Africa has the lowest imprisonment rate of all global regions with an average of 109 prisoners per 100,000. Generally, wealthy and developed countries use imprisonment more frequently and have higher imprisonment rates than poorer countries due to the costs of imprisonment. However, significant differences exist within global regions. In Europe, for example, wealthy Scandinavian countries, with their widely acclaimed prison systems, have the lowest imprisonment rates. Postcommunist Eastern European countries have the highest rates in this region. In Africa, both Central and West Africa have the lowest imprisonment rates of the continent with, respectively, 64 and 60 prisoners per 100,000 of the population. In contrast, in the southern part of Africa, the rate is nearly 4 times as high with 230 prisoners per 100,000 of the population, due to extremely high numbers of prisoners in South Africa.

Prison Overcrowding

The increase of the world's prison population has caused severe problems of overcrowding across

the globe. In 60% of 191 of the world's countries for which data are available, the prison system exceeds intended capacity. Some countries, such as Kenya and Haiti, incarcerate 3 times as many inmates as there are prison beds. Such overcrowding affects not only adult prisoners but also children and young people. It is most acute in African and Latin American countries. Post-conflict countries like Rwanda are afflicted, as are the Central American countries of Ecuador, Haiti, and El Salvador, which have high levels of gang and drug violence.

Overcrowding, however, is not simply a consequence of high crime rates. Often, it is the result of dysfunctional and understaffed criminal justice systems. Pretrial detainees often linger in prison longer than the actual sentence they would receive. In numerous countries, pretrial detainees account for more than half of the prison population, also causing the most serious overcrowding. African countries (e.g., Liberia, Mali, Benin) have the highest proportion of pretrial detention, followed by Latin American countries (e.g., Haiti, Bolivia, Paraguay). There is a global overuse of pretrial detention, which accounts for a considerable proportion of the increase in global imprisonment over the past decades.

International Prison Rules

Prisoners are a vulnerable population due to their powerlessness at the hands of state authorities. Because of this, prison conditions are often viewed as indicative of the human rights regime to which a country adheres. At the turn of the 20th century, for both Winston Churchill and the Russian writer Fjodor Dostojevsky, the conditions in prison epitomized what they called the *civilization* of a country. The international community and its organizations have developed rules and regulations for life in prisons, including vital and basic provisions such as space, food, hygiene and health care, and contact with family and society. The United Nations (UN) Standard Minimum Rules for the Treatment of Prisoners (SMRs) were initially adopted in 1955 and approved in 1957. Major developments in human rights and criminal justice practices led to revised SMRs, known as the *Nelson Mandela Rules*, which were adopted unanimously by the UN General Assembly in

2015. The Mandela Rules now include a set of Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (the Bangkok Rules), which the UN General Assembly adopted in 2010. Seventy principles address the specific experiences and needs of women in custody, including their safety from sexual assault and violence, their physical and mental health, and care for children while in custody.

With its Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the UN developed a further instrument to regulate and monitor the treatment of any individual in detention and at the hands of criminal justice or other officials. The Convention was adopted by the UN in 1984 and came into effect in 1987. However, it took nearly another two decades until, in 2006, the UN followed the example of the European countries and the Council of Europe, which had adopted the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in 1987. This protocol is the essential mechanism to monitor compliance with the Convention. It requires that signatory countries agree to visits to any type of detention center in their responsibility on a regular basis. Independent international and national bodies select and visit places where people are deprived of their liberty and issue reports. A subcommittee of appointed international experts oversees this process.

Prison Conditions and Human Rights

Taken together, the SMRs and the Optional Protocol address basic needs of prisoners and monitor their human rights. The Country Reports issued by the U.S. State Department, as well as reports by Amnesty International, give the most comprehensive overview of prison conditions and compliance with human rights worldwide. These form the basis for an Index of Prison Conditions that ranks these conditions from meeting the SMRs to being life-threatening. Conditions are rated life-threatening if violence at the hands of officers and/or other inmates is rampant and has led to deaths in custody. Conditions pose equally lethal threats when infectious diseases (e.g., tuberculosis) can spread without sufficient health care or

where sexual violence is frequent in HIV-infected prisons. Conditions are particularly detrimental in overcrowded prisons in developing countries in the southern hemisphere.

According to the Index of Prison Conditions, prison conditions are best in Europe and worst in Africa, where prisoners often are at high risk of life-threatening conditions while in prison. Asia and Oceania have better conditions than Latin America. Many countries across Africa and Latin America have life-threatening conditions, partially due to serious overcrowding and partially due to unsafe conditions, organized gang violence, and absence of health care. Prison conditions distinctly differ within global regions. While Western European countries have the best prison conditions that, on average, meet the SMRs, Eastern European countries have harsh conditions (even if these are not typically life-threatening). In Latin America, Caribbean countries have slightly better prison conditions than countries in South and Central America. Visits from family and friends seem to be more generously permitted in African and Latin American countries, however, partially because family members provide food and care. Prisons in Latin America are less regulated and often lack effective security and oversight. On one hand, these conditions grant more liberty to prisoners; on the other hand, they are responsible for gang violence and organized crime within the prisons.

Human rights for prisoners also differ widely across the globe. This concerns the compatibility of life imprisonment (without parole) with basic human rights and human dignity, the space available to prisoners, the use of solitary confinement, and their voting rights. In the majority of European countries (70%), prisoners have the right to vote in elections. Global regions with the lowest proportion of countries where prisoners can vote are Africa and the Americas with 25%. In Asia and Oceania, nearly half of the surveyed countries allow prisoners to vote. In Europe, where the European Court of Human Rights repeatedly decided against a blanket ban of voting rights for prisoners, a few Western European countries (e.g., the United Kingdom) and a higher proportion of Eastern European countries prohibit prisoners from voting. In the United States, only two states, Vermont and Maine, have no restrictions on prisoners' voting rights.

Female Prisoners

Female prisoners constitute a vulnerable and particularly disadvantaged group. With 700,000 women and girls in prison as of 2015, this group constitutes between 2% and 15% of the prison population worldwide. The vulnerability and disadvantage of women prisoners result from their minority position within the prison system; experiences of abuse, violence, and victimization; special needs with regard to mental and physical health; and responsibilities as caregivers for children. A joint report by the World Health Organization and the UN Office on Drugs and Crime in 2009 addressed the systematic gender inequity in prisons.

The proportion of imprisoned women and girls among the prison population is lowest in African countries (2.8%) and highest in Asian countries (4.9%), with a global average of about 5% of the prison population. Countries with an extremely high proportion of female prisoners are Myanmar, Thailand, Vietnam, and Bolivia with proportions above 15% of the prison population. Women and girls are the fastest growing group of prisoners worldwide. Between 2000 and 2015, the number of women and girls in prison increased by 50%, while the worldwide prison population increased by 20%.

There are relatively few prisons or facilities for women, and they are often housed in prisons far away from their families. As women tend to serve shorter sentences than men, they are unable to take advantage of drug rehabilitation and other education- or health-related programs. The majority of female prisoners have been victims of sexual abuse and domestic violence. Many suffer from post-traumatic stress disorder, substance abuse, and other health problems that need to be addressed. In many parts of the world, they are exposed to sexual assault by criminal justice personnel and by prisoners. Pregnancies and birth in prison, the well-being of infants and small children in prisons, and the care for children outside of prisons are also major issues for women in prison.

Imprisonment is an important global issue. Typically (but not exclusively) in poor and developing countries, conditions in prisons do not meet SMRs, which put prisoners' lives and well-being

at risk and amounts to severe violations of their human rights. High imprisonment rates affect the social and economic lives of families and communities and burden countries' budgets across the globe. Reducing imprisonment and improving prison conditions is a major task for the international community.

Susanne Karstedt

See also Corrections; Federal Bureau of Prisons; Federal Prisons; Incarceration, Effects of; Incarceration Rates, International; Incarceration Rates, U.S.; International Approaches to Crime Punishment; Jails; Prison Abolition; Prison Overcrowding; Prison Rape Elimination Act; Prison Reform; Prisons; Privatization of Prisons; Punishment, Effective Principles of

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GOOD LIVES MODEL

The Good Lives Model (GLM) of offender rehabilitation is a rehabilitation framework developed and refined by Professor Tony Ward and his colleagues since 2002. The GLM represents a strengths-based approach and is based on the idea that, in order for long-term change to be achievable, offenders need the opportunity for better lives—lives that are both personally meaningful and socially responsible. Furthermore, the GLM purports that the best way to construct such opportunities, and achieve these long-term

prospects, is via capability building. The model states that if offenders are to have any real chance at giving up their harmful behaviors, in lieu of living healthy, prosocial, meaningful lives, they need to be equipped to live differently. This requires the development and acquisition of knowledge, skills, and competencies across a range of domains, relevant to their physical, psychological, and social functioning.

Although the central aim of the GLM is to build psychological and social capacity, the GLM pays equally detailed attention to risk. As such, the GLM advocates for a dual emphasis on *risk management* and *goods promotion*. Put another way, application of the GLM in offender management has two associated goals:

1. *monitor the offender*—manage and reduce the risk posted by an offender to the community (risk management) and
2. *engage the offender*—enhance offender's well-being by increasing the offender's strengths and capability so that the offender is better equipped to live a prosocial and personally meaningful life (goods promotion)

The core assumption of the GLM is that rehabilitation is an evaluative and capability-building process aimed at assisting the offenders to change in a long-term capacity.

The GLM is not a model of offending behavior; it is not an etiological theory, nor does it explain the offense process. Rather, the GLM is a model of healthy human functioning. In line with positive psychology, it provides practitioners with an objective reference to what constitutes a healthy, prosocial adult life, characterized by optimal levels of well-being. A helpful way to understand its relevance for offender rehabilitation is to view it as a conceptual framework that practitioners can use to understand the offending behavior to plan positive, capability-building interventions. The framework can therefore be used to assist individuals to develop the competencies needed to pursue more fulfilling lives.

This entry begins by presenting the core concepts and the etiological underpinnings of the GLM. The entry then discusses the application of the GLM and concludes with a review of the empirical support for the GLM.

Core Concepts of GLM

Primary Human Goods (PHGs)

Central to the GLM is the notion of PHGs. PHGs are defined as actions, states of affairs, characteristics, experiences, and states of mind that are intrinsically beneficial to human beings and are sought for their own sake rather than as a means to a more fundamental end. This means that they have intrinsic value (are meaningful and valuable in and of themselves) and, in addition, they represent fundamental purposes and ultimate ends of human behavior.

PHGs represent overarching, ultimate life pursuits and are expressed in the many and varied goals that humans set for themselves. PHGs are such powerful human motivators that human beings are naturally predisposed to seek them for the sake of their overall psychological, physical, and social well-being. Therefore, the seeking of PHGs is inherently natural and valuable.

The generation of the PHGs draws from research findings and theories identified in a range of disciplines, including psychology, evolutionary theory, practical ethics, anthropology, and philosophy. Based on past and current cross-cultural and cross-disciplinary research, there are 11 PHGs. It should be noted that these PHGs have emerged from thorough analysis of the aforementioned disciplines as well as research findings related to personal strivings and the pursuit of healthy lives characterized by high levels of well-being. Given this, the GLM and its account of PHGs may be considered an evolving theory, always open to adaptation, refinement, and development, based on the ever-evolving nature of world knowledge and empirical research.

Although the following brief descriptions of the 11 PHGs are provided, Ward and his colleagues highlight the need for practitioners to understand the full definitions to ensure theoretical integrity in professional practice. It should be noted that there is no objective ranking of PHGs; they can only be subjectively ordered according to individuals' personal priorities.

1. Life (healthy living and optimal physical functioning, having one's basic needs for survival met)
2. Knowledge (based on how well informed one feels about things that are important to him or her)
3. Excellence in play (achievement and mastery in relation to hobbies and recreational pursuits)
4. Excellence in work (achievement and mastery in relation to vocational pursuits, including education and training)
5. Excellence in agency (autonomy, personal power, and self-directedness)
6. Inner peace (being emotionally competent, having emotional regulation skills, also referring to the desire people have for emotional balance and being free from emotional turmoil and distress)
7. Relatedness (including intimate, romantic, and familial relationships)
8. Community (having a broader sense of belonging and social connectedness to groups with shared interests, values, and aims)
9. Spirituality (in the broad sense of finding meaning and purpose in life)
10. Pleasure (feeling good in the here and now, hedonism, and healthy self-gratification)
11. Creativity (expressing oneself through alternative forms)

These PHGs form the foundation of human beings' ultimate pursuits. Each of one's personal, professional, and life goals can be linked to one or a combination of these PHGs. The active and successful pursuit of PHGs brings about overall life satisfaction, happiness, contentedness, and well-being across the three domains of human functioning: physical, psychological, and social.

PHGs and Offending Behavior

The GLM conceptualizes offending behavior in natural and humanistic terms. Human behavior is meaningful and purposeful and is directed by one or more overarching (even if implicit) goals. Even offending behavior has an underlying legitimate fundamental goal (good) and as such, it can be viewed in terms of the problematic pursuit of PHGs. For example, the goal of a violent crime at face value might appear to be for the purpose of inflicting of harm on another, but in actuality, the violent behavior is a (problematic) means to some

other legitimate end. Perhaps the goal was to regain a sense of personal power, to take control, to feel respected, to feel admired, to hold a valued place in a gang or perhaps to resolve some kind of negative emotional state. These are normal states for adults to pursue and in this example relate to PHGs such as excellence in agency, community, and inner peace. However, it is the way in which these goals are achieved which is problematic, and therefore, it is the strategy or means that is the target for intervention, and the associated capabilities, rather than the goal itself or the PHGs implicated in the offending.

Etiological Underpinnings of GLM

In explaining why people offend—that is, why people use problematic means for an otherwise legitimate goal—the GLM identifies capabilities, or specifically, their absence, as the primary source of dysfunction. An absence of capabilities typically means that the person has deficits or problematic characteristics in place of adaptive ones. These deficits or weaknesses can be internal or external. Internal factors refer to the person's skills, attitudes, beliefs, psychological characteristics, and physical health, whereas external factors refer to environmental, social, cultural, and interpersonal opportunities and circumstances. As offenders often lack the strengths and positive attributes and environments to overcome their life's challenges prosocially, they act in antisocial ways, symptomatic and reflective of their unique profile of deficits and obstacles. Remembering that PHGs are such powerful human motivators that all human beings are naturally inclined to seek them, the GLM argues that people offend in the pursuit of PHGs but do so in harmful ways due to their individual set of internal and external deficits and obstacles. Those internal and external deficits that drive offending behavior in the pursuit of PHGs arguably represent an individual's unique set of criminogenic needs (i.e., dynamic risk factors).

Using the GLM to Work Meaningfully With Offenders

The GLM purports that if one understands what the offender was or is seeking when he or she offends, in terms of PHGs, then one understands

what motivates this person and what the person really values and desires for himself or herself. Deciphering the legitimate goal in offending behavior means that practitioners can understand the PHGs that the offender was seeking, resulting in tailored intervention and rehabilitative efforts to help the offender to build capacity in precisely those areas that are underresourced. By helping the offenders to build the necessary conditions (i.e., internal and external capacities) to fulfill their needs and pursue their PHGs in adaptive, prosocial ways, the associated effect is that they will be less likely to harm others and themselves. As such, the enhancement of offender's well-being (in a goods promotion sense) directly functions to reduce risk and protect the community.

Application of GLM

The GLM has been applied to a broad range of offender populations including arsonists, female offenders, developmentally disabled offenders, violent offenders, and mentally disordered offenders. The most prevalent application of the GLM, however, has occurred within the sexual offending domain. Within this area, the GLM has been carefully set out in terms of its application in both treatment and correctional supervision and management. The goal of applying the GLM is to help offenders to develop the capacity to seek PHGs in socially acceptable and personally meaningful ways as well as to reduce and manage their risk of reoffending.

In practice, assessment begins with mapping out an offender's good lives (often implicit) plan by identifying the weightings, or priority, given to the various primary goods. This is achieved through (a) asking increasingly detailed questions about an offender's core commitments in life and his or her valued day-to-day activities and experiences and (b) identifying the goals and underlying values that were evident in an offender's offense-related actions. Once an offender's conceptualization of what constitutes a good life is understood, future-oriented strategies aimed at satisfying an offender's PHGs in socially acceptable ways are formulated collaboratively with the offender and translated into a good lives rehabilitation plan. Treatment is individually tailored to assist an offender implement his or her good lives

intervention plan and simultaneously address the criminogenic needs that might be blocking PHG fulfillment. Accordingly, intervention includes building internal capacity and skills and maximizing external resources and social supports to satisfy PHGs in socially acceptable ways.

Empirical Support for GLM

As previously discussed, the GLM was developed based on an extensive review of interdisciplinary theory and research on human functioning and healthy living. As such, it has strong theoretical and empirical foundations. In terms of empirical research on the GLM's effectiveness as applied in rehabilitative programs, there has been no direct examination of the GLM's impact on recidivism; however, several studies have demonstrated the GLM's positive impact in terms of client satisfaction and improved outcomes for those persons who completed GLM-informed programs. Regardless, there is an ongoing need for further evaluation of programs and services that operationalize the GLM and also a clearer understanding of how risk reduction is causally related to well-being enhancement and would strengthen the model.

Mayumi Purvis and Tony Ward

See also Rehabilitation; Sexual Offenders: Treatment Approaches; Spirituality

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GUANTANAMO BAY

Guantanamo Bay (GTMO) is a strip of land on the southeast tip of Cuba, which the United States leased in perpetuity in 1903, following the Spanish–American War. The 45-square-mile territory hosts a large U.S. naval installation (GTMO), that had a relatively quiet existence until the attacks on September 11, 2001, when the U.S. Department of Defense put into motion plans to utilize sectors of the base for the purpose of detaining and interrogating terrorist suspects. There, the U.S. military has held up to 780 detainees (down to 320 in 2008 and down to 41 in 2018). Many of those detainees were captured in Afghanistan in the early phases of the global war on terror. The U.S. government has insisted that many of the detainees were terrorists affiliated with the Taliban or Al Qaeda (i.e., unlawful enemy combatants) and posed an imminent threat to national security. On those grounds, the George W. Bush administration argued it had the authority to detain them indefinitely while a few detainees were considered for military tribunals. This entry introduces the emergence of GTMO and its enduring legacy of legal and human rights controversies.

Emergence of GTMO

In January 2002, when the first contingent of detainees arrived, GTMO was still a work in progress, literally. The U.S. Marines had just completed a makeshift prison known as *Camp X-Ray* consisting of dozens of rows of steel-mesh cages, ringed by a perimeter of razor-wire fence, and exposed to the elements of the Caribbean. Detainees were later transferred to newly constructed cellblocks, leaving Camp X-Ray to be slowly swallowed by the jungle.

As of 2018, GTMO comprises several detention sectors: Camp Delta (a permanent detention camp), Camp Echo (a maximum-security facility within Camp Delta), and Camp Iguana (a smaller, low-security compound located about a half-mile from the main detention area). The security force consists mostly of U.S. Army Military Police and U.S. Navy Master-at-Arms. Visiting journalists have been granted tours of some of the detention units accompanied by explanations that some parts of the camp are easier to manage than others. Camp 4, for example, is a newer wing where Level 1, or *highly compliant*, prisoners are allowed to live in communal barracks, serving their own food and moving freely in and out of small recreation yards. Some detainees are held in Camp 1, for Level 2, or *compliant*, detainees while a handful are held in Camp 5, the maximum-security area.

Interrogation and Detainee Abuse

Compounding legal questions surrounding unlawful enemy combatants and their military tribunals, human rights organizations have criticized the treatment of detainees at GTMO. In memorandums that were not intended to be disclosed publicly, the FBI confirmed allegations of mistreatment against detainees.

It has been argued that prisoner abuse at GTMO should not be viewed apart from GTMO's overall institutional mission. From its inception, the prison was designed to provide a specialized venue where intelligence could be gathered through what the Bush administration claimed were expert interrogation methods. While in charge of the prison, Major-General Geoffrey

Miller boasted that the institution would become an interrogation battle lab in the war against terror. Under Miller's tutelage, beginning in January 2003, interrogation reportedly became more frequent and intense. Former detainees Asif Iqbal and Shafiq Rasul said they were interrogated 5 times in 2002 and never in the last half of that year; then after Miller took charge, they were harshly interrogated more than 200 times over a 15-month stretch.

Miller also revamped the prison's organization to facilitate interrogation by merging the Joint Detention Group, consisting of the guards, with the Joint Interrogation Group, comprising interrogators, translators, and analysts. As incoming guards were oriented to GTMO, they were instructed on how to coordinate prisoner treatment with the intelligence personnel, thereby fostering a culture of abuse. For instance, some have claimed that guards were led to believe that distributing privileges and punishments in living units would improve the likelihood of gathering valuable intelligence information—though such claims have been refuted. Instead, staff intensified abusive interrogation practices that would sometimes last up to 20 continuous hours. Various techniques were frequently deployed in combination: dietary manipulation, sleep deprivation (or *adjustment* to refer to reversing the sleep cycle from night to day), isolation (up to 30 days), shackling in painful positions (*stress and duress*), and exposure to extreme heat and cold as well as to loud noise/music, strobe lights, and unpleasant odors (*sensory bombardment*).

Also utilized was an array of cultural techniques intended to heighten fear among Muslim males, such as death threats aimed at them and their families, as well as forced nudity and simulated acts of sex. Another cultural tactic involved depriving Muslim detainees of their Koran or as in one widely reported incident, flushing it down a toilet. Techniques became increasingly clinical insofar as interrogators consulted with psychologists contracted by the military. As a result, interrogators resorted to the unethical use of medical information, including the detection and exploitation of anxieties (e.g., dogs, insects, cramped

dark spaces). Eventually, harsh physical and psychological techniques used at GTMO would be exported to other prisons under U.S. military and intelligence command. When Miller was transferred to Iraq, he ordered abusive interrogation methods to be implemented at the Abu Ghraib prison, which erupted into scandal in 2004.

Indefinite Detention

Although the Barack Obama administration continued to reduce the number of detainees at Guantanamo Bay, it failed to close the facility due to strong bipartisan opposition in Congress. In 2018, President Donald Trump signed an executive order to keep the prison camp open,

subjecting the remaining prisoners to indefinite detention.

Michael Welch

See also Coerced Confessions; Correctional Psychology Practice, Ethical Issues in; Extremism and Terrorism, Middle Eastern; War Crimes

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HATE CRIMES

There are various ways in which hate crimes (also known as *bias crimes*) are defined. Generally, a hate crime is defined as a crime that is motivated by or in part by racial, ethnic, religious, gender, sexual orientation, or other prejudices. The Federal Bureau of Investigation defines hate crime specifically as a “criminal offense committed against a person or property motivated in whole or in part by an offender’s bias against a race, religion, disability, sexual orientation, ethnicity, gender, or gender identity.” In the United States, Washington and Oregon were the first states to pass hate crime legislation in 1981; in 2018, 45 states and the District of Columbia have hate crime statutes (Arkansas, Georgia, Indiana, South Carolina, and Wyoming do not). States vary with regard to the groups protected under hate crime laws (e.g., religion, race or ethnicity, sexual orientation), the range of crimes covered, and the penalty enhancements for offenders. This entry reviews the history of hate crimes in the United States, including pertinent legislation, and then presents relevant statistics.

History of Hate Crimes in the United States

The term *hate crime* was popularized in the 1980s due to media reports that focused on the rise of biased crimes that resulted from growing memberships in hate-based organizations such as the

Ku Klux Klan. However, hate crimes have long existed within the United States and were first investigated by the federal government during World War I.

During the Civil Rights movement of the 1960s, federal laws regarding crimes motivated by hate were grounded in federal laws regarding individual civil rights. The first federal law that differentiated crimes committed due to motivated bias from other crimes was the Civil Rights Act of 1968. This law allowed for the special prosecution of anyone who “willfully injures, intimidates or interferes with, or attempts to injure, intimidate or interfere with . . . any person because of his race, color, religion or national origin” when a victim is attempting to take part in one of six federally protected activities, such as attending school, patronizing a public place or facility, applying for employment, or acting as a juror or attempting to vote. This law directly addressed the violation of individuals’ civil rights.

In the 1980s, states began to enact hate crime statutes. These statutes vary according to the extent of protections. All state laws protect people attacked because of their race, ethnicity, or religion, but only some state laws protect people from criminal acts based on the victim’s sexual orientation, gender, disability, or gender expression.

During the 1990s, the federal government passed a series of laws that defined hate crimes and how hate crimes are counted in the United States. The 1990 Hate Crimes Statistics Act requires the Justice Department to gather data on

hate crimes from around the country, including those motivated by sexual orientation. The Hate Crimes Sentencing Enhancement Act was passed in 1994 as an amendment to the Violent Crime Control and Law Enforcement Act. The amendment required the U.S. Sentencing Commission to increase the penalties for those convicted of hate crimes.

One of the most pressing issues regarding state hate crimes laws in the United States is whether or not these enacted laws violate an individual's right to free speech. In *Wisconsin v. Mitchell*, 508 U.S. 476 (1993), the U.S. Supreme Court held that as long as laws prohibit conduct and not speech, then the law is not a violation of a person's right to free speech under the First Amendment to the U.S. Constitution and that evidence of bias or bigotry speech can be used as evidence of intent.

Expansion of Federal Hate Crime Laws

In Jasper, Texas, on June 7, 1998, James Byrd Jr. accepted a ride from three men: Shawn Berry, Lawrence Russell Brewer, and John King. The men subsequently drove Byrd to a remote road where the men beat him severely, urinated on him, and while he was still alive chained him by his ankles to their pickup truck before dragging him for approximately 1.5 miles, which led to his decapitation. They eventually dumped his torso in front of an African American church and cemetery. King and Brewer had met and become friends while serving prison sentences and joined a White supremacist gang during that time. All three men were convicted of murdering Byrd. King and Brewer were both sentenced to death and Berry received a sentence of life in prison. Brewer was executed in the Huntsville Unit on September 21, 2011.

The nature of Byrd's death was reminiscent of lynchings in the historical South. His death, subsequent law enforcement, and community response to the arrest and prosecution of the defendants were covered by print and television media and received a significant amount of federal attention. The crime resulted in an outcry for new hate crime legislation on state and national levels as well as a significant amount of research regarding contemporary hate crimes and policy analysis.

Four months after the murder of Byrd, Matthew Shepard, a University of Wyoming student,

was murdered in Laramie, Wyoming, because he was gay. Shepard had met Aaron McKinney and Russell Henderson at the Fireside Lounge. McKinney and Henderson had offered to give Shepard a ride home. They subsequently drove him to a remote part of town where they robbed, beat, and tortured Shepard. They then tied Shepard to a fence and left him to die.

Shepard was discovered 18 hours after the initial attack by a cyclist who contacted authorities. He had suffered fractures to the back of his head and lacerations over his face, head, and torso. He had severe brainstem damage, and doctors deemed his injuries too severe for them to operate. Shepard remained in a coma on life support and never regained consciousness. He died on October 12, 1998, six days after the attack.

McKinney and Henderson were arrested and initially charged with attempted murder, kidnapping, and aggravated robbery. After Shepard's death, the charge of attempted murder was changed to first-degree murder. Henderson pled guilty to murder and kidnapping on April 5, 1999, and agreed to testify against McKinney. He was sentenced to two consecutive life sentences. McKinney's trial began in October 1999. His defense attorney argued that the intent of the crime was always robbery and that Shepard's sexual orientation did not play a role in the crime. The prosecutor contended that McKinney and Henderson had pretended to be gay in order to make Shepard comfortable enough to get in the truck with them in order to rob and murder him. He argued that the murder was premeditated. A jury found McKinney guilty of felony murder but not guilty of premeditated murder. During the jury deliberations of the death penalty phase, a deal was brokered with the support of Shepard's parents, which resulted in McKinney receiving two consecutive life sentences without the possibility of parole.

Neither Byrd's nor Shepard's killers were charged with hate crimes because neither Texas nor Wyoming had passed hate crimes legislation at the time. Like the murder of Byrd, Shepard's murder received a significant amount of media attention and a call for hate crime laws on state and federal levels.

On October 28, 2009, President Barack Obama signed the Matthew Shepard and James Byrd Jr. Hate Crimes Prevention Act, which expanded

existing federal hate crime laws to apply to crimes motivated by a victim's actual or perceived gender, sexual orientation, gender identity, or disability. In addition, the act also applied to cases where the defendant, the victim, or a weapon used in the commission of the crime had traveled over state lines; or the crime had any link to or effect on interstate commerce. The act also dropped the prerequisite that the victim be engaging in a federally protected activity.

Hate Crime Statistics

The Hate Crime Statistics Act of 1990 requires the collection and reporting of hate crime data. As a result, in 1991, law enforcement agencies began reporting hate crime data to the Uniform Crime Report (UCR). In 2001, the National Crime Victimization Survey included questions regarding whether victimization was motivated by hate. In addition to the UCR and National Crime Victimization Survey, crime victimization surveys collect data regarding hate crimes from alternatives sources.

Statistics published by the UCR in 2016 indicate that there were 6,063 single-bias incidents involving 7,509 victims. This suggests that in some crimes there were multiple victims. Of the victims, 58.9% were targeted because of the offenders' race/ethnicity/ancestry bias; 21.1% were targeted because of the offenders' religious bias; 16.7% were victimized because of the offenders' sexual-orientation bias; 1.7% were targeted because of the offenders' gender identity bias; 1.0% were victimized because of the offenders' disability bias; and 0.5% were victimized because of the offenders' gender bias. With regard to the offender's race/ethnicity, the UCR reported the following: Of the 5,770 known offenders, 46.3% were European White, and 26.1% were African American. Other races accounted for the remaining known offenders: 0.8% were Asian; 0.8% were American Indian or Alaska Native; 0.1% were Native Hawaiian or Other Pacific Islander; and 7.7% were of a group of multiple races. The race was unknown for 18.1% of known offenders.

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See also Bias in Crime Policies and Prevention

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HISTORICAL ANTECEDENTS OF PSYCHOPATHY

The terms *psychopathy* and *psychopath* evoke many erroneous, or at least overstated, images in the general populace. These notions may stem in part from such popular culture venues as television and feature film productions in which psychopaths tend to be portrayed as ruthless, remorseless, and often ingenious, killers. News agencies and documentary filmmakers also may contribute to a general sense that psychopaths are heinous criminals, as it tends to be sensational acts committed by such individuals that get highlighted. This general assumption that psychopathy is intimately related to criminality has waxed and waned throughout the historical development of the concept and will be part of the discussion throughout this entry that traces the concept of psychopathy from the 18th century to more contemporary approaches to this concept. The importance of accurately understanding psychopathy rests not with the popularity of the concept in the media and entertainment industries but with its impact within the criminal justice system.

Prevalence rates for psychopathy in the general population are estimated at between 1% and 2%,

and estimates of psychopathy in prison populations are often around 30% for violent offenders and can be much higher when all offender classifications are included. Thus, while psychopathy links to criminality, as evidenced by the overrepresentations in offender populations, the crimes committed by psychopaths are not as stereotypical as portrayed in the media. If these estimates are even relatively accurate, then this population of offenders is a serious concern for criminal justice systems. An historical understanding of the concept gained through research, forensic assessment, treatment methods, criminal responsibility (i.e., the ability to understand the nature of a criminal act and that it is wrong), and recidivism perspectives can help clarify how the current understanding of psychopathy has come to be.

As an example of the relevance of psychopathy to criminal justice systems, the Canadian Criminal Code contains a verdict of *not criminally responsible on account of mental disorder*, which implies, in part, that the offender did not have the ability to understand that his or her behavior was wrong or to control his or her behavior. Following this verdict, offenders are declared not responsible for their behavior and therefore have a different outcome in the justice and correctional systems compared to offenders found criminally responsible (e.g., placed in an appropriate mental health facility rather than a prison). Currently in Canada, a diagnosis of psychopathy has not been deemed sufficient to render a verdict of not criminally responsible on account of mental disorder due to the assumption that psychopathy does not compel behavior and does not impede cognitive awareness and understanding of a person's actions and behaviors. Thus, the current conception of psychopathy assumes that psychopaths have the ability to interpret right from wrong and to control their behaviors but choose not to. The lack of empathy, guilt, and responsiveness to punishment common in many psychopaths (discussed later in this entry) therefore are not judged as sufficient pressures on behavior to remove criminal responsibility for an act.

18th- and 19th-Century Conceptions of Psychopathy

The person usually credited with the first demonstrable link to the concept of psychopathy is

Philippe Pinel, a physician and psychiatrist in France during the late 18th and early 19th centuries. Pinel was also the director of two *insane asylums* (i.e., mental institutions) and is best known as an early advocate for *moral treatment* of the mentally ill. As such, he was a proponent of a more humane treatment of patients—such as more access to personal hygiene and less use of restraints for patients—rather than the punitive and punishing treatments that had been the standard up to that point.

From his work with patients, Pinel described several cases in which patients performed violent acts toward others as well as self-harm that did not derive from psychosis. That is, the behavior occurred in the absence of delusional or manic thoughts. He dubbed this mania (insanity) without delirium (*manie sans délire*). To Pinel, this was different from other forms of insanity as it did not include a cognitive impediment, and the patients were aware of their behavior. This was counter to prevailing conceptions of insanity, which focused on mania, delusion, and low intellectual ability. Pinel further presented these cases as neutral in a moral context. That is, he did not socially condemn those with this condition as inherently immoral or evil.

A contemporary of Pinel in the United States, Benjamin Rush, had a distinctly different opinion of what is now referred to as *psychopathy* than Pinel. Rush, writing in the early 19th century, described the concept as a specific personality defect focused on the person's moral faculty rather than on a cognitive or affective issue. *Faculty* in Rush's sense derives from Scottish commonsense philosophy and refers to a psychological capacity. Rush thought that this failure to develop a proper moral faculty was due to heredity or possibly disease. Due to these factors, Rush believed that those with this condition would be more suited to commitment to a mental institution rather than a prison and opined that this condition could be treated by strengthening the moral faculty to enable more control over, and perhaps evaluation of, an individual's behavior. This focus on the moral faculty also resulted in social condemnation of psychopathy as the concept was not treated in the morally neutral stance of Pinel.

Perhaps the next influential conception of psychopathy was provided by James Cowles

Prichard, a physician in Britain, in the mid-19th century. His concept of *moral insanity* referred to personality defects related to affect and behavior rather than cognition. Prichard contended that the morally insane were well aware of the nature of their behaviors, they knew right from wrong, but the volition was not theirs. He went so far as to suggest that moral insanity could be used as a legal defense due to the compulsiveness of the behaviors. To be clear, Prichard did not employ the term *moral* in an ethical sense, although some assumed that meaning, rather he was implying an affective or emotion-based disorder. His use of the term *moral* therefore created some uncertainty and lack of clarity surrounding the concept of psychopathy in the period and may have also contributed to the increase in social condemnation of those deemed morally insane during this period.

The specific use of the term *psychopathic* began among German psychiatrists in the mid-19th century. Julius Koch introduced his concept of *psychopathic inferiority* in the late 19th century, but this was used as a broader term encompassing more personality aspects than those now associated with psychopathy. Koch did not ascribe cognitive defects to psychopathic inferiority and did not consider it to be insanity. He referred to it as a congenital defect impacting moral character but did not use the term as specifically derogatory or as a synonym for criminality as had been common in prior conceptions.

20th- and 21st-Century Conceptions of Psychopathy

In the early 20th century, Emil Kraepelin, influenced by Koch's psychopathic inferiority, introduced his concept of *psychopathic personality* with a much more restrictive definition of *psychopathic* as compared to Koch. Kraepelin focused on the darkest and most criminal aspects of personality in his conception and portrayed the psychopathic personality as morally bereft and deserving of societal condemnation. Kraepelin described several different types of psychopathic personalities with one type placing a strong link between personality aspects (e.g., self-centered, callous, irresponsible, manipulative, and deceitful) and behavior. These

personality characteristics and their strong link to behavior are still reflected in contemporary conceptions of psychopathy that will be elucidated further.

Perhaps the most influential historical conception of psychopathy was conceived by Hervey Cleckley in the mid-20th century. Cleckley, an American psychiatrist, created his conception of psychopathy through a series of clinical case studies of patients from which he derived a core of personality characteristics that are the basis for many currently held conceptions of psychopathy. Some of Cleckley's core characteristics of a psychopath include being callous, arrogant, manipulative, irresponsible, unresponsive to punishment, superficial, impulsive, antisocial, and showing a lack of remorse, guilt, or empathy. From this list, it is clear that Cleckley placed emphasis on the interpersonal and affective aspects of psychopathy and assumed that psychopaths don't respond to normal socialization processes due to some of these personality deficits. Cleckley proposed that because moral development and the development of a conscience are learned through social situations and the reinforcements and punishments present in social environments, psychopaths are unaffected by such processes. Avoiding a strict criminal perspective in describing psychopathy, Cleckley emphasized that it is not a criminal disorder but is a disorder that could put people into conflict with the legal system. He further noted that the characteristics of psychopathy could be used successfully, at least in terms of having potentially positive outcomes for some psychopaths.

One of the most notable and influential researchers and scholars in the area of psychopathy in the late 20th and early 21st centuries has been Robert Hare, most recognized for his development and validation of a widely used assessment tool, the Psychopathy Checklist-Revised (PCL-R). Hare began developing this assessment tool for psychopathy (PCL) in the 1970s, and PCL and revised versions (i.e., PCL-R, PCL-R 2nd edition) have been used widely for both research on and clinical assessment of psychopathy. Hare was influenced by Cleckley's conception of psychopathy as can be seen by the content of the PCL-R. The PCL-R consists of two factors: the first reflecting affective and

interpersonal characteristics (e.g., deceitful, superficial, manipulative, lack of guilt or empathy, and muted affect) and the second reflecting behavioral style (e.g., impulsive, parasitic, criminally versatile, and irresponsible). As with Cleckley's, Hare's conception of psychopathy is not centered on criminality; however, a person with a substantial proportion of these interpersonal and behavioral characteristics may be more prone to behaviors considered antisocial and garnering the attention of the legal system. Also in line with Cleckley, Hare does not present psychopathy as a cognitive impairment and does not assume that psychopaths are unaware of the negative societal implications of their behavior. Psychopaths seem to simply not be impacted, or at least are far less impacted, by social constraints and rules that aid in regulating behavior.

Implications for Criminal Justice Systems

The implications of psychopathy discussed are far reaching for criminal justice systems. Because psychopathy is not viewed as a cognitive incapacity and is not considered to result in compulsive (i.e., uncontrollable) behaviors, it has not been a successful legal defense as psychopaths are considered criminally responsible for their behavior. However, the lack of legal standing as a defense does not mitigate the potentially negative impact that psychopathy may pose to a criminal justice system. As noted, a substantially higher proportion of those with psychopathy find their way into the prison system than those without psychopathy. The assumption is that those with psychopathy are drastically restricted in their ability to learn from normal socialization processes (e.g., punishment). If a significant proportion of the prison population and a significant proportion of violent offenders are not amenable to current treatment options, this could negatively impact the possibility of rehabilitation, while increasing recidivism rates. Currently, the etiology of *psychopathy* is not well understood, yet a common assumption is that it is intrapersonal to a large extent. Since rehabilitation and recidivism are dependent on a more thorough understanding of the concept of psychopathy, further research is needed as the

etiology can clarify potential pathways to successful treatment.

Paul Dupuis

See also Corporate Psychopaths; Criminal Justice Correlates of Psychopathy; Criminal Risk Assessment, Psychopathy; Psychopathy; Psychopathy Checklist–Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL:SV); Psychopathy Checklist: Youth Version (PCL:YV); Psychopathy Versus Antisocial Personality Disorder

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HISTORICAL-CLINICAL-RISK MANAGEMENT-20 (HCR-20)

The HCR-20 is a commonly used violence risk assessment measure belonging to the *Structured Professional Judgment* model of violence risk assessment that sets out 20 risk factors across three scales: Historical, Clinical, and Risk Management. Violence risk assessment plays a pivotal role within criminal and forensic psychology, in

that it is used to determine the level of violence risk posed by persons typically under some form of legal supervision or incapacitation. For instance, it is commonly used at admission to, within, and discharge from prisons, forensic hospitals, and psychiatric facilities. This entry provides an overview of the HCR-20, including a brief description and history, its purpose, its applications, its core assumptions, its contents, how it was developed, how it is used in practice, and the nature of its research support.

Brief Description and History of the HCR-20

The HCR-20 is a violence risk assessment measure intended to be used by professionals who are responsible for making decisions about risk of violence posed by people typically under some form of legal supervision. The 20 risk factors are broken down across the scales as follows: Historical (10 risk factors), Clinical (5 risk factors), and Risk Management (5 risk factors). The HCR-20 User Manual details instructions for administering the measure, coding each risk factor, and making decisions about level of risk and necessary risk management strategies. The first version of the HCR-20 was published in 1995, replaced shortly thereafter with a slightly revised Version 2 in 1997. In 2013, a more substantially revised Version 3 was published. There have been 20 translations of Version 2, with 12 translations completed or underway for Version 3 as of late 2016.

The Purpose of the HCR-20

First, the HCR-20 is intended to comprehensively structure the violence risk assessment procedure from the gathering of information to the final estimate of risk level. Second, it is intended to yield summary judgments regarding a person's level of risk posed. Third, it facilitates a formulation of violence risk (an integrative, coherent explanation of a person's violence), which allows evaluators to answer the question of *why* a person has acted violently. Fourth, it leads evaluators through a systematic consideration of necessary risk management strategies required to mitigate violence risk. Ultimately, its purpose is to prevent violence.

Intended Target for HCR-20

The HCR-20 is commonly used for persons under legal supervision for whom violence risk is of some concern or must be determined as a matter of law or ethics. Some of the traditional contexts in which it is used include corrections, forensic mental health, and civil psychiatry. When a person enters any of these settings, determinations of risks posed and management needs often must be addressed. For persons residing within correctional facilities, or forensic or civil hospitals, it is used to estimate risk level, to form risk reduction plans, and to monitor risk and adjust management plans over time. It is also frequently used to inform release decisions in terms of degree of risk posed and management needs if a person were to be released into the community. It also can be used for people being supervised in the community, to establish management plans and monitor risk over time.

There are additional applications of the HCR-20. For instance, law enforcement agencies may use it as part of their work managing cases. It has been used in workplace settings as well, under occupational health and safety laws and regulations that require risk assessments to be conducted if the health and safety of employees are threatened. Clinicians in private practice may encounter situations in which a client poses a serious risk of harming third parties, and hence, they may have a legal duty to protect those third parties. Risk assessment is a vital component of this process.

Core Assumptions of the HCR-20

There are a number of assumptions that have gone into the design and implementation of the HCR-20. First, trained professionals with appropriate education and expertise, within a structured framework, can make reliable and informed decisions about risk factors, risk level, and risk management needs. Also, the majority of its risk factors are dynamic, or modifiable, and hence can serve as appropriate intervention opportunities. Additionally, the majority of its risk factors can act as causal agents of violence at the idiographic level, and hence, if they are targeted for intervention, risk will decrease. Finally, although in general the greater number of risk factors present in a

given case, the higher the risk posed, risk is not necessarily a simple linear function of the number of risk factors. Hence, professionals who use the HCR-20 are assumed to be able to exercise appropriate discretion in determining risk level through not only the consideration of the number of risk factors present, but their relevance, salience, and interrelatedness at the idiographic level. As such, decisions of high risk are permissible even with few risk factors present, as are decisions of low risk in the face of many risk factors. These assumptions have been tested and supported by research.

Contents of the HCR-20

The HCR-20 is 130-page professional manual or user guide. Chapter 1 of the user guide reviews the history and foundation of the HCR-20; situates the HCR-20 in the larger risk assessment field, including how it differs from an actuarial approach; and defines and explains key concepts, such as violence, risk, assessment, and management. Chapter 2 describes the revision process used for the development of Version 3 of the HCR-20. The third chapter includes detailed instructions on administering the HCR-20. Chapter 4 contains definitions and coding notes for each of the 20 risk factors. The Appendices of the HCR-20 contain samples of the HCR-20 Worksheets.

The risk factors are divided into three scales. The Historical Scale has 10 risk factors, denoted as a History of Problems with: (1) Violence, (2) Other Antisocial Behavior, (3) Relationships, (4) Employment, (5) Substance Use, (6) Major Mental Disorder, (7) Personality Disorder, (8) Traumatic Experiences, (9) Violent Attitudes, and (10) Treatment or Supervision Response. The Clinical Scale has 5 risk factors, denoted as Recent Problems with: (1) Insight, (2) Violent Ideation or Intent, (3) Active Symptoms of Major Mental Disorder, (4) Instability, and (5) Treatment or Supervision Response. The Risk Management Scale includes five risk factors, denoted as Future Problems with: (1) Professional Services and Plans, (2) Living Situation, (3) Personal Support, (4) Treatment or Supervision Response, and (5) Stress or Coping.

The Historical Scale captures past functioning, behaviors, and experiences. The Clinical Scale pertains to recent (past 6–12 months) affective,

cognitive, and behavioral functioning, and the Risk Management Scale refers to future adjustment and experiences in the coming 6–12 months.

Development of the HCR-20

The HCR-20 shares development principles with all Structured Professional Judgment measures. Risk factors were selected for the HCR-20 (be it Version 1, 2, or 3) based on comprehensive literature reviews and consultation with content area experts. This method is referred to as the logical or rational item selection method. It is intended to produce an evidence-based, comprehensive set of risk factors that is generalizable across settings. This method stands in contrast to how some other measures are developed, using statistical methods (such as linear or logistic regression) to extract a set of risk factors from one or (less commonly) a small number of individual samples within a particular setting. The advantage of the logical or rational item selection method is that it minimizes the possibilities that certain important risk factors will be excluded because they happened not to be significant in a given sample or were not even measured in the first place.

The development of Version 3 of the HCR-20 was based on an updated systematic literature review (including a 300-page annotated bibliography) since the publication of Version 2 in 1997. This was done to determine those risk factors that should be dropped, added, or modified.

For the Version 3 development, additional steps were taken. There was an extensive consultation process with experienced agencies and users of the HCR-20 Version 2 to seek their opinions on potential limitations of Version 2 and areas for improvement. Based on this feedback, and the experiences of the HCR-20 authors themselves, they sought to clarify ambiguities or inconsistencies; to improve the applied utility of the instrument by emphasizing individual-focused administration procedures focusing on formulation, scenario planning, and risk management; and to ensure legal acceptability by avoiding *prima facie* objectionable risk factors (such as the personal demographic attributes of gender, age, or ethnicity). Once a draft of Version 3 was developed, it was presented to an additional 30 experienced users for systematic feedback, after focus group

exercises. The draft was also beta tested in several different countries within agencies that had been using Version 2 for at least 10 years. In total, the beta testing included roughly 25 additional clinicians and the same number of evaluatees. Beta testers provided extensive feedback, and revisions to this draft were undertaken as a result.

Finally, considerable effort was devoted to the empirical evaluation of the reliability and predictive validity of the penultimate draft of the HCR-20 Version 3. This was done to ensure that the new HCR-20 would have psychometric properties at least as strong as its predecessor. Data were collected across eight sites and seven countries for the purpose of empirical evaluation of Version 3: Canada, England, Germany, the Netherlands, Norway, Sweden, and the United States. There were 782 participants (offenders and patients) included in this research, across correctional, forensic psychiatric, and civil psychiatric settings. Findings supported the reliability and validity of Version 3 of the HCR-20, and hence, it was published soon after findings from these studies became available. This development research also led to a special issue on the HCR-20 Version 3 in a 2014 issue of the *International Journal of Forensic Mental Health*.

Using the HCR-20 in Practice

The HCR-20 is intended to structure a comprehensive violence risk assessment. Users must have appropriate experience, education, and knowledge, as described in the user manual. The administration of HCR-20 Version 3 is intended to represent the natural flow of activities and decision-making that professionals undertake not only for risk assessment but also for most assessment tasks. That is, professionals must gather information, identify important and relevant facts, make sense of that information, consider the implications of the information for the future, and recommend future steps to best handle concerns. In the violence risk assessment context, evaluators gather information, assign this information to risk factors, try to make sense of why a person has acted violently in the past, consider how and under what circumstances they might act violently in the future, and recommend management strategies to reduce risk.

Because human beings generally make better decisions when the decision-making process is structured, the general decision-making process outlined above is structured into seven steps. The purpose of providing structure to the entire risk assessment (decision-making) process is to avoid, as much as possible, reliance on heuristics, bias, consideration of task-irrelevant information, and ignoring task-relevant information.

The seven administration steps of the HCR-20 Version 3 are as follows:

Step 1: Case Information

This step involves gathering and documenting enough relevant information to inform a comprehensive risk assessment. The HCR-20 Version 3 authors recommend that if at all possible the minimum information base should consist of a thorough review of case records (consisting of correctional, police, health, employment, and school files, as available) and an interview with the person of interest. Under some circumstances, information will be limited, or unavailable, in which case the evaluator must decide whether to use the HCR-20 Version 3. Where possible and indicated, other sources of information include direct observation and interviews with collateral sources such as family members, victims, or staff members who know the person well.

Step 2: Presence of Risk Factors

Each risk factor on the HCR-20 is defined within Chapter 4, and coding notes are provided. Together the definition and coding notes are used to rate whether the risk factor is present, absent, or possibly/partially present. Some of the broader or more complicated risk factors include subitems, which are optional. In addition to the definition and coding notes, each item comes with a list of indicators, which are possible ways in which the risk factor might manifest at the idiographic level. These are examples and are not meant to be coded. In addition to rating the 20 standard risk factors, evaluators can specify case-specific risk factors, so long as they can identify case facts to justify doing so.

Step 3: Relevance of Risk Factors

One of the novel features of the HCR-20 Version 3 is rating the idiographic relevance of risk factors. The 20 standard risk factors on the

HCR-20 Version 3 have support at the sample or population level. However, this does not mean that, when present, they are equally important for elevating risk of all people who have them. As such, if a risk factor is determined to be present (or possibly/partially present) at Step 2, it is treated as a hypothesis that the evaluator must explore by asking, “Is this risk factor relevant to understanding this particular person’s violence?” This step is intended to optimize the individualization of the assessment and to bridge the nomothetic and idiographic levels of analysis. It is also a mechanism for evaluators to determine what risk factors really are most important in understanding a given case.

Relevance is defined as whether a risk factor is causal at the individual level (i.e., did it drive or motivate violence, or disinhibit a person, such as violent ideation or intoxication might?), whether it impairs a person’s decision-making about violence (i.e., does it impair or destabilize careful decision-making, such as intellectual impairment or executive dysfunction might?), or whether it is otherwise critical to manage (i.e., does it allow other risk factors to persist or perpetuate, such as poor treatment plans or lack of social support might?). This process helps to answer the question *why* a person did what he or she did and to make sense of the case.

Step 4: Risk Formulation

Risk formulation furthers the process of making sense of a case. Like formulation in other contexts (i.e., therapy), risk formulation involves the application or theory or conceptual models to integrate and condense case information into a set of smaller conceptual units that explain why, in this context, a person has been violent. As such, rather than having, say, 15 risk factors to deal with, the evaluator may now have three interconnected themes that explain a person’s violent behavior. The purpose is to develop an individual theory of violence, so that we may understand why a person might be violent in the future and what we can best do to mitigate risk.

Step 5: Risk Scenarios

This step turns to the future and asks evaluators to specify plausible concerns for the future with respect to a person’s violence. If this person will be violent again, what might the person do? What might the warning signs be? Scenario planning has

been used for well over a century in other disciplines, such as military planning, and more recently for emergency preparedness, engineering, business, law enforcement, and public health. It is ideal for planning in the face of uncertainty, which aptly describes the risk assessment and management context. Typically, a small number of scenarios is specified (say, a repeat, twist, and worst-case scenario), a process that leads logically to the question, “What are we going to do to identify and manage risk under these plausible scenarios?”

Step 6: Management Strategies

This step flows naturally from the previous steps and should address the most important risk factors (present and relevant—Steps 2 and 3), why a person acts violently (Step 4), and what the person might do in the future (Step 5). Management strategies are specified under four categories: monitoring (how often, by whom, where?), supervision (how restrictive should conditions be?), treatment (what ameliorative or skills-based programming makes sense?), and victim safety planning (what can be done to help potential victims enhance their safety?). Not only should strategies be specified but so too should their details (if anger management is recommended, what specific program should it be?) and logistics (can it be ensured that the timing of this program does not conflict with other programming, or with employment?). Risk management intensity typically should be commensurate with risk level.

Step 7: Conclusory Opinions

The final step is simply for the evaluator to communicate his or her summary opinions about level of risk for which several such judgments are called. A judgment of future risk, or case prioritization, is a statement that reflects the evaluator’s opinion about the level of risk (how likely is it, based on the preceding steps, that this person will commit some form of violence in the next 6–12 months?) and concomitant degree of effort required to mitigate risk. A simple judgment of low, moderate, or high is provided. Evaluators are also asked, using the same logic, to make a risk judgment for serious (life-threatening) and imminent violence (in the coming hours, days, or weeks). These summary risk ratings have been studied extensively in research.

The Nature of Research Support for the HCR-20

The HCR-20 has been subjected to approximately 350 empirical evaluations across more than two dozen countries, the vast majority of which have been conducted by independent researchers. Most research is on Version 2, given that Version 3 was not published until 2013. Meta-analyses indicate that the HCR-20 performs at least as well as other risk assessment instruments, typically yielding moderate-to-large effect sizes. The judgments of low, moderate, or high risk have routinely been found to add incremental predictive validity to summing up the risk factors or to other risk assessment measures including actuarial ones. There has been evidence in a number of studies for dynamic predictive validity (i.e., increases in risk factors leading to increases in subsequent violence and decreases in risk factors leading to decreases in subsequent violence). Research has shown comparable predictive validity for men and women, and across countries, and settings of application.

Kevin S. Douglas

See also Criminal Risk Assessment, Structured Professional Judgment of; Intimate Partner Violence; Violent Offenders

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HOMELESSNESS AND CRIME

Homelessness and crime in the United States have intertwined since at least the 17th century, when Elizabethan era poor laws regulated vagrancy through forced labor and incarceration. In a more contemporary context, a systematic examination of the intersection between homelessness and crime covers three areas. The first addresses the range of situational factors and personal characteristics that render homeless individuals more vulnerable to becoming involved with the criminal justice system. Second, homeless advocates have charged that many jurisdictions respond to homelessness by criminalizing various aspects of homeless living in an effort to drive homeless persons out of sight or out of town. Finally, just as increased risks of arrest and incarceration are endemic to being homeless, being involved in the criminal justice system and, in particular, being incarcerated increase the risk of experiencing homelessness. This entry provides a detailed overview of the relationship between homelessness and crime and examines policy approaches designed to interrupt this relationship.

Criminal Justice Involvement Among the Homeless

According to estimates by the U.S. Department of Housing and Urban Development, 564,708 people were homeless on a given night in 2015. A review by Margaret Eberle reported that, depending on the homeless population studied, between one fifth and two thirds had a criminal history. Another review, by Health Care for the Homeless, reported that between one quarter and one half of homeless populations studied had a history of incarceration, with the large majority having been jailed rather than imprisoned.

Single adults, who comprise roughly two thirds of the overall homeless population, are particularly vulnerable to interactions with the criminal justice system. As a group, single adult homeless are disproportionately poor, undereducated, male, Black and Hispanic, and have high rates of mental illness and substance dependencies. Independent of any homelessness, these groups are also more likely to become involved with the criminal justice system.

Situational factors related to being homeless create an increased vulnerability for criminal justice involvement. A lack of housing leads to more time in public spaces and to more arrests for minor offenses such as public urination or drunk and disorderly conduct. Given that homelessness, almost by definition, involves extreme poverty, homeless people will be more likely to engage in subsistence crimes such as shoplifting or trespassing when they attempt to sleep in abandoned buildings and other private property. The logistics of being homeless often lead to missed court appearances and the inability to pay tickets, citations, or other legal costs, meaning that low-level offenses escalate into warrants and to additional fines and jail time. Substance abuse, which is common among homeless persons, often involves engaging in criminal acts involving possession and distribution-related offenses. Beyond drug-related offenses, only a small proportion of the homeless milieu habitually engages in more serious criminal activity. Finally, there is drift among persons with criminal records who, as they age, typically become less criminally active but also become more vulnerable to homelessness.

Criminalization of Homelessness

Local policies, laws, and ordinances that specifically address homelessness are often the means by which homeless persons come into closer contact with the criminal justice system. This criminalization thesis (i.e., the idea that people are arrested by virtue of their homelessness) is consistent with more general frameworks that describe the control of offensive populations as a key function of law enforcement. John Irwin's *Jail* (1985) illustrates how this process applies to indigent urban populations, and classic studies of homelessness such as Egon Bittner's "The Police on Skid Row" (1967) and James Spradley's *You Owe Yourself a Drunk* (1970) illustrate how homelessness has historically been criminalized.

In a more contemporary context, jurisdictions that use ordinances to curtail certain behaviors (e.g., panhandling, sleeping in public) and restrict feeding programs for the homeless have been accused of criminalizing homelessness. Such approaches, critics contend, use a criminal justice-oriented process to remove homelessness from the public view or to harass homeless persons and prompt them to leave the jurisdiction. These measures are often the target of lawsuits against jurisdictions for infringing upon the civil liberties of the homeless and punitively addressing poverty. These legal tactics in turn are criticized for concentrating and fomenting crime among the homeless. Mike Davis illustrates this in *City of Quartz* (1990), in which Los Angeles' Skid Row serves as a proto-reservation created by a police policy to contain the homeless, thereby creating what he called "the most dangerous ten square blocks in the world" (p. 233).

Recently, the National Law Center on Homelessness and Poverty has been in the forefront of an effort to frame the criminalization of homelessness as a concerted trend rather than an aggregate of local policies. Alternately, researchers such as Eoin O'Sullivan, writing about conditions in Ireland, describe the criminal justice system as but one of an array of institutional responses that function as agents of social control in response to perceptions of homelessness as menacing, unruly, or otherwise undesirable. Some localities employ an alternative approach that takes a more social services-oriented approach to law enforcement

among the homeless. An example of this is in Washington, DC, where Jennie Simpson describes how police officers partner with homeless outreach workers to provide alternatives to arrest for getting homeless persons off of the streets.

In contrast to the widely held view of homeless persons as perpetrators of crime, less attention is given to the disproportionate degree to which homeless persons are victims of crime. While homelessness draws a disproportionate amount of police attention, this does not translate into a greater degree of personal security. Laura Huey, in *Invisible Victims* (2012), makes the most extensive examination of how homeless persons routinely are assaulted, robbed, exploited, and otherwise victimized; further, she shows the human costs related to policies that relegate destitute, powerless people, many with vulnerabilities such as disabilities, old age, and substance abuse, into the most unsafe urban areas.

Incarceration, Reentry, and Homelessness

Most research on the intersection between homelessness and crime has focused on criminal activity among those who are homeless. A smaller body of research suggests that incarcerated populations also experience disproportionately high levels of homelessness both before and after their incarcerations. Some studies have found that up to 15% of incarcerated populations were homeless in the year prior to entering jail (as compared to 1–2% of the general population). Those with a prior history of homelessness face the highest risk of homelessness upon release, but homelessness is a more general concern faced by many persons leaving jail or prison and reentering the community.

Release from prison often follows extended periods of incarceration in distant locations. This can attenuate the community and family ties that are necessary for successful reentry into the community. Poor work histories and the stigma of a criminal record make establishing economic self-sufficiency by legitimate means more difficult. In the absence of this, maintaining stable housing will require support from family, social service agencies, faith-based organizations, or other parties interested in facilitating a smooth transition for the released individual. However, many

persons return from prison to communities where these resources are underfunded and overwhelmed by demand. This sets the groundwork for a variety of undesirable outcomes to reentry from prison, including homelessness.

Persons serving longer jail sentences will have similar reentry issues as their imprisoned counterparts. However, even short-term incarcerations (the median jail stay is 1 day) disrupt lives and interfere with the ability to maintain employment and housing. Releases from jail often come as abruptly as entries into jail, involving logistics where persons are often released at odd hours and with no arrangements made for postrelease planning. This is a particular problem for persons with psychiatric disabilities, where such unplanned releases exacerbate psychiatric symptoms and complicate resuming community-based medication and treatment regimens to the point where court orders in cities such as New York have mandated more deliberate release protocols. Moreover, few jails provide more than minimal services to link those who are released to needed community services.

According to the U.S. Interagency Council on Homelessness, these circumstances lead to nearly 48,000 people who enter shelters each year coming from jails or prisons. According to prior research, 11% of a group released from prison in New York subsequently entered a shelter. Rates for homelessness among those released from jail are lower; however, more persons exiting jails will become homeless because many more people cycle through jails than prisons. More broadly, Claire Herbert and her colleagues found that, among parolees released from prison in Michigan, the number of those who were unstably housed greatly exceeded those who were literally homeless. Homelessness, in turn, increases the risk of subsequent reincarceration.

These problems with community reentry threaten to become worse as the mass incarceration trends that began in the 1970s show signs of reversing, which means that greater numbers of individuals face the prospect of being released from prison and overwhelming the sparse supply of reentry services. While it is too early to say this definitively, the looming decarceration process is a phenomenon that stands to have an impact on homelessness in a manner comparable to the

deinstitutionalization of the mentally ill that occurred in the latter part of the 20th century.

Housing, Crime, and Homelessness

Housing is the most basic response to ending homelessness, and evidence shows that, along with ending homelessness, stable housing leads to reduced numbers of arrests and incarceration (i.e., jail and prison) episodes. Among other reasons, housing reduces an indigent person's visibility to law enforcement, reduces the need for subsistence crimes, and facilitates attachment to the community. Housing, when combined with supportive services, can also help persons navigate and overcome the myriad of pitfalls that confront a person who has experienced homelessness and has an arrest record, especially if he or she has also experienced a period of incarceration.

The predominant approaches to housing homeless persons who have been in the criminal justice system are known as housing first and progressive engagement. The latter represents the traditional approach to rehousing ex-offenders, often the basis of treatment approaches by halfway houses and other similar long-term transitional facilities. Here, housing and an array of therapeutic services are provided in a highly structured environment where the participant gains increasing levels of independence as he or she progresses through the program. Alternately, the housing first approach is the model most prevalent in housing programs that target homeless individuals and involves a process whereby a person is provided immediate, independent housing arrangements and access to supportive services as he or she feels necessary. Housing first and progressive engagement represent two fundamentally different approaches, and proponents of each are often at odds with each other. Regardless of the merits endemic to each approach, there are inadequate supplies of both housing types, and such housing is most often provided in small *boutique* programs that have as of yet not been scaled to the extent required to meet demand, especially if there will be a substantial increase in the number of persons released from carceral facilities.

Beyond housing, efforts to reduce the involvement of homeless persons with the criminal justice system usually involve some measure of diversion to social services and behavioral health (including

drug treatment) systems in lieu of either arrest or the standard adjudication processes. More broadly, there have also been suits filed on behalf of homeless populations seeking to strike down laws and policies that plaintiffs argue unfairly target homeless persons.

Final Thoughts

Throughout history, homelessness and crime have been overlapping phenomena. A by-product of homelessness is an increased vulnerability to arrest and incarceration, and, conversely, insufficient levels of economic or social supports upon release from incarceration carry an increased risk of homelessness. Due to absence of any deliberate, systematic policies to either divert homeless persons from the criminal justice system or substantially increase availability of housing as a function of the criminal justice system, there is little prospect that the dynamics underlying this relationship between crime and homelessness will abate any time soon.

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See also Criminal Stigma; Incarceration, Effects of; Poverty and Crime; Recidivism; Reentry; Reentry, Best Practices for; Strain Theory of Crime

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HOMEWORK AS TREATMENT

In a therapeutic context, homework is a request from a mental health practitioner to the client to practice a new behavior or perform a between-session task. Assigning homework is a common technique for many practitioners. Clients who complete more homework experience more positive treatment outcomes and increases in self-efficacy. Homework is an essential component within the therapy change process. Thus, increasing homework compliance is an essential task for both client and therapist.

Increasing homework compliance involves a client's perception that the homework matches the problem and goals of therapy, that it is not too difficult, and the belief that a strong relationship exists between the client and mental health practitioner. In creating such an environment, homework completion in and of itself can be considered a form of treatment. As such, within the context of criminal psychology, homework can play an

instrumental role in developing new attitudes, behaviors, and opportunities even for clients in mandated treatment. A challenge in the context of criminal justice treatment is gaining clients' trust so that they are more willing to do the homework recommended to them. Types of homework assignments are only limited by the client and counselor's creativity. Therapists can utilize a variety of categories of homework in counseling sessions in order to increase the likelihood of positive outcomes for their clients. This entry discusses positive therapy outcomes from homework, increasing homework compliance, and some types of homework.

Homework and Positive Therapy Outcomes

Homework compliance refers to the degree to which a client implements homework assignments suggested by the practitioner. Homework compliance can act as an indicator of a client's level of commitment or involvement in therapy. As such, homework compliance and treatment outcome are significantly related, suggesting that clients who comply more with homework are more likely to have better treatment outcomes. Even across different treatment populations and types of homework, the connection between greater homework compliance and better treatment outcome remains significant.

Clients who regularly complete homework realize greater degrees of improvement when compared to those who do not complete homework. Greater improvement is therefore one reason that increasing homework compliance should be a goal of a mental health practitioner, as homework may have a snowballing effect in the context of treatment. Clients who comply with homework may experience greater rates of change, making therapy more impactful, and ultimately leading to increases in their hope and motivation. This may be due in part to the fact that the client completes the homework, and so, the responsibility for improvement is in his or her own hands. In this sense, accomplishments facilitated through homework completion can be empowering for clients. Clients' self-efficacy increases through homework completion, fostering a belief in themselves because they have seen their own potential for

accomplishment outside of sessions. Thereby, homework allows a client a clear context to practice new behaviors and to develop skills learned in session before applying these behaviors or skills after termination of therapy. Discussing homework in subsequent sessions allows the practitioner and client to discuss barriers, benefits, and effects of the homework to tailor future interventions and the overall direction of treatment.

Increasing Homework Compliance

Clients who already have more buy-in to therapy may be more motivated to complete homework. However, due to the relationship between homework compliance and better treatment outcome, it is worth noting some ways to increase the likelihood that clients will complete assigned homework.

Research suggests therapists working within correctional settings may enhance clients' homework compliance by modeling desired homework tasks for clients during therapy sessions or by allowing clients to practice these tasks. This research also proposes that clients who are encouraged to commit publicly to completing assigned tasks are more likely to comply with homework. In their 2004 article reviewing homework in psychotherapy, Michael Scheel and colleagues included a model of best practices for therapist homework delivery methods.

Therapists can start by understanding that discrepancies often exist between what the therapist intends as the homework and what the client recalls as the homework. This discrepancy suggests a need to clarify homework assignments before ending a session. It is critical that the client accurately understands the homework assignment in order to appropriately and accurately complete it outside the therapy hour. This process may be especially important when working with clients within correctional settings, as it has been suggested that these clients may be more inclined to comply with homework assignments when they have a better understanding of not just the goal of the assignments but also an awareness of the potential benefits of investing time into completing assigned tasks. One way this can be done is to write out the homework assignment during session so that the client has a clear reference, similar to the way a physician writes out a prescription.

Clients may hesitate to discuss their thoughts and feelings about assignments with their therapist. Encouraging open and honest discussion about a client's thoughts concerning the homework may encourage more collaboration. This, in turn, increases the likelihood of client compliance with the homework recommendation. Collaboration is necessary because clients who perceive their therapist as using confrontation and teaching as therapy techniques (i.e., direct interventions) without including or considering the client's views may be less compliant with the recommended homework.

Along with clearly describing homework assignments and using open and collaborative approaches, the four-component model of homework acceptability should be incorporated into the process of recommending homework. First, the client must perceive a fit between his or her problems and the homework treatment. Second, the client needs to view the homework as only moderately difficult when considering factors such as time, effort, or complexity of the assigned tasks. Third, the homework should utilize some of the client's strengths. Fourth, the client needs to feel that a strong relationship exists with the therapist to engender trust in the homework the therapist suggests. Essentially, client acceptability with the prescribed homework is achieved when clients view the homework as aligned with their problem, believe that it is possible to accomplish (which includes using existing strengths to perform the task), and believe that a strong relationship exists with their therapists.

Client attitudes of acceptability with homework are associated with actually performing the homework task. Clients will complete homework that fits with their view of what they feel competent in doing (i.e., client strengths). For instance, if a client views writing as a strength, the client will be more likely to comply with journaling as a homework task. Using client strengths within homework assignments may allow clients to feel more authentic and natural, which can make tasks easier to implement.

Types of Homework

The array of available homework assignments within the context of therapy is expansive.

Therapists should collaborate with their clients to find creative homework assignments that work for a given client and relate strongly to his or her problems or goals. Homework can be passive (e.g., the client observes or experiences something), active (e.g., the client completes a task), or a combination of the two. Christopher Hay and Richard Kinnier have provided nine categories of homework in counseling.

Paradoxical Assignments

Paradoxical assignments involve assigning the symptom as the homework. The purpose of this process is to create the opposite outcome by actually taking pressure off a client who is trying to force her or his desired goal to happen too quickly (e.g., individuals identified with sexual dysfunction or sleep disorders). For instance, a client experiencing insomnia may be asked to stay up as late as he or she can. This type of homework must be used cautiously and avoided in ethically risky situations where self-harm or harm to others is possible.

Experiential and Behavioral Assignments

Experiential and behavioral assignments are specific actions that clients and therapists discuss and agree upon. These specific tasks help to change behaviors. For instance, a client who struggles with depression may be asked to engage in an activity she or he enjoys once a day (e.g., painting, walking the dog).

Risk-Taking and Shame-Attacking Assignments

Risk-taking and shame-attacking assignments are useful with clients experiencing fear. These assignments involve practicing behaviors that can help reduce a client's expectations of rejection or other consequences by acting out tasks that the client thinks would evoke the feared consequence. For instance, a client might be requested to ask a stranger on a date so he or she can experience rejection and become exposed to the fear, in essence helping to desensitize or decatastrophize.

Interpersonal Assignments

Interpersonal assignments can help with communication problems. One example would be to

have a client record both effective and ineffective interactions with people outside of session. Then the client and counselor can work together to deconstruct both the effective and ineffective ways the client communicates.

Thinking Assignments

Thinking assignments are useful to address problematic thoughts a client may possess. An example of this type of assignment is having a client write down pleasant thoughts he or she has about himself or herself. These positive self-reflections can then be referred to later when the client experiences instances of negative self-talk.

Writing Assignments

Writing assignments involve a client writing down various things, such as thoughts, feelings, goals, or behaviors. Clients can do this through journaling or writing stories and can incur a wide range of benefits from the process.

Reading, Listening, and Watching Assignments

These types of assignments are more passive in nature and allow a client to progress at his or her own pace. Examples of reading homework can be assigning the client a list of self-help books to peruse. Listening and watching assignments can involve clients observing previous sessions and paying special attention to specific topics that the client and therapist agreed upon beforehand.

Solution-Focused Assignments

Solution-focused homework assignments are directly related to a client's goal or the reduction of an identified problem. For instance, a client could have a conversation with someone he or she is in conflict with to attempt to reach a compromise.

"Don't Do Anything" Assignments

This type of assignment is useful for clients who obsess about fixing their problems. Clients gain a degree of respite from their difficulty by doing less or nothing. For instance, a client could

be asked to avoid talking about her or his problem for the week.

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See also Homework as Treatment: Active Versus Passive Homework; Homework Compliance Strategies; Mental Health Treatment; Mental Health Treatment Planning; Mental Illness and Crime, Etiological Linkages Between; Treatment of Criminal Behavior: Group Psychotherapy

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HOMEWORK AS TREATMENT: ACTIVE VERSUS PASSIVE HOMEWORK

Homework in therapy can be described as a task recommended to a client by a therapist to be completed between appointments, with the goal of helping the client move toward her or his treatment goal. Importantly, research has shown that the use of homework significantly improves the outcome for justice-involved individuals. Homework may be assigned to a client for a variety of

reasons, including practicing a new skill, exploring an area of the client's life, gaining knowledge on a subject, or monitoring progress. These assignments can be beneficial to clients by encouraging them to integrate therapeutic goals with their outside lives.

Several factors may influence completion and success of homework assignments. Assigning homework is often most successful when there is a strong therapeutic alliance, the client believes the assignment is a reasonable approach to her or his problem, utilizes her or his strengths, appears doable, and will be beneficial. Homework tasks can be either active or passive in nature or a combination of both. Some therapists such as those who utilize cognitive behavioral therapy use homework assignments frequently as an integral part of treatment, whereas others may use homework as a technique variably or as needed. This entry briefly distinguishes the differences between active and passive homework and provides relevant examples of how each type of homework assignment may be used in treatment.

Active Homework

Overview

Active homework is an assignment given to a client to complete a task that involves the client's participation or action. Active homework requires the client to do rather than simply observe or experience. Examples of active homework include beginning a conversation with another person, journaling when experiencing stress, maintaining a self-talk log, or incorporating exercise into their weekly routine. Some therapies that frequently utilize active homework strategies include cognitive behavioral and prolonged exposure therapies. Cognitive behavioral therapies commonly utilize client worksheets as active homework. Prolonged exposure techniques may also require active homework assignments, such as participation in anxiety-inducing events. Although active homework is commonly associated with these therapies, a variety of treatment approaches find the assignments helpful.

Example

A therapist is working with Sara, who is experiencing symptomatology of anxiety such as

racing thoughts, increased heart rate, and shortness of breath. The therapist asks Sara to describe these physiological symptoms in session. Next, the therapist provides Sara with information on the relationship between psychological distress and physiological arousal and suggests efforts to manage these symptoms through mindful breathing. The therapist introduces and demonstrates the technique of mindful breathing. Together in session, they practice the technique. Subsequently, Sara reports feeling more calm and in control of her anxiety symptoms after practicing this new skill. The therapist recommends that Sara practice mindful breathing to continue managing her physiological experience of anxiety until they meet again the following week. Two days after her appointment, Sara is on her way to work; when she remembers that she has an important meeting with her boss, she begins to experience racing thoughts, increased heart rate, and shortness of breath. Sara recognizes these symptoms as being indicators of anxiety and begins to take slow, deep, mindful breaths. Sara is engaging in active homework by practicing her new skill outside of the therapeutic context as was recommended by her therapist.

Passive Homework

Overview

Passive homework assignments often do not require clients to initiate an action or behavioral change, rather individuals are asked to complete an assignment that involves their passive participation. Often, these activities involve the client receiving information or instruction from another source. For example, a client may be asked to view a TED talk, listen to a mindfulness meditation, or read an article or book. Another form of a passive homework assignment is when the therapist recommends the client observe him- or herself or another. Observation is a common form of passive homework. As an assignment, a therapist may recommend that a client pay close attention to her or his own feelings or emotions, nonverbal communications (e.g., body language, gestures, facial expressions), or overt communications expressed by self or others. Passive homework instead of active homework may

be more suitable for clients who are not yet fully committed to therapy. Steve DeShazer recommends passive homework (i.e., observation tasks) to clients labeled *visitors* and active homework to clients labeled *customers*.

Example

Levi is struggling to communicate with his 14-year-old son, Max. He reported to his therapist that the two are in constant dispute and at times Levi believes Max “will do anything possible to begin a fight.” Levi shares with the therapist that Max has recently transferred schools and believes this may be contributing to his irritability. Levi desires a healthy relationship with his son; however, he is also busy due to stress from work. He tells his therapist that at times it can be hard to control his reactions. The therapist suggests that Levi observe his son’s behavior and demeanor upon arriving home from school each day in order to better understand Max’s mood. That night Levi noticed that Max entered the house loudly when he arrived home from school. While searching for snacks, Max would slam cupboard doors and when his pet dog came to greet him, Max looked away. Levi was able to use his passive homework assignment to gain observational information about his son’s behavior and process potential hypotheses for his son’s behavior in therapy.

Passive Versus Active Homework

Active and passive homework assignments can be difficult to distinguish, as they both involve asking the client to complete an activity outside of the therapeutic context. At times, a therapist may recommend an assignment that contains both passive and active components—for example, asking a client to observe her or his child’s behavior (passive) and react calmly (active). In short, active homework assignments require more behavioral effort than passive assignments because the nature of the assignment usually requires the individual to interact or alter her or his environment. In passive assignments, the tasks are generally more focused on increasing awareness, insight, or knowledge through observation. Despite the distinctions categorically, both active and passive homework can be useful when assigned with the

intention to help the client work toward her or his therapeutic goal.

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See also Homework as Treatment; Homework Compliance Strategies

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HOMEWORK COMPLIANCE STRATEGIES

Homework assignment is considered to be a pivotal component of certain types of psychological treatments, such as behavioral and cognitive behavioral therapies. Within these types of psychotherapies, therapists assign activities to be conducted between sessions that are tailored to the client's specific problem and have beneficial therapeutic effect if complied. Numerous studies have shown that homework compliance leads to better treatment outcomes.

This entry is structured in four parts. The first section explains why homework is an important component of treatment. The second and third sections review strategies that have been shown to enhance compliance to homework in clinical settings in general as well as correctional psychotherapy more specifically. The final section explains how incentives could be used as an effective strategy to increase compliance to homework.

Why Homework Is Important in Psychological Treatments

Studies have shown that there is a relationship between positive clinical outcomes and homework activities. Psychological treatments combined with homework assignment are more effective than those without. Homework is important because it maximizes available treatment time, allows patients to practice and master skills outside the therapy, and permits patients to generalize the skills or therapeutic gains to other settings and for a period of time that goes beyond the end of treatment. These positive clinical outcomes may be even more important when the treatment involves offenders, and incarcerated offenders in particular, because treatment outcomes must generalize to the offender's lives outside the prison.

Positive treatment outcomes have also been reported in the correctional psychotherapy literature. Correctional therapies that incorporate homework have been shown to produce better outcomes in terms of reducing the severity of psychological symptoms and criminal recidivism relative to psychotherapy without homework. The problem, nevertheless, is that the positive therapeutic effects of homework exercises depend on patients' engagement with these activities. Therefore, to improve treatment outcomes, it is crucial that practitioners also incorporate strategies that enhance homework compliance. The following section describes some of these strategies.

Strategies to Enhance Homework Compliance in Correctional Psychotherapy

When assigning homework, therapists should be as clear as possible about how the activity should be performed by the client and should provide a rationale about how the homework activity is important to achieve treatment goals. It is also important that therapists discuss with the client possible challenges that they may encounter when trying to complete the activity and ways to circumvent these challenges. In addition, therapists should provide choices of homework activities and practice the assignment in session. Because written instructions have been found to increase compliance, therapists should also provide clients with a note describing the activity. Furthermore, therapists should ask about the homework

experience and summarize the activity at the beginning of the following session. While doing so, it is imperative that therapists verbally reinforce all pro-homework completion behavior.

Many of these strategies mentioned in the preceding paragraph have not been evaluated in correctional population samples. In fact, the literature on homework compliance in correctional population is scarce. One of the few studies that have investigated strategies to enhance compliance in correctional populations investigated the efficacy of three homework compliance strategies: task option, modeling, and public commitment. The first strategy involved permitting patients to choose between different homework tasks. The second involved the therapists demonstrating the correct manner to complete the activity during the session. And the third involved encouraging patients to commit with the activities publicly. Overall, the results obtained in this study indicate that task modeling and public commitment are effective strategies to enhance compliance in offender population, but further studies are warranted.

Incentive-Based Approach

As noted earlier, reinforcement is an important strategy to promote compliance. In addition to social reinforcement, therapists could provide tangible reinforcement to increase the frequency of homework completion. A large number of studies have been published since the 1980s showing that incentive-based interventions are efficacious to treat clinical conditions. These incentive-based interventions, also known as *contingency management*, are based on operant conditioning principles. In this approach, tangible reinforcers are provided contingent upon the objective verification of the target behavior.

Contingency management has been widely implemented among persons with substance abuse problems. In this treatment, patients receive incentives or vouchers exchangeable for goods and services every time abstinence from drugs is objectively verified. More recently, however, this approach has been implemented effectively in other behavioral targets, including compliance with medication, attendance at group meetings, diabetes self-monitoring, and engagement in physical activity and weight loss programs.

A few studies have used incentives to reinforce homework weekly activities in combination with incentives for drug abstinence. Although rates of compliance have not been reported, the results showed that patients receiving incentives for abstinence and homework completion achieved better end-of-treatment outcomes compared to patients who did not receive incentives. Incentive-based interventions have not been implemented in a population comprised entirely of offenders, but this approach will likely be effective in this population because a substantial proportion of substance abusers receiving treatment in community-based drug treatment are involved with the criminal justice system.

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See also Contingency Management; Homework as Treatment; Homework as Treatment: Active Versus Passive Homework

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HOMICIDE

The definition of homicide is widely accepted as being the killing of a person by the consequence of another person's actions. Homicide can be a criminal act, holding the highest degree of consequences as punishable by law. Conversely, homicide can be excusable, or justifiable, by law dependent on key information such as circumstance, manner of death, and the absence of homicidal intention. The classification of homicide, investigative procedures involved in determining the classification of homicide, the application of homicide to law, statistics and prevalence of homicide, and homicide's relationship with psychology are each relevant to the conceptual understanding of this behavior.

Classification of Homicide

The legal classifications of homicide are dependent on state, province, and country of the offense. Generally, homicide is categorized into three separate types: justifiable homicide, manslaughter, and different levels of murder. Each of these types is classified based on a thorough investigative process of the event through a scope of individual circumstances.

Justifiable homicide is a classification of homicide that does not hold any criminal charge because it has been determined that no crime has been committed in the absence of *mens rea* (i.e., the knowledge of wrongdoing or criminal intention). This type of homicide is most commonly associated with the legal defense of self-defense in which an individual acts to defend himself or herself from a violent attack that results in the death of another (the attacker). In addition, justifiable homicide is extended to include the killing of a felon by a peace officer. This can also include the killing of a criminal perpetrator by a civilian if the crime was in commission at the time of the killing.

Manslaughter, however, occurs when the accused had not directly intended for the death of the victim although his or her actions had resulted in the death of the victim and his or her actions should have been foreseen as potentially leading to the victim's death. For example, manslaughter might be determined in cases in which a drunk

driver killed another driver, passenger, or pedestrian or in which a parent had left a small child in a vehicle on a hot day and the child died. This type of homicide, upon investigation, carries a sentence (unlike justifiable homicide) but typically is considerably less than that of a murder charge.

The categorical classification of murder is one in which the accused had deliberately, and with intent, killed another human. Although the classification of murder often holds subcategories as seen in some countries of residence (such as first and second degrees of murder), the concept remains that the killing was intentional but can vary in severity depending on the degree of planning.

Mens rea, specifically, refers to the mental component associated with murder (in combination with the criminal action, or *actus reus*, required for a crime to have occurred). A defining trait among homicides is related to both manslaughter and justifiable homicide, which are the reduced or element of *mens rea*, respectively. The classification of homicide is integral to the understanding of homicide in terms of culpability and potential judicial ramifications.

Investigative Procedures

To determine the appropriate classification of homicide, a thorough police investigation and sometimes ensuing legal trial are conducted. By collecting and analyzing evidence and interviewing potential witnesses and the alleged, the police attempt to reconstruct the event to determine the appropriate classification to bring forward to the courts. Forensic scientists utilize a combination of technologies to assess crime scenes and evidence that a homicide may have occurred. In homicide cases, forensic scientists are responsible for addressing the elemental questions required to classify the event as a homicide and the salient issues relating to the circumstances of death (e.g., the victim's time of death, the victim's cause of death, the potential perpetrator). Forensic scientists have been integral in the development of new technologies to aid in responding to these questions accordingly.

Forensic scientists comprise a spectrum of specializations ranging from blood spatter analysis to trace evidence analysis (e.g., fingerprints, fiber and

hair analysis, DNA analysis, impression analysis) to motor vehicle crash investigation and reconstruction. These professionals, along with forensic pathologists who attempt to determine official causes of death, are often relied upon in combination to determine whether a crime occurred and, if so, the nature of the crime.

Forensic specialists are often an extension of police enforcement agencies (sometimes a division within police enforcement agencies) but can also operate as an external resource that is contacted when there is a crime requiring their expertise.

Global Prevalence of Homicide

The United Nations Office on Drugs and Crime compiles a statistical database of global homicide data using the recently collected homicide data by the country of origin. When looking at global rates and the disparity in prevalence rates, one needs to first recognize potential causes in the differentiation. On a global scale, various nations carry a host of systemic factors that influence the rates of official intentional and nonintentional homicide. In countries that have few vehicular laws, or vehicular laws that are poorly enforced, there may be a greater incidence of manslaughter as driving under the influence of alcohol may be more common. Intentional homicide, or murder, is often a composite of influential factors based on the region of interest. Motivators of intentional homicide can be products of comorbid crime, interpersonal influences, and/or sociopolitical influences. Regions of chaotic political matters, areas of heightened alcohol and illicit substance abuse, creation and distribution, and a general lack of law enforcement can all contribute to variation in the incidence of homicide. Interpersonal influences of intentional homicide can be more prevalent in regions where there is a greater gender inequality or greater rates of domestic abuse.

Looking specifically at intentional homicide in a global perspective, there is a large gender disparity among those committing and being the victims of murder. Analyzing the global percentage distribution in 2011, the United Nations Office on Drugs and Crime reported that 95% of all accused of homicide were male and 79% of victims of homicide were also male. Although the percentage

of male and female homicide victims and perpetrators can be analyzed by the country or territory of origin, the trend in male-dominated victims and perpetrators is clear. This means that, on a global scale, males were far more likely to commit murder and be murdered.

With respect to the manner of death, or the mechanism of intentional homicide, approximately 66% of intentional homicides in the Americas in 2012 were firearm-related. This mechanism of intentional homicide was higher in the Americas than in all other geographical regions studied (Oceania, Europe, Africa, and Asia). When mechanisms of intentional homicide were globally amalgamated, firearm-related murders comprised 44% of the global mechanism of those around the world.

Homicide and the Law

The legal procedures and consequences to manslaughter and murder vary greatly around the world. It is difficult to characterize the ramifications of manslaughter or homicide on an international scale as there is not one judicial system that is adopted universally. Although a great variation exists, each event should be analyzed without bias to determine the guilt of the individual. The individual who may have committed the crime, be it murder or manslaughter, may be referred to as the accused. The accused is then tried in a court system in which the event that resulted in the death of the other person is assessed through collected evidence. Evidence may be a combination of physical trace evidence (e.g., DNA, a possible weapon, fingerprints) and/or circumstantial evidence (e.g., theory of motivations, witness accounts). In principle, the evidence should be used in a manner that supports either the guilt or the innocence of the accused with interest in assessing the likelihood that a crime existed and that the accused was criminally responsible for the death of the other person.

This is typically demonstrated by having two parties present in an adversarial court system: one party who defends the individual being accused of a crime, supporting their innocence, and the other party who represents the judicial system and presents evidence in a manner that proves the accused's guilt. Dependent on the

country of origin, a judge may determine the guilt once the accused's case is demonstrated through both sides, or a jury, which comprises a body of citizens, may be used to establish a verdict. Oftentimes, the accused is able to choose the manner by which he or she is tried in court, which is typically a decision based on whether or not the accused believes he or she will be found innocent (i.e., a greater likelihood to be found innocent by trial of judge or by trial of jury).

Upon the determination of guilt, the accused is then bound by law to receive punishment for his or her actions that is proportionate to the crime he or she has committed. Punishment can vary by country, the classification of murder or manslaughter, and the severity of the crime. There is a wide range of potential punishments, from an imprisonment period determined by the judge to the death penalty. Although eradicated in many nations, some countries, including China, Yemen, Iran, North Korea, and the United States, still exercise the death penalty. In 2018, the death penalty was legal in 31 of the 50 states in the United States. As demonstrated in the United States, judicial system procedures and sentencing can vary not only between countries but also within a country itself.

Application of Psychology to Homicide

A prime factor in assessing culpability of an individual accused of manslaughter or murder is by determining the individual's motivations. This builds a legal case against an accused not only to support his or her guilt but also to determine the nature of the crime that has been committed. One application of forensic psychology, a division within the psychological scientific community, applies psychological theory in the assessment of individuals accused of a variety of crimes to discern their motivations and the mental state at the time of the offense. In addition, forensic psychologists attempt to determine any underlying mental disorders that may have influenced their actions. Paramount to this, a forensic psychologist is able to assess the type of help a person should receive or what their sentencing should entail (e.g., sentencing to a forensic psychiatric hospital in lieu of a prison).

Motivations for murder are diverse and can range from highly premeditated motivations to sexual or revenge motivations. Other murders may be considered *passionate* or *hot-blooded* whereby with only brief premeditation an accused kills another person (e.g., in response to an insult or perceived slight) or in cases where a person discovers his or her intimate partner in the act of having an affair. Although these are not defenses to murder, they can contribute to motivations for murder and can greatly influence legal culpability and punishment. Sometimes, psychotic phenomena (e.g., delusions, command hallucinations) can lead an individual to commit a murderous act, and the act is not known to be morally wrong (leading to an acquittal due to insanity). Thus, when a murder is committed, there is a requirement to assess an accused psychologically to determine the extent of his or her psychological capacity to formulate intention.

A popularized but controversial (empirical research in this area has led to mixed and sometimes negative findings in terms of success rate) application of forensic psychology used in murder investigations is criminal profiling. By analyzing and linking the suspected related crime scene and method of killing, or *modus operandi*, forensic psychologists or other trained law enforcement professionals may attempt to infer certain demographic, occupational, and psychological features of the individual who may have committed a crime. Forensic psychologists may also contribute to murder investigations by advising police in empirically supported interrogation practices.

Stephen Porter and Alexandria Carey

See also Death Penalty; Forensic Applications in the Criminal Justice System; Law Enforcement Agencies; Mens Rea; Psychology of Criminal Conduct; Sentencing; Serial Murder

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HOSTAGE NEGOTIATION

Negotiation is the process of resolving conflict through discussion, and a hostage incident is one in which an individual uses force or the threat of force to take people captive against their will and hold them in order to bargain for the fulfillment of certain demands. Law enforcement engages in hostage negotiation in an attempt to influence and control the hostage taker's behavior. The value of such negotiations in saving lives has been demonstrated repeatedly. In fact, the data show that in high-risk crisis situations (whether hostages are present or not), negotiators are successful more than 90% of the time, and if negotiators are used, there are no injuries or fatalities in almost all of these incidents.

The first law enforcement hostage negotiation team in the United States was formed by Harvey Schlossberg and Frank Boltz in the early 1970s at the New York City Police Department. The basic principles they stressed then are still relevant and used today by negotiators: (a) containment and negotiating with the hostage taker, (b) understanding the motivation and personality of the hostage taker, and (c) slowing down and using time to reduce emotions and allow for a negotiated settlement.

In only about 4% of hostage incidences in the United States do hostage negotiators respond. The vast majority of incidents that negotiators deal with are nonhostage events, such as barricaded subjects (with or without victims, e.g., someone known to the subject) and high-risk suicide. Other situations include domestic violence incidents, prison or jail riots, high-risk or mental health warrants, and debriefing following crisis events. In these situations, the use of negotiators is crucial, as the emotions of the subject can be made worse by a confrontational law enforcement response.

This entry begins with a discussion of hostage versus crisis negotiation. It then reviews the stages

of a hostage or crisis incident. The entry concludes with a look at the skills negotiators use to listen to subjects and respond to their demands.

Hostage Versus Crisis Negotiation

In all incidents, including true hostage-taking incidents, law enforcement negotiators use their negotiation and intervention skills to de-escalate and defuse the crisis experienced by the subject. Even in a true hostage situation, the subject is in crisis, so crisis intervention skills can be used. For this reason, many negotiating teams now consider themselves crisis negotiating teams rather than hostage negotiating teams. For example, a bank robber has a plan to enter and rob a bank. During the robbery, a silent alarm is sounded and the police arrive. Because the plan went awry, the robber is in crisis.

Regardless of the type of situation, the subject is in crisis. Negotiators are trained to use basic crisis intervention strategies to reestablish the subject's equilibrium and resolve the subject's immediate problem. Negotiators provide a short-term, time-limited intervention that reduces the subject's emotions and increases the subject's rationality. Even in the latter stages of a crisis incident, crisis intervention skills are still critical and necessary to help the subject keep his or her emotions under control.

Stages of an Incident

A hostage or barricade incident is a process with identifiable and predictable stages. The Precrisis Stage occurs prior to the incident when the subject's emotions are under control. For the subject, a plan is developed, and he or she prepares to implement the plan. The Crisis Stage is when the plan goes awry, something occurs to the subject to cause emotions to rise out of control (e.g., he or she may be fired, a relationship ends, police arrive to the bank robbery). Negotiators use their crisis intervention skills to help the subject regain control of his or her emotions. This is the most dangerous stage of the incident for all concerned. The Accommodation/Negotiation Stage is when the subject's emotions are once again under control and the subject is thinking rationally. The Resolution/

Surrender Stage is when the subject surrenders. Because the subject is moving into the *unknown*, this stage is the second most dangerous of an incident.

Active Listening Skills

Perhaps one of the most important, if not the most important, skill a negotiator can possess is that of communication. Many people assume that communication means the ability to talk to someone. While that is important, to the negotiator, the critical aspect of communication is the ability to actively listen. The reduction of emotions requires that the subject be allowed to vent and validate his or her emotions. For this to occur, the negotiator uses active listening skills and allows the subject to talk, demonstrating to the subject that he or she is being heard and taken seriously. The active listening skills critical to negotiations include (a) effective pauses, (b) open-ended questions, (c) paraphrasing, (d) emotional labeling, (e) minimal encouragers, (f) mirroring meaning, and (g) I-messages. For example, instead of asking the subject, "Have you and your spouse been fighting," the negotiator might use an open-ended question such as, "Can you explain what happened between you and your spouse this morning?". After the answer, the negotiator might then say, "It sounds like as your argument escalated, you became frustrated more than angry" (emotional labeling).

Demand Issues

Ultimately, subjects want something from law enforcement. To successfully resolve a hostage or crisis incident, negotiators must deal with these demand issues. Almost anything the subject asks for—with the exception of weapons, release of prisoners, trading of hostages, and drugs—is negotiable. Although negotiators are open to negotiating the subject's demands, that does not mean the subject will get what he or she asks for. The role of the negotiator is to listen to the subject, reduce the subject's emotions, and help the subject engage in problem-solving. The negotiator may work on reducing demands made; however, making decisions with regard to the demand issues is typically the responsibility

of the incident commander rather than the negotiator. With the passage of time, grandiose demands, such as asking for US\$1 million and a plane to a foreign country, often become more reasonable demands (e.g., food, water, cigarettes).

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See also Crisis Intervention Teams; Police Response to People With Mental Illness

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HUMAN TRAFFICKING

One of the significant issues confronting the global community in the 21st century is the increasing frequency and spread of human trafficking. The United Nations (UN) Office on Drugs and Crime as part of the UN Convention against Transnational Organized Crime defined human trafficking in the *Protocol to Prevent, Suppress and Punish Trafficking in Persons*. According to Article 3(a) of the protocol, human trafficking is the

recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Included in the definition are acts of sexual exploitation, prostitution, forced labor and/or services, slavery, practices similar to slavery,

servitude, and the removal of organs (including surrogacy and ova removal). Forced marriage has also come to be considered a form of human trafficking.

Internationally, there are few countries that are not affected by human trafficking problems—whether their citizens and communities are involved in the acts of trafficking of humans or whether they use the services of humans who have been trafficked. In addition, few segments of societies, involving both adults and children, are affected by human trafficking issues in some way. Despite growing international efforts to control and reduce human trafficking, it continues to threaten the foundations of human rights. This entry further defines human trafficking and discusses various avenues for addressing it.

Human Trafficking Versus Human Smuggling

Human trafficking is not the same as human smuggling. Human smuggling, while it involves the transport of humans across transnational borders, involves victims who have given their consent to be smuggled into a country, are released upon reaching their destination, and make payment for the services rendered to smuggle them. For example, thousands of people from Central America and South America are smuggled into the United States each year.

A common scenario of human smuggling involves a victim paying a person (coyote) to get him or her across the border. Coyotes can release the victim upon payment on either side of the border. Some coyotes may release victims in Mexico and simply point north, requiring victims to find their own way. Others actually transport victims across the border. In some cases, an accomplice of the coyote will be waiting on the U.S. side of the border and transport the victims to other parts of the United States.

There can be overlap between human trafficking and human smuggling, which can blur the distinction between the two. For example, coyotes may get the victim across the border for promise of payment—and then, when in the United States, keep the victim captive and force the victim to engage in trafficking activities until payment is made in full. To keep the victim

engaged in trafficking activities, the coyote might take actions to ensure that the payment is never received in full.

Sometimes, drug trafficking organizations in Central America and South America may coerce victims into trafficking activities. A common scenario is for the drug trafficking organization to get a victim to agree to take drugs across the border and then threaten the victim or the victim's family to force them to return and take more drugs across the border. For the victim, this creates an ongoing cycle from which it is hard to escape. Smuggled migrants are particularly susceptible to being victimized and forced into trafficking activities, as many will not go to law enforcement authorities for assistance for fear of deportation.

Types of Human Trafficking

Types of human trafficking include child labor, forced labor, and bonded labor. Child labor has been reported by the International Labor Organization (ILO) to be a several billion-dollar industry involving over 152 million children (2016 data). Because of international legal and cooperative efforts, human trafficking in children has seen a slight decrease since 2000, when approximately 246 million children were trafficked. Child trafficking is most prominent in sub-Saharan Africa, Asia, and the Pacific.

Forced labor is when victims are held against their will and forced to work for the trafficker (or organization) and then turn over monies earned to the trafficker. The ILO estimated that in 2005, forced labor was a US\$3 billion global industry. By 2016, according to the ILO, it had risen to a US\$150 billion global industry and is expected to continue to rise. Victims are commonly found in the agricultural industry, construction, domestic roles, janitorial jobs, food services, service industries in general as unskilled labor, sweatshops, factory workers, and the sex industry. Some have suggested that most persons involved in the global pornography market (especially females) are victims of human trafficking.

The third category of human trafficking, bonded labor, is the grey area between trafficking and smuggling. Victims are forced to work in one of the aforementioned industries and repay their traffickers.

Other categories of human trafficking that are much less prevalent are forced marriages and organ removal. It is not uncommon for persons in developed countries who need organ transplants to travel to less developed countries to obtain the transplant. In many cases, the donor is forced.

Statistics

Because human trafficking is a global phenomenon, it is difficult to assess the number of people victimized by it. In 2016, the ILO estimated that there were 40.3 million victims of human trafficking in the world. The UN data (*Global Report on Trafficking in Persons, 2016*) estimate that there are over 244 million international migrants in the world (up from 173 million in 2000), a population prone to be victimized by human traffickers. According to the UN report, in North America alone, victims of human trafficking came from 137 different countries (and these data reflect only those victims discovered by authorities).

Almost every country of the world is in some way involved and/or affected by human trafficking, either as a country of origin, transit, or destination—or all three. In general, humans are trafficked from less developed countries to more developed countries. In less developed countries, poverty is often a trigger for the victim, who sees going to a more developed country as an opportunity; a motivation easily exploited by the traffickers. The most common form of human trafficking, according to the UN report, was sexual exploitation and prostitution (72%) and forced labor (20%) among female victims and forced labor (85.7%) and sexual exploitation (6.8%) among male victims. These results could be misleading, as sexual exploitation is the most documented because it is the most open and obvious. Trafficking crimes such as organ removal, servitude, forced marriage, and labor are much less overt. More women are victimized than men or children. In a number of cases, women victims become the trafficker as a way to escape their own victimization. For example, a woman being sexually exploited may be told that if she will help get other women involved, she will no longer be exploited.

The majority of traffickers are transnational criminal organizations (TCOs). Human trafficking is a global enterprise, with TCOs sharing

resources, logistics, personnel, and intelligence resources. TCOs that were once confined to a specific region or area of the world are expanding into worldwide markets. Just as with drugs, weapons, and money laundering, human trafficking is simply a commodity to these organizations.

Efforts to Address Human Trafficking

Efforts to reduce or eradicate human trafficking can take various approaches, including legislation, advocacy, and recommendations from the UN.

Legislation

According to the UN definition, human trafficking has three elements: the act, the means, and the purpose. The act, or what is done, includes harboring, receipt of persons, recruitment, transportation, and transfer. The means, or how it is done, includes abduction, abuse of power or vulnerability, coercion, fraud, force, and giving payments or benefits to a person in control of the victim. The purpose, or why it is done, are the specific uses of the persons, which can include forced labor, slavery or similar practices, using the victim for purposes of prostitution, and removal of organs.

As part of the definition (and in Article 5), the UN requires that states enact legislation that incorporates the elements of the definition. Because nations have different legislative systems, adopting the definition verbatim is not possible, but each nation is expected to incorporate the essential elements of the UN definition into its laws. Also expected to be criminalized are acts consisting of an attempt to commit a trafficking offense, participation as an accomplice, and organizing and/or directing others to engage in human trafficking. In addition, laws should include and differentiate trafficking across and within borders, include the range of exploitation (not just sexual), and clearly include men, women, and children. Moreover, laws should recognize and include nonorganized crime actors. However, given that the UN is an advisory body, there is no mechanism to force nations to enact and enforce such laws.

Therefore, in order to eradicate human trafficking, nations need to enact joint laws and court systems that can take stern criminal measures

against TCOs and others involved in human trafficking and not provide a sanctuary or safe haven for criminals engaged in human trafficking. Much like war crimes, nations need to develop an international standard of conduct, trial, and punishment for engaging in human trafficking.

Advocacy

In the United States, as elsewhere in the world, human trafficking is a significant problem. One of the leading advocate groups fighting human trafficking in the United States is the Polaris Project, a nonprofit volunteer group that fights human trafficking on a variety of fronts, and whose stated mission is to *eradicate modern slavery* and human trafficking. It also operates the National Human Trafficking Resource Center Hotline (1-888-373-7888) and Polaris BeFree Textline (text “BeFree,” 233733), which victims can use to receive help and assistance to escape the bondages of modern slavery. In addition to the National Human Trafficking Resource Center Hotline, Polaris operates global hotlines, has services for victims of trafficking, works with governments to introduce legislation, conducts extensive data analysis on human trafficking, and provides interventions to disrupt and stop human trafficking. Their efforts use a three-step model to disrupt and stop human trafficking: (1) respond to victims, (2) equip communities and others to prevent human trafficking, and (3) disrupt the business of trafficking using targeted campaigns.

Using limited data from the National Human Trafficking Resource Center Hotline from phone calls, e-mails, texts, and online reports, in the first-half of 2016 (January 1–June 30), the states with the highest contacts from victims were California, Texas, Florida, Ohio, New York, Michigan, Georgia, Illinois, New Jersey, and North Carolina. The most frequent contacts were for sexual exploitation (73%), forced/bonded labor (13%), and a combination of sexual exploitation and labor (3%). In terms of sexual exploitation, the top venues were hotel/motels (11%), commercial-front brothels (11%), online ads, venue unknown (5%), residential brothels (5%), and street-based contacts (1%). For labor exploitation, domestic contacts were most common (21%), followed by agriculture (11%), traveling sales crews (9%),

restaurant/food service (8%), and health and beauty services (4%).

UN Recommendations

Given the scope, complexity, severity, and extent of the problem of human trafficking, the UN recommends several efforts that may help to reduce and stop human trafficking. The first recommendation is to gather accurate and comprehensive data to gain a comprehensive picture of human trafficking. Only then can legal and educational efforts be undertaken to manage and stop human trafficking. The second recommendation is to interrupt and stop TCOs and other international criminal organizations involved in human trafficking. The next recommendation is for nations to make solving the problem of human trafficking a priority. It is easy to give human trafficking a back seat, given the myriad of problems faced by nations, especially developing nations. Many of these issues, however, help foster an atmosphere conducive to human trafficking. The fourth recommendation is for nations to undertake comprehensive programs to raise public consciousness of the problem and to prevent human trafficking at its points of origin. The fifth recommendation is to fully implement the *Convention Against Transnational Organized Crime and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children* internationally. The sixth recommendation involves establishing relations between nations, especially the end countries (original and destination), as nations have to understand the symbiosis between each other and enact joint programs to make human trafficking unacceptable to all. Finally, it takes the efforts of everyone together—nations, organizations, law enforcement, and support groups—to reduce the impact of human trafficking.

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See also Criminal Organizations and Networks;
Prostitution

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IDENTITY THEFT

Identity theft involves the nonconsensual, unlawful use of another person's personally identifying information such as name, date of birth, and Social Security number. It is one of the fastest growing and pervasive crimes in the United States, and the risk of victimization continues to increase as the world becomes more dependent on technology and virtual record keeping. As businesses and consumers rely more on online banking, the use of online payment systems, and credit accounts with numerous retailers, as well as the electronic storage of documents, the chances of exposure to identity theft increase. Although identity theft is often difficult to fully assess, precautions can be taken by individuals and businesses to prevent the theft of information and/or minimize the fraudulent use of that information. The following entry focuses on estimates of identity theft in the United States, what is known about offenders and victims, and the methods offenders use to steal information and commit fraud.

Estimates of Identity Theft in the United States

Varying measures may be used to assess the extent of identity theft, thus making it difficult to provide accurate estimates of this crime. In some cases, certain types of identity theft may be reported as other crimes, such as credit card fraud, or other types of theft, such as mail fraud. Accurate numbers are

also difficult to ascertain as identity theft is likely underreported to law enforcement. For example, some victims do not know that they have been victimized (e.g., young children), and some victims report discrepancies in charges or account information to credit card companies or financial institutions capable of resolving the issues without legal intervention. Identity theft victims, unlike those of traditional theft such as purse snatching or shoplifting, may go long periods of time without realizing that they have been victimized.

To address the gap in information on identity theft victimization, the U.S. Department of Justice's National Crime Victimization Survey began collecting information in 2008. Recent data suggest that in 2014 an estimated 17.6 million persons, nearly 7% of all residents in the United States aged 16 or older, had been victims of identity theft. According to the report, the most common types of misused information were from existing bank accounts or credit card accounts.

Javelin, a research-based consulting firm, reported slightly fewer victims; however, it employs a measure of identity fraud (i.e., the fraudulent use of identifying information) and utilizes a different sampling method. Javelin estimated that roughly 13 million Americans were victims of identity fraud in 2015. According to its research, the type of identity fraud has changed since it began collecting data in 2005, with new account fraud increasing 113% from 2014 to 2015. This type of fraud occurs when perpetrators empty out accounts and forge checks using stolen identities and new bank accounts.

It is not uncommon for the identity thieves of U.S. victims to reside outside the United States. Javelin attributes this increase to the introduction of chip-enabled Europay, Mastercard, and Visa debit and credit cards in the United States. These cards have been used in other countries for many years as a method of fraud prevention. The technology requires card readers that are equipped to read the chips. Although this change made in-person fraud more difficult, a string of security breaches at a number of major retailers, including Target, Home Depot, JPMorgan Chase Bank, among others, exposed millions of employees' and customers' credit and debit card numbers as well as personal information to thieves. These data breaches made it easier for thieves to steal the personal and financial information of millions of consumers and then resell that information to a wide range of offenders who may then use it to open new accounts, garner insurance benefits, and create identification documents.

Methods of Identity Theft

Offenders use multiple methods to obtain the identities of their victims. The most basic and obvious way is through stealing information from wallets, purses, and mailboxes, using traditional methods of theft in order to achieve identity theft. Obtaining access to medical, student, employee, or bank records is another way in which information can be stolen. As these records usually contain personal information, perpetrators can use these records to commit identity theft, especially when the records contain Social Security numbers. In order to obtain these records, identity thieves may use their access at work, steal documents from the trash, or use Internet searches. The use of phishing scams, in which fake websites that mimic popular sites are used to obtain information, e-mail scams, and keystroke loggers also allow offenders to obtain information. Such information can also be purchased from companies and employees who have access to it or from criminals who have stolen it. Once enough information is obtained to apply for a credit card, a mortgage, or to open a bank account, offenders can move forward and commit identity fraud.

Criminals use personal information to obtain credit cards, open accounts, create counterfeit

checks, and obtain health benefits. Social Security numbers have increasingly been used to file fraudulent tax returns. As electronic forms of payment and banking become more popular, newer forms of identity theft and fraud also emerge. The use of credit card skimmers, card readers with fake keypads that submit information such as credit or debit card and pin numbers to offenders, has become a common warning to consumers. Computer and Internet access mean that offenders can steal information without leaving their homes, sometimes from halfway around the world. In the case of the 2013 Target security breach, hackers used malware to ensure that credit card numbers were sent to different points in the United States and Moscow. The breach originated in Russia, using the same malware that also affected Neiman Marcus in 2013. Multiple people were found to be connected with committing the breach, including a 17-year-old who helped develop the code for the malware. Once these programs are created, thieves may be able to make small changes that enable them to get into systems where new security measures and precautions have been implemented.

Identity Theft Offenders

It is difficult to present a profile of the *typical* identity thief, as the rate of arrest is relatively low. Based on the information available from a limited number of studies, it appears that identity thieves represent a variety of ages, races, and socioeconomic backgrounds. However, there are some commonalities found between the limited number of studies of identity thieves. According to data on those arrested for identity theft, most offenders fall within the mid-20s to early 40s age range and are disproportionately Black. The research is inconclusive on whether most offenders are male or female.

Some research suggests identity thieves come from all walks of life and have diverse criminal histories. That is, they are similar to persistent street thieves who are more likely to be drawn from disadvantaged socioeconomic households and have lower levels of education. But many are also similar to middle-class fraudsters (e.g., embezzlers), who are disproportionately drawn from more advantaged backgrounds and higher

levels of education. These data do not account for identity thieves outside of the United States, as those referenced in the previous sections, nor do they account for offenders who go undetected.

Identity Theft Victims

The National Crime Victimization Survey reported that as of 2014, victims are more likely to be female, Caucasian, and between the ages of 25 and 64 years. The number of older victims over the age of 65 years increased between 2012 and 2014. Households with an annual income of \$75,000 or more are more likely to be victimized as well. Most of the time, victims become aware that their accounts have been compromised after being contacted by financial institutions. This is not the case for new account fraud, which is typically discovered when another agency contacts victims, or when enough damage has been done that victims receive unpaid bills or have difficulty obtaining loans. Most victims do not know how their information is obtained or anything about the offender, although those who have multiple types of identity theft occur in one incident are more likely to know how their information was stolen, and by whom. The majority of victims of identity theft will experience a direct financial loss, especially victims of personal information fraud. Most victims report the fraud to non-law enforcement agencies and/or place fraud alerts on their credit reports. Moreover, many victims had engaged in some sort of preventive action prior to being victimized, while others, after being victimized, took precautions to prevent further victimization.

Identity Theft Policy and Prevention

Preventing identity theft takes effort on the part of citizens, the government, organizations, and companies. Laws that make identity theft more difficult to commit, or less rewarding, may deter people from committing the crime. The 1998 Identity Theft Assumption and Deterrence Act made it a federal crime to commit identity theft, while the 2004 Identity Theft and Penalty Enhancement Act created *aggravated identity theft*, which makes felony offenses committed with a fake identity punishable by a minimum of 2–5 additional

years, with acts of terrorism being punished more severely. The 2003 Fair and Accurate Credit Transactions Act created protections for consumers, providing access to free annual credit reports and changing the way that fraud is reported, prevented, sought, and remedied. It created a National Fraud Alert system and allows consumers to make reporting agencies aware if they feel they have been or will be victimized. States have implemented individual laws to further protect residents from becoming victims of identity theft.

Consumers can take small steps to attempt to shield themselves from becoming victims of identity theft. Checking website links, avoiding clicking unknown links or opening suspicious e-mails, and not entering passwords or checking sensitive files on a public connection are just some ways to protect information. Verifying that website connections are secure when paying bills online, installing antivirus protection software on personal computers, and making sure that passwords are difficult to guess are important. Furthermore, shredding documents that contain personal information is one of the simplest and key methods that individuals can take to protect themselves. Banks provide various security measures to protect customer information, and consumers can take protective actions by signing up for available alerts and by monitoring their transactions.

In regard to breaches of major corporations, there is little that can be done by consumers short of paying in cash, which may be impractical for shoppers, stores, and the economy when it comes to more expensive purchases. However, companies can protect customers by verifying that the security measures they have in place work and that breaches can be easily detected. Protecting login and credential information is also important. In the Target case, although the breach was detected early, credentials were stolen from third-party vendors, allowing the offenders to hack into the system and implement the malware. Monitoring employees' access and usage of patient, customer, and student information, and implementing ways that violations of protocol can be detected quickly can prevent identity theft and fraud from becoming a widespread issue. Requiring chips on credit and debit cards and asking for identification when customers make electronic purchases are some

simple ways that companies and organizations can protect their customers and, in turn, their profits. Identity theft affects more than just the individual victims, and prevention and protection require teamwork on the part of many entities.

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See also Cybercrime; Fraud

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IMMIGRATION AND CUSTOMS DETENTION

Since the mid-1980s, there has been a rapid international expansion in the use of immigration and customs detention. The decision to hold a person in immigration detention is generally implemented under administrative law provisions and is typically applied to irregular migrants arriving at the border of a country without valid entry documents or as a result of visa breaches or cancellations while resident

within a country. Immigration detention has grown as a major strategy in managing irregular migrants including asylum seekers who seek refugee protection on arrival or to facilitate removal following an adverse refugee status decision. In 2016, the Global Detention Project identified over 2,000 places of immigration detention across 100 countries. It has also estimated that in any single year, in excess of 1 million persons will be subject to some form of immigration or customs detention with an increasing number of persons being subject to extended periods of detention. In many nations, immigration detention is applied to families including children as well as adults. The United States records the highest number of immigration detainees, with over 400,000 individuals subject to immigration detention yearly.

The practice of immigration detention remains controversial under international human rights law with multiple findings from human rights bodies identifying the practice as amounting to arbitrary detention and conditions of detention involving cruel, inhumane, and degrading treatment. The decision to detain an individual generally occurs in response to a breach of domestic administrative provisions around migration and entry documents. Detention may not be subject to independent review or judicial appeal, and in some nations, periods of detention may last for extended periods. Within Australia, for example, where there is a policy of mandatory immigration detention for irregular migrants, including unauthorized onshore asylum seekers, some individuals have been held for in excess of 5 years within closed detention facilities. Conditions of detention have also raised international concern, with regular reports of overcrowding and inhumane and degrading conditions being made across settings. This entry focuses on the mental health of detainees.

Immigration Detention and Mental Health

In addition to concerns around human rights breaches associated with immigration detention, the mental health of subjected populations is a major concern. Irregular migrants and asylum seekers are likely to present with complex mental health needs due to prior exposure to adversity

and potentially traumatic events. The extent of mental health impairment in detained populations has been difficult to document with multiple barriers to research. Nevertheless, a growing body of research confirms high rates of mental disorder among detained populations that appears to be substantially higher than compatriot asylum seeker populations held in less restrictive community settings. There is also emerging evidence to suggest that the incidence and prevalence of mental disorder increase as the period of detention increases.

Detention of Vulnerable Populations

The administrative nature of immigration detention often results in detention provisions being applied to all categories of individuals. Of particular concern is the detention of children and other vulnerable populations. The total institutional environment of closed detention facilities appears to undermine parenting, limit the capacity to provide a rich learning and play environment, and regularly expose children to the distress of parents and other immigration detainees. Adverse outcomes for children appear to be mediated or exacerbated by the nature of a closed detention setting, compromised mental health of parents, and exposure to traumatic incidents. The evidence suggests that even short periods of detention will have adverse mental health effects on children.

Another group of concern are survivors of torture, organized violence, or conflict-related trauma held in immigration detention. Reviews of research into the traumatic experiences of asylum seekers identified an average rate of torture exposure of 30% in most populations surveyed. Exposure to torture has been identified as one of the most significant determinants of mental disorder across a large number of psychiatric epidemiological studies. Similar concern exists around the detention of individuals with complex health needs, with the overcrowded and stressed nature of many detention environments resulting in poor health-care outcomes for complex health conditions.

Provision of Mental Health Care Within Immigration Detention Facilities

The total institutional environment of closed detention facilities necessitates the provision of

comprehensive health services and the establishment of models of clinical care. In response to research documenting the high rates of mental disorder and associated psychological distress among immigration detainees, the role of mental health professionals working in immigration detention has expanded significantly. There has been considerable discussion in the literature about the clinical and ethical challenges faced by health professionals working in these settings. Health-care provision appears to be regularly undermined, with clinical recommendations ignored or compromised by operational considerations. The tight security and limited operational transparency around immigration detention compromise the development of models of clinical care. High rates of occupationally related stress injuries have also been documented among health and other detention facility personnel.

Forensic Issues in Immigration Detention

Many detainees will undergo various migration-related administrative reviews or decision-making processes such as refugee determination. The interaction between mental disorder and administrative decision processes has been documented to disadvantage asylum seekers presenting with post-traumatic stress disorder. There are a growing number of publications and procedural guidelines identifying the needs of psychologically vulnerable applicants within the refugee determination process and the need for improved use and interpretation of psychological evidence.

Advocacy and Immigration Detention

The continued expansion of immigration detention, despite a large body of evidence demonstrating adverse mental health outcomes associated with the practice, raises multiple ethical challenges for the health community. Health professionals are placed on the front line of care for immigration detainees and often pay a high personal cost by being witness to a system that undermines their patients' well-being. There is a growing consensus of the need for the health community to advocate for alternative responses to immigration matters,

particularly for vulnerable populations, but also as a general policy response.

Zachary Steel

See also Federal Prisons; Mental Health Treatment

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IMPRISONMENT AND STRESS

Prison life is extremely stressful. Such stress is due to the prison situation itself, including loss of freedom, the sense of being reduced to a classification number and no longer a unique individual; disconnection from loved ones; loss of meaningful work and financial security; constant threat of physical and sexual assault; and omnipresent racism and endless rules to follow and punishments for breaking them. Prison conditions, including crowding and solitary confinement, greatly magnify the stress. In addition, inmates may have additional stressors, such as predisposing vulnerabilities and predispositions (e.g., history of serious mental illness, history of multiple traumas predating arrest). Moreover, some of the treatments available in correctional settings for stress-related medical and psychiatric infirmities are less than ideal, so inadequate treatment can be an additional stressor.

Stress can result in troubling physical symptoms for those imprisoned. For example, it is known that psychological pressure and blood pressure vary together: The greater the psychological pressure, the more the blood pressure rises (albeit, an approximate correlation). On average, over time, blood pressures rise in conditions where psychological pressure is intense. Thus,

there is a high prevalence of hypertension in prison solitary confinement units. When isolated in a very small space for nearly 24 hr each day, a prisoner's stress level rises, which over time can lead to an elevated blood pressure.

Stress, like pain, is prioritized differently depending on the status of the individual experiencing the stress. Thus, affluent individuals are more likely to seek and receive therapy for stress than are indigent persons of color. Continuing this logic into the prison situation, the lower one sits on the prevailing power hierarchy, the less attention there is to the stress one is forced to endure. Because prisoners are generally considered to be at the bottom of the hierarchy, their stress may not receive the attention equivalent to that paid to the stress of the general population. This entry discusses several stressors that can arise as a result of imprisonment.

Predispositions

There are predisposing vulnerabilities and predispositions, including the likely history of serious mental illness and the history of multiple traumas predating arrest, which can contribute to prisoners' stress. According to a 2014 report, in the United States, there are 10 times as many people with a serious mental illness in prison as there are in psychiatric hospitals. Trauma is an especially pernicious form of stress. Prisoners have more preincarceration trauma in their lives than does the average person in the community, and then incarceration brings about even more traumas. The traumas experienced in prison can serve as reenactments of past traumas or retraumatizations, resulting in additional stress.

Overcrowding

Overcrowding also contributes to prison stress. Since the mid-1970s, the prison population in the United States has multiplied 7-fold. With overcrowding, there is insufficient bed space; therefore, other areas of the correctional facility, such as gymnasiums, became impromptu dormitories, and four or six prisoners may be housed in cells built for one or two. Meanwhile, some conservative politicians and policy makers have attempted to both expand the prison population and

dismantle prison rehabilitation programs. As a consequence, rehabilitation programs are rarely expanded to fill the need. The robust literature on prison overcrowding has found that massive overcrowding, especially with relative idleness that occurs during incarceration, causes increased rates of violence, psychiatric breakdown, and suicide in the facilities.

The noise level in overcrowded prisons also contributes to prisoner stress, as does the fear of assault or sexual abuse that seems to be omnipresent in prison. The overcrowding itself is a stressor, but then the heightened violence is an additional stressor. Consider the seemingly simple issue of lines. In prisons, prisoners must form lines to talk on the phone, to buy commissary items, and to be served meals. With overcrowding, these lines grow longer, and one disgruntled prisoner, impatient at having to wait his turn, who yells at prisoners further up in the line to *move on*, can escalate the situation into a fight.

Prisoners With Serious Mental Illness

It can also be stressful for prisoners to live among other prisoners who have serious mental illness that is inadequately treated or even untreated. One prisoner in solitary confinement reported that as an additional form of punishment, correctional officers placed prisoners with untreated serious mental illness in the cells on both sides of his cell to ensure that he would not be able to carry on coherent conversations with his neighbors and would be subjected to loud noises through the nights. In the general population yard, prisoners with serious mental illness are often shunned or attacked, one reason being that they are considered unpredictable because of their bizarre behavior or irrational thoughts.

Inadequate Treatment

Medical and psychiatric treatment in jails and prisons is often inadequate, which means that treatment for stress-induced problems is difficult to attain. The mass prison building that occupied the latter decades of the 20th century was not matched by growth in correctional medical and psychiatric services. Thus, many medical and psychiatric conditions go untreated, undertreated, or

inadequately treated. Class action lawsuits in many states, and judges' rulings that inadequate medical and psychiatric treatment programs violate the Eighth Amendment to the U.S. Constitution's prohibition against cruel and unusual punishment, attest to the inadequate services. Thus, inadequate services for stress-related conditions become one more stressor.

As an example, consider a very anxious 57-year-old African American man who is scheduled to testify in a class action lawsuit challenging the poor level of medical care in that prison system. This man, who had been in an isolation cell for over 20 years, reported that he has been anxious for some time, but his chronic anxiety worsened significantly when he was consigned to long-term solitary. One night, a man in a neighboring isolation cell yelled aloud about the sharp pain in his chest. All of the prisoners on the pod heard him cry out and began screaming for officers to come and attend to the man. According to the inmates' report, officers did not come to the pod until more than an hour later; although the man with chest pain was taken to a hospital, he died of a heart attack. The anxious 57-year-old prisoner said, "I looked at that man writhing in pain, I knew he was having a heart attack, and then to see the officers take so much time to beckon medical attention, I get real worried that when I have a medical emergency nobody will help me!"

When a psychiatric breakdown occurs in prison, staff may attribute the bizarre behavior to *badness* rather than *madness*. Consequently, they may punish the prisoner for breaking the rules or deem the prisoner a *malingerer* who is manipulating symptoms to win removal from solitary confinement. However, when a prisoner becomes very anxious and agitated in an isolation cell and is promptly taken to the infirmary, where professionals attend to his symptoms, the prisoner will typically calm down. The professionals help to defuse the prisoner's stress, and the stress-induced symptoms—possibly including panic or psychotic experiences that were exacerbated by solitary confinement—tend to subside. Although some might argue that this scenario is an example of manipulation by the prisoner to get himself free of isolation, the attribution of manipulating or malingering to the prisoner, and the stigma attached to it, are additional sources of stress.

Disrespect

Prisoners commonly report that all they want is respect. One prisoner, when asked why he was in a high-security segregation cell, responded “Because they won’t give me any respect.” By *they*, the prisoner is referring to correctional officers who he stated beat him up for no cause. Many prisoners have experiences of disrespect throughout their lives, from that of a stepfather who abused them, to a teacher who told them they were stupid, to a police officer who addressed them with insulting terms while arresting them. In prison, other prisoners may challenge them to fight, as a matter of respect, and officers order them around every day. The disrespect felt by the prisoners is an additional stressor. Because there is no penological objective to disrespecting prisoners, treating them with respect could provide a more effective approach to rehabilitating them. If mutual respect between prisoners and prison staff were to be achieved, the level of stress in prisoners’ lives would likely diminish precipitously.

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See also Isolation in Prisons; Post-Traumatic Stress Disorder in Incarcerated Offenders, Treatment of; Segregation in Prison, Physical Consequences of; Segregation in Prison, Psychological Consequences of; Segregation in Prisons, Administrative; Segregation in Prisons, Disciplinary

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INCARCERATION, EFFECTS OF

The practice of incarceration has a long history and is utilized worldwide for numerous purposes ranging from public safety, detaining individuals for the purposes of judicial processes, punishment for illegal behavior, deterrence from future illegal behavior, and political leverage. In the first decade of the 21st century, the United States became the world’s leading incarcerator in the making. Consequently, this entry focuses only on the effects of incarceration in the United States during those five decades, an overview of which shows how the effects of incarceration extend well beyond those on an individual offender.

Brief History

Today’s practice of incarceration—the imprisonment of someone viewed as a threat to a community or a society by virtue of allegedly violating a law, or as punishment for being found guilty of violating or unable to comply with a law (e.g., unable to repay a debt)—started in the 18th century as the result of a prison reform movement that opposed public humiliation in the form of whippings, stocks, and hangings. The primary purposes of incarceration then were to provide a place in which prisoners’ behavior could be corrected through moral and religious instruction and to deter others from breaking the law out of fear of being imprisoned in harsh conditions. These reforms were further developed in the 19th century, and imprisonment continued to be viewed as a means for both punishment in keeping with the cultural standards of just deserts and rehabilitation. Through the mid-20th century, the United States followed these reformist trends in its sentencing and incarceration practices.

Shift in Punishment Ideology

Beginning in the early to mid-1960s, the evolution of social and racial unrest, urban civil rights and anti-Vietnam War protests that involved damage to property and increased use of illicit drugs—especially but not exclusively among African Americans—motivated President Lyndon Johnson to declare a war on crime in 1965 and led

President Richard Nixon to declare a war on crime in 1970 and a war on drugs in 1971, claiming that war on crime must be declared and won against the criminal elements that increasingly threatened our cities, our homes, and our lives, and that illicit drug use was the United States' number one public enemy.

As civil unrest and racial protests continued, these political declarations of war against crime and illicit drug use catalyzed a shift in cultural and criminal justice ideology that de-emphasized offender rehabilitation and increasingly emphasized offender punishment in the interests of public safety and social order. This shift was reinforced by a 1974 essay by sociologist Robert Martinson that claimed nothing worked to rehabilitate offenders, by the 1989 U.S. Supreme Court upholding sentencing guidelines that removed rehabilitation from serious consideration for the purposes of sentencing (*Mistretta v. United States*, 488 U.S. 361 (1989)), and by numerous presidents and legislators who supported increasingly punitive sentences for various categories of crime, especially the sale and use of illicit drugs.

Decrease of Mental Health Facilities

During this same time period, the belief that mentally ill individuals were best treated in their communities led to a national movement in the 1950s through the early 1970s to reduce the number of state-based inpatient mental health facilities. The loss of these facilities eventually resulted in hundreds of thousands of mentally ill individuals being released back to communities that did not have adequate treatment resources.

Confluence

The confluence of these social movements catalyzed what some critics believe to be a culture of punishment that supported a penal harm ideology. These changes included a significant increase in severity and lengths of sentences—especially for violations of drug and sex offender laws—such as mandatory minimum sentences, three strikes legislation, life without parole, trying children as adults and placing juveniles in adult jails and prisons, and a resurgence of interest in the death penalty. Consequently, according to the Bureau of

Justice Statistics, incarceration rates increased from 96 per 100,000 in 1970 to 500 per 100,000 by 2011, and the average prison sentence increased by 36% in just two decades. The increases in sentencing severity and incarceration rates were followed by corresponding increases in the number of incarcerated individuals from 200,000 in 1970 to 1.5 million adults in 2009 and over 2.2 million by 2014, when nearly one in 100 adults were in U.S. prisons or jails.

Among these incarcerated individuals were increasingly disproportionate numbers of minorities and mentally ill and drug-addicted individuals. For example, surveys have revealed that by 2014, the incarceration rates of Black males approximated 2,724 per 100,000 individuals compared to 465 for White males and that more than 60% of incarcerated individuals were members of a minority group or of color.

Surveys have also revealed that at least 50% of those incarcerated in today's jails and prisons have a mental health problem or cognitive disability, and over 60% have substance abuse or addiction histories. As a result, jails and prisons evolved into mental health and drug treatment facilities, the three largest being the Los Angeles County Jail, the Cook County jail, and Rikers Island.

The dynamic combinations of these factors—the increased emphasis on punishment, increasing severity of sentencing, and subsequent increases of incarceration rates that included increased percentages of minorities, mentally ill and drug-addicted individuals—resulted in systemic collateral and unintended consequences that extended beyond those affecting individual offenders.

The Effects of Incarceration on Correctional and Treatment Staff

Working in a *tough on crime* environment that stresses punitive control, regardless of one's position, creates significant emotional and physical staff stresses associated with coping with prison overcrowding, increased numbers of violent, mentally ill, and drug-addicted offenders. Epidemiological research has revealed that many corrections officers die much earlier than the national average, with a suicide rate twice as high as the national average, more than one third by

self-inflicted gunshot wounds. Burnout among treatment staff—particularly mental health services providers—has also become a significant concern. One study showed that mental health providers who treat sex offenders in prison settings experienced higher levels of emotional exhaustion and depersonalization and burnout. Many providers of mental health services have very high rates of depression, a sense of hopelessness, and suicidal ideation. These stressors often negatively affect the relationships between staff and inmates.

Effects of Incarceration on Offenders

There are both positive and negative effects of incarceration on offenders, to which offenders may respond in positive or negative ways. While incarcerated, a percentage of offenders may have the opportunity to participate in educational, skill-building, and treatment programs that may contribute to a successful reintegration in their communities following release. At the same time, the negative effects of incarceration may weigh heavily against the gains made by participating in these programs.

The rapid increase of incarcerating individuals and longer sentences initially led to the overcrowding of many jails and prisons. Overcrowding became and remains a serious challenge to many state and county jurisdictions. As jails and prisons initially struggled to meet the increasing demand for space, nonviolent, youthful, and mentally ill offenders were often housed within the same facilities as more violent and serious offenders, exposing inmates—particularly younger and mentally ill inmates—and corrections staff to increased incidents of violence, including physical assaults, rape, and murder. While efforts to avoid or reduce overcrowding have endured, the Bureau of Justice Statistics reports that as of 2014, prisons in 17 states were still operating above maximum capacity, with ranges from 110% to 150%, and approximately 10% of the population in jails and prisons have reported or experienced being sexually victimized.

In many overcrowded prisons, an increasing number of inmates formed gangs for protection and power, with a consequent need for prison security staff to attend to security needs, including

isolating dangerous inmates from potential victims. This led to the implementation of harsher punishments for violating prison rules that often involved lengthier placements in administrative and disciplinary segregation cells, increased use of physical (e.g., batons, Tasers) and chemical (e.g., pepper spray) restraints, an increase in *forced cell* entry that risked injury to both the inmate and staff, and reduced access to recreational and other prescribed program services. Eventually, supermax prisons were constructed during the 1990s in which allegedly dangerous individuals were and are kept in an austere environment and in their rooms 23 hr a day with limited social contact with staff and virtually no contact with other inmates. Studies have shown such placements have contributed to the deterioration of some inmates' mental health and difficulties adjusting to the prison environment and to their communities after release from prison.

The increasing rates of incarcerating mentally ill and drug-addicted individuals have also led to an increased need for drug and mental health treatment staff, a need that many jails and prisons are still not able to meet. Consequently, many mentally ill or drug-addicted offenders—especially those placed in disciplinary segregation for misconduct related to their mental illness—were not, and still are not, able to be properly treated given the lack of sufficient treatment staff.

Other studies have shown that nonmentally ill incarcerated offenders have also experienced changes in their mental status including becoming withdrawn, hypervigilant, depressed, suicidal, and experiencing post-traumatic stress responses. Suicide by jail inmates has remained the leading cause of death in jails since 2000, and suicide among state prison inmates is still slightly higher than the national average. These effects of incarceration necessitate the availability of sufficient numbers of treatment staff, an availability that studies have revealed is often insufficient to adequately meet the treatment needs of these offenders, and many mentally ill offenders are released back to their communities either untreated or inadequately treated.

The Effects of Incarceration on Recidivism

One measure of the deterrent impact of incarceration on offenders is the percentage of those

returned to prison for a new crime or other violation of their supervision: the recidivism rate. Over 680,000 individuals are reportedly released from state and federal prisons back into society on an annual basis. However, studies of recidivism in the United States have revealed that over 50% of those released are returned to prison within the first year and almost 79% are returned within 5 years.

Research has concluded that the inconvenience and harshness of incarceration have differing deterrent effects on different classifications of offenders. For example, incarcerating low-risk offenders slightly increased their risk of engaging in future criminal behavior, and incarcerating juveniles in adult facilities has also been shown to contribute to an increased likelihood of their engaging in criminal behavior as adults.

In contrast, incarceration of seasoned criminals appears to have little to no deterrent effect on future criminal behavior, and the increased harshness of the prison experience may actually contribute to increased criminal behavior for a small percentage of offenders. Other studies have shown that supervision after release (e.g., probation, parole supervision) did not appear to lower the likelihood of rearrest.

Other contributors to recidivism include the financial and relationship losses offenders may incur during their incarceration. Many offenders lose jobs, businesses, and family relationships while incarcerated, and offenders' court-ordered payments, such as family or spousal support obligations, continue to accrue during their incarcerations. As a consequence, many of these individuals are released from their incarceration in far greater financial debt than when they were initially incarcerated.

The Effects of Incarceration on Federal and State Budgets

The increased incarceration rates necessitated an increased need for more correctional facilities and services, security, and treatment staff—needs that necessitated greater expenditures of both state and federal tax dollars to pay for these increases. In 2010, Connie de la Vega and colleagues reported that spending on state prisons increased from US\$10 billion to more than US\$50 billion over the

past two decades. Reportedly, more than US\$60 billion is spent on U.S. prisons and jails annually, and spending to house one inmate in state prison for 1 year averages US\$45,000. These expenditure increases contributed to the evolution of a prison industrial complex that has profited from providing lesser expensive prison services to financially stressed states that include privatized jails, prisons, security, medical, and mental health services. Some of the private agencies have been criticized for providing substandard care to offenders in an effort to maximize profits.

For states that have a constitutional or legislative state mandate to balance their budgets, as government corrections expenditures increased, economic support for state-funded public education, social services, and related public assistance programs that may better contribute to a reduction in crime rates may be decreased.

The Effects of Incarceration on Society

There have been multiple effects of incarceration on U.S. society. First, the emphasis on incarceration as punishment tends to reassure the public that offenders who are caught will be properly incapacitated and punished, thus improving public safety. However, this reassurance has the propensity to deter the public from exploring whether this approach—with all the unintended consequences—actually works to significantly reduce crime.

Second, perhaps the most prevailing effect of incarceration on U.S. society has been the significant disparities of incarceration rates of minorities from those of the general population. Consequently, it is difficult to separate the effects of the U.S. criminal justice and increasingly severe incarceration practices from those of racial discrimination. Such disparities have contributed to research-supported claims of racial bias that pervades the U.S. criminal justice system that contributes to social unrest—particularly among minority and economically disadvantaged communities, with increased public safety risks during instances of civic protests.

Third, another prevailing effect of incarceration on society is the result of the shift of treating the mentally ill, cognitively disabled, and drug-addicted offenders from community-based

treatment facilities to prisons not adequately resourced to meet these needs. Consequently, many of these inmates are released back to communities that do not have adequate treatment resources. Studies have revealed that a percentage of these individuals are at greater risk of recidivating than individuals who are not mentally ill.

Fourth, there are local and national economic effects of incarceration. State and federal governments use taxpayer dollars to pay for the budgets necessary to implement legislated sanctions for criminal behavior and provide essential services for inmates. The economic effect of incarceration is the diversion of public money from other social programs that might advantage communities from which the majority of offenders originate and contribute to more effective crime management.

Fifth, for economically disadvantaged families, taking one or both parents out of the home for significant periods of time precipitates a domino effect of forcing many of these families to seek economic and social support from other government-funded social support agencies, agencies that can be negatively impacted by increasing government costs for jails and prisons, and consequently making them less accessible.

Sixth, in a prevailing culture of punishment, having been incarcerated has contributed to a social sentiment regarding the trustworthiness of individuals to be motivated to refrain from future crimes and the extent to which they deserve to be reintegrated in their communities. Consequently, offenders released from incarceration often encounter social and/or legal resistance to employment, obtaining housing, having a right to vote, access to education, and other services corrections research has identified as critical for a successful reentry into society. Such disenfranchisement contributes to an eventual return to criminal behavior, such as prostitution, selling drugs, and theft, just as a practical survival matter, that in turn contributes to persistently high recidivism rates commonly known as the *revolving door* that contributes to and maintains a punitive social sentiment.

The Effects of Incarceration on the United States

The results of the U.S. criminal justice system's punitive responses to criminal behavior have

earned the United States the reputation of being the world's leading incarcerator with rates 5–10 times those of other Western developed countries despite the lack of clear support for a significant reduction of crime. The global allegations of racial and economic bias in the U.S. criminal justice system are well documented; its sentencing practices have been characterized as *cruel and unusual* when compared to those of other countries with unintended and collateral consequences, including inadequate treatment for those who are mentally ill and drug addicted, that negatively impact offenders, their families, communities, and the U.S. economy.

Conclusion

There are multiple economic and social consequences that have evolved from the United States' emphases on punishment and incarceration. These consequences extend beyond those affecting individual offenders, and possibly undermining the primary purposes of incarceration as punishment and deterrence, and instead contribute to increased risks of public safety without a significant impact on crime rates. These unintended effects of incarceration have raised significant questions among the nation's leadership about the economic, social, racial, and criminal justice effectiveness of the United States' punitive approach to crime management.

Richard Althouse

See also Bias in Crime Policies and Prevention; Correctional Management; Correctional Officer Stress; Families of Incarcerated Offenders; Imprisonment and Stress; Incarceration Rates, U.S.; Mandatory Minimum Sentencing; Offenders With Mental Illness in Prisons, Treatment for; Prison Overcrowding; Three Strikes Laws

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INCARCERATION RATES, INTERNATIONAL

Incarceration rates provide extremely useful information for assessing the state of criminal justice systems and for their comparison. Incarceration rates of countries inform on the global state of imprisonment and criminal justice; below the level of nations, incarceration rates of specific populations, often ethnic minorities, signal differential treatment of social groups within the criminal justice system of a country. Incarceration rates are generally defined as the number of individuals per 100,000 of the population who are in a prison or a facility of detention attached to a criminal justice procedure in a given year or during another defined time period. They are the result of the

procedures and decisions within the criminal justice system and as such represent one of the outcomes of these processes. They represent the harsher and more severe end of the scale of criminal justice reactions and sanctions meted out to offenders, and in countries that have abolished the death penalty, imprisonment generally and life sentences specifically are the most severe sanctions that are imposed. Accordingly, incarceration rates are interpreted as a measure of the *punitiveness* prevailing in a country, its criminal justice system, and its population, and they illuminate the penal culture and political economy of social control and criminal justice in a society. This entry provides an overview of incarceration rates worldwide, examines the data used to determine those rates, and describes how vulnerable and minority individuals are represented.

Defining Incarceration Rates

As noted, incarceration rates are generally defined as the number of individuals per 100,000 of the population who are in a prison or a facility of detention attached to a criminal justice procedure in a given year or during another defined time period. The count of prisoners might be taken on a certain record date, which is more common, or alternatively as the average number of monthly or other time periods, which is less common. These are the *stock* incarceration rates (i.e., the number of prisoners held in penal institutions). In contrast, *flow* incarceration rates, or *admission rates*, indicate the number of individuals who enter a penal institution across a defined time period, usually a year. Both stock and flow data, or admission rates, might vary considerably; flow data, or admission rates, are indicative of the usage of prison sentences for a broad range of offenses and offenders, often for shorter periods of incarceration. Sweden is exemplary for high admissions and flows, and low stock data, implying that a larger number of offenders are sent to prison for shorter periods and only a few more serious offenders are kept in prison for longer periods of time.

What is defined as a *space of detention*, or more narrowly as a *prison*, varies among as well as within countries. Whether centers of detention for reeducation or establishments for work education are defined as a prison, certain types of open

prisons and halfway houses are counted among the number of prisons. Whether minors are included depends on the reporting system and the criminal justice statistics available for and in a country. The unequivocal link of such a facility of detention to a procedure of criminal justice excludes other detention facilities for illegal immigrants, or where individuals are held without any criminal procedures (e.g., in a conflict situation). Not all countries have written rules regarding whom and how they count as incarcerated in their criminal justice statistics. According to the *European Sourcebook of Crime and Criminal Justice Statistics* in 2014, in 23 of the European countries, statistics of incarceration are compiled based on rules, while for 11 no such rules are available. The United Kingdom has rules for England and Wales and Scotland but none for Northern Ireland.

However, even if these problems related to defining the population of prisoners are not completely solved and suggest caution, incarceration rates provide an indicator of criminal justice in a country for international comparisons across the globe, which equals the quality of other indicators of global performance and justice that are widely used. Its usefulness for international comparisons of criminal justice is owed to the fact that the modern prison is established in all countries of the world, and thus cross-national and cross-cultural comparisons of criminal justice can cover all global regions, different parts of global regions, and regions or federal states within a country (e.g., in the United States). As prisons are established in all levels of government and criminal justice, from local to the regional and national level, sweeping international comparisons can be combined with in-depth local studies. Even though the birth of the modern prison is dated back to the beginning of the 19th century, international and comparable imprisonment rates have only been available since the last decades of the 20th century and were at first only for a rather small number of countries. This number has continuously increased, and presently, incarceration rates are recorded for between 160 and 191 countries.

Data and Data Sources

International incarceration rates are available from a small number of sources. The United

Nations Office on Drugs and Crime provides numbers of prisoners and rates for different periods of time starting in 1970. The *European Sourcebook of Crime and Criminal Justice Statistics* covers the countries of the region and 41 members of the Council of Europe since 1990 and provides data in its five editions until 2011. Its in-depth information about the compilation of stock and flow data in the different countries can be deemed exemplary. The International Centre for Prison Studies at King's College London is well known for providing data on incarcerated populations around the world. The *World Prison Population Lists*, edited by Roy Walmsley, cover nearly 160 independent countries and dependent territories worldwide across more than two decades. These lists include both stock and flow (or admission) data. Since 2006, it has published the *World Female Imprisonment List*, and since 2008, the *World Pre-Trial/Remand Imprisonment List*, thus providing information about particularly vulnerable prison populations. The World Prison Brief edited by the International Centre for Prison Studies is a unique database that provides country information on a monthly basis, using data largely derived from governmental or other official sources. It collects data on occupancy levels in the prison system of 191 countries. Occupancy levels are calculated as a percentage of the total prison population in relation to the official capacity of the prison system, with 100% representing full capacity, and any percentage above overcrowding. Like the International Centre for Prison Studies, Penal Reform International is a nongovernmental organization; it provides information on Global Prison Trends, including the population of foreign nationals in prisons. Much of the information reported by these organizations is collected from prison visits (e.g., levels of overcrowding that considerably exceed in a number of prisons the total occupancy rate calculated for the country).

Overall incarceration rates for a country thus can only paint a general picture of the use of imprisonment by its criminal justice system; however, they do not provide information on different types of sentences or the different groups that are in prisons. Thus, as prison populations are built up and rapidly increase through longer sentences rather than by sending more offenders to prison for shorter terms, incarceration rates for life

sentences or long sentences would provide more detailed information and complement measures of punitiveness. In addition, overcrowding can hugely vary among prisons at the level of communities, states, or the national/federal prison system, as in the United States. Incarceration rates for women and for different age groups are mainly indicative of different levels of prevalence of crimes and are often available. Incarceration rates for pretrial and remand prisoners, for foreign nationals, and in particular for racial and ethnic minorities exceed general incarceration rates even in countries with low rates, and exemplify ways in which disadvantaged groups are subject to criminal justice. These more detailed data can complement total incarceration rates as indicators illuminating the punitiveness of a country in international comparative studies, and contemporary scholars of penal systems and punishment are increasingly looking for and examining closely such strong indicators of exclusion and inequality.

Vulnerable Groups and Racial/Ethnic Minorities

The present global cohort of pretrial and remand is estimated at between 2.5 and 3.5 million individuals who will presumably spend 660 million days in prison. In 55% of the countries, remand prisoners constitute between 10% and 40% of the prison population. They constitute more than 40% in half of the countries in Africa, the Americas, and South, Central, and Western Asia. In Africa as well as in Latin America, countries with the highest proportion above 70% are found, including Liberia and Bolivia, Democratic Republic of Congo, Nigeria, Haiti, Bangladesh, and Philippines. In the Americas, all but three countries exceed the level of a pretrial incarceration rate of 40 per 100,000 that applies to the majority of the countries, with 13 up to 150 and more, among them the United States. The overuse of pretrial detention is one of the major problems of global imprisonment and affects mostly the poor as well as economically and politically marginalized groups.

Incarceration rates for foreign nationals who are disproportionately represented among the prison population are indicative of the treatment

of such foreigners within and by the criminal justice system of a country. In 2014, a half million nonnationals were incarcerated in prisons across the globe. They constitute a large group of pretrial and remand prisoners, and they are particularly vulnerable to human rights violations within prison. Dutch prisons house prisoners from more than 100 countries. In Spain, as in other European countries, the proportion of foreign nationals in prisons increased by 50% between 2000 and 2013. However, for many countries, no information is available for this group.

Across the globe, incarceration rates for racial and ethnic minorities are considerably higher than for the majority of the population. The overuse of imprisonment for these groups even in countries with comparably low levels of imprisonment (e.g., the Scandinavian countries) constitutes one of the major problems of criminal justice and human rights across the globe. Incarceration rates for communities or regions where these groups are concentrated often hugely exceed the national level with detrimental impact on the social, economic, and political life of such affected communities. In some countries, racial and ethnic minorities represent more than half of the total prison population, and incarceration rates for these groups exceed the total country rate by a factor of 10 and more. Australia, New Zealand, and Canada incarcerate a disproportionate number of their indigenous populations. In 2012, the incarceration rate for Aboriginals and Torres Strait Islanders in Australia was 15 times higher than for nonindigenous groups; they accounted for 26% of the prison population, while only representing 2.5% of the population. The increase of the Australian incarceration rate between 2001 and 2014 was mainly due to an increase in the incarceration of the indigenous population. In New Zealand, 51% of the prison population were Maori, while their share of the general population was 15%. Racial and ethnic minorities are disproportionately imprisoned in Western Europe and in North America, while nearly no information is available from many countries in the global South.

The United States seems to epitomize this racial disparity by disproportionately subjecting Blacks to the criminal justice system, though the United States is by no means unique from a global perspective. In 2013, 3% all Blacks men

were in prison, amounting to an imprisonment rate of Blacks men of 2,805 per 100,000, compared to 1% of Hispanic males, or an incarceration rate of 1,134 per 100,000, and 0.5% of White males, or an incarceration rate of 466 per 100,000. While Blacks represent 12–13% of the population of the United States, their share of the 2.2 million individuals in prisons across the United States was 37%. The disproportionate representation of Blacks men becomes evident when comparing them to White males of the same age: The incarceration rate for Blacks men aged 18–19 years (1,092 per 100,000) is nearly 10 times higher than the rate for the equivalent group of White males (115 per 100,000), which is the highest discrepancy between these groups. In the age range between 25 and 39 years, when across the world incarceration rates peak, Blacks men were imprisoned at rates at least 2.5 times greater than Hispanics and 6 times greater than White males.

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See also Corrections; Federal Bureau of Prisons; Federal Prisons; Global Imprisonment; Incarceration Rates, U.S.; Jails; Prison Abolition; Prison Overcrowding; Prison Reform; Prisons; Privatization of Prisons; Punishment, Effectiveness Principles of

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INCARCERATION RATES, U.S.

Rates of incarceration in U.S. prisons and jails are key statistics used to compare different jurisdictions, to assess the status of particular groups in the system, and to understand the impact of changes on correctional laws, policies, and practices. This entry addresses rates of incarceration, specifically how rates are calculated and interpreted; long-term trends in U.S. incarceration rates; rates by gender, race, and ethnicity; international rates; what causes rates to change; and policy reforms that might reduce rates of incarceration.

Rates Explained

Inmate counts can fluctuate along with the general population. To enable analysis of other system and societal factors in the number incarcerated, rates are used to standardize differences in population over time or across different states or countries. Rates are calculated by dividing the incarcerated population by the general population and multiplying by 100,000, giving a count on inmates per 100,000 residents. When examining specific subgroups of the population, such as men, women, or a particular race, the rate is calculated using only the number of residents belonging to that subgroup.

Trends Since 1925

The U.S. federal and state prison population remained relatively stable for most of the last century, dropping slightly in the 1940s and 1960s. U.S. Department of Justice data show that, beginning in the late 1970s, rates of incarceration in U.S. prisons climbed steeply upward until peaking at 506 in 2007. The rates have since dropped each

year, reaching 458 in 2015, the lowest since 1997. Nevertheless, incarceration rates remain very high. In 2015, the United States incarcerated 2,173,800 persons; one of every 114 adults was behind bars.

Gender

In the 30-year period of growth, the number of women in custody grew at a steeper rate than men. The number of women in prison in 2008 (the historic peak year) was over 9 times that in 1980 (12,250 in 1980 to 114,612 in 2008); the count of male inmates in the same period grew about 5 times (302,460 in 1980 to 1,496,370 in 2008). The rate for sentenced women was 11 in 1980 and 64 in 2015; for sentenced men, 275 in 1980 and 863 in 2015.

State and Regional Differences in Rates of Incarceration

The U.S. states vary widely in many ways that impact state incarceration rates, including geography, climate, demographics, region of the country, culture, public perception and political climate, legislation, law enforcement policy and practice, and characteristics of the judiciary.

Table 1 shows that, in 2015, the overall incarceration rate in state and federal prisons and local jails was 660. State rates ranged from under 350 for Maine, Massachusetts, Minnesota, New Hampshire, Rhode Island, and Vermont to 800 or more for Alabama, Arizona, Arkansas, Georgia, Mississippi, Louisiana, and Oklahoma. The federal rate was 60. Most criminal law is governed by the states, so the federal rate is always far lower than state rates.

Race and Ethnicity

Despite recent rate drops for all races and ethnicities, Figure 2a and b illustrates the disparities in rates among Whites, Blacks, and Hispanics in 2015. Figure 1 shows rates for those sentenced to at least 1 year in prison per 100,000 in the general population for each group. The rate for Whites was 312, for Hispanics 820, and for Blacks 1,745.

Figure 2 shows the same information as a relative rate index. To calculate relative rate index, the rate of one or more groups is divided by the rate of

a comparison group. A relative rate of 1.0 indicates the groups are equally likely to be incarcerated relative to their numbers in the population. The relative rates reported here show large disparity, with Blacks and Hispanics far more likely to be in custody than Whites. Hispanics were in prison at over 3 times the rate of Whites, and Blacks over 6 times the rate of Whites.

International Perspective

Other countries rely far less on incarceration than the United States does as a response to crime, especially for nonviolent crimes. In 2015, with only 4% of the world's population, the United States locked up nearly 21% of all of the world's prisoners. The Institute for Criminal Policy Research at the University of London reports that the United States has the highest incarceration rate of all nations on earth. (Very small countries are not comparable to the United States because of the size and complexity of their social and political systems, so the rates reported here are for nations with populations of at least 100,000.)

As shown in Figure 3, the Institute's most recent data showed the average rate was 92 in Western Europe, 105 in Africa, 139 in the Middle East, 169 in Asia, and 222 in South America. At 693, the United States incarcerates at a rate 5–18 times higher than other Western nations, such as the United Kingdom, France, Denmark, Finland, and Germany and over 20 times higher than nations with the lowest rates such as India, Mali, and the Central African Republic.

Factors That Drive Rates of Incarceration Up or Down

New Admissions and Length of Stay in Custody

Two system statistics determine the rate of incarceration: new admissions and length of stay in custody.

Admissions to jail or prison, whether for a new sentence, for a probation or parole revocation, or after arrest while awaiting trial, are the biggest drivers of custody populations and thus rates of incarceration. Reductions in admissions to custody directly reduce the number in custody and, therefore, rates of incarceration.

Table 1 Population Count and Rate of Incarceration in Federal and State Adult Prisons and Local Jails, 2015

<i>Jurisdiction</i>	<i>Total Inmates</i>	<i>Rate^a</i>	<i>Jurisdiction</i>	<i>Total Inmates</i>	<i>Rate^a</i>
Total in United States	2,145,100	660	Missouri	43,400	710
Federal total	195,700	60	Montana	5,600	540
Alabama	42,900	880	Nebraska	8,600	450
Alaska	5,400	730	Nevada	19,100	650
Arizona	54,900	800	New Hampshire	4,600	340
Arkansas	24,000	800	New Jersey	33,900	380
California	201,000	510	New Mexico	15,100	720
Colorado	31,800	580	New York	75,900	380
Connecticut	15,800	440	North Carolina	53,800	530
Delaware	6,700	700	North Dakota	3,200	410
District of Columbia	1,800	270	Ohio	70,700	610
Florida	153,000	750	Oklahoma	39,700	1,010
Georgia	88,500	860	Oregon	21,000	520
Hawaii	5,900	410	Pennsylvania	83,900	650
Idaho	10,900	660	Rhode Island	3,200	310
Illinois	63,900	500	South Carolina	31,600	640
Indiana	43,500	650	South Dakota	5,300	620
Iowa	12,900	410	Tennessee	48,000	720
Kansas	16,600	570	Texas	214,800	780
Kentucky	33,800	760	Utah	11,700	390
Louisiana	49,000	1,050	Vermont	1,800	280
Maine	4,000	300	Virginia	57,300	680
Maryland	29,700	490	Washington	29,700	410
Massachusetts	20,100	300	West Virginia	10,100	550
Michigan	57,700	580	Wisconsin	35,000	610
Minnesota	16,500	300	Wyoming	3,900	670
Mississippi	28,000	940			

Source: Data from Kaebler, D., & Glaze, L. (2016). *Correctional populations in the United States, 2015*. Washington, DC: US DOJ, Office of Justice Programs, Bureau of Justice Statistics (public domain). Retrieved January 5, 2017, from <https://www.bjs.gov/content/pub/pdf/cpus15.pdf>

^aRate of incarceration per 100,000 in general population including all ages.

Even if new admissions remain constant, if the length of time served is shortened, inmates exit custody sooner and overall counts fall. Length of time served can be reduced in two basic ways: reduced sentence length and reduced length of stay. While sentence length is the maximum time an inmate will remain incarcerated, the actual time served can be shortened through such mechanisms as parole and inmates earning credits

toward reducing time served by completing programs and avoiding problem behavior.

System and Societal Influences

Crime Rate

The number and types of crimes committed are certainly two of the factors that drive arrests, prosecutions, and incarceration, but they are often

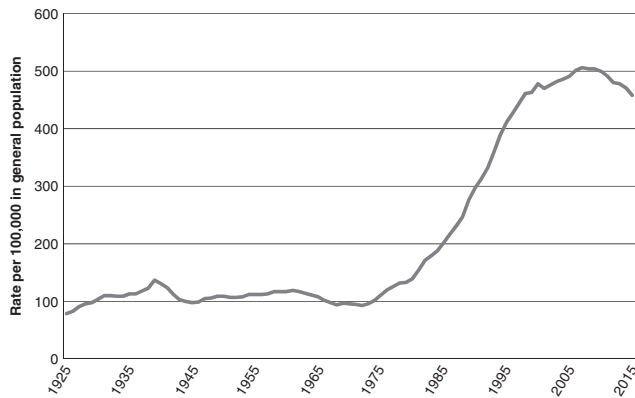


Figure 1 Rate of incarceration in U.S. federal and state adult prisons, 1925–2015

Sources: Data from *Sourcebook of Criminal Justice Statistics Online 2017* (public domain). Retrieved January 7, 2017, from http://www.albany.edu/sourcebook/tost_6.html#6_bf and Carson Ann, E., & Anderson, E. (2016). *Prisoners in 2015*. Washington, DC: U.S. Department of Justice (2016) (public domain). Retrieved January 7, 2017, from <https://www.bjs.gov/content/pub/pdf/p15.pdf>

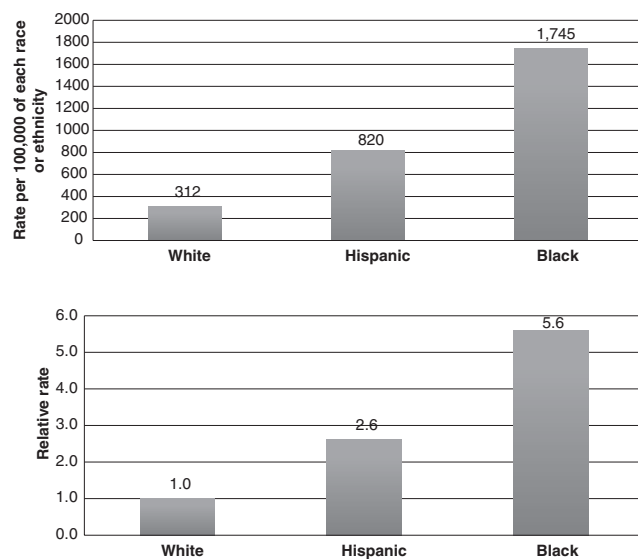


Figure 2 (a) Rate of incarceration in U.S. federal and state prisons by race and ethnicity, 2015.
(b) Relative rate indices for incarceration in U.S. federal and state prisons by race and ethnicity, 2015

Source: Data from Carson Ann, E., & Anderson, E. (2016). *Prisoners in 2015*. Washington, DC: U.S. Department of Justice (public domain). Retrieved January 7, 2017, from <https://www.bjs.gov/content/pub/pdf/p15.pdf>

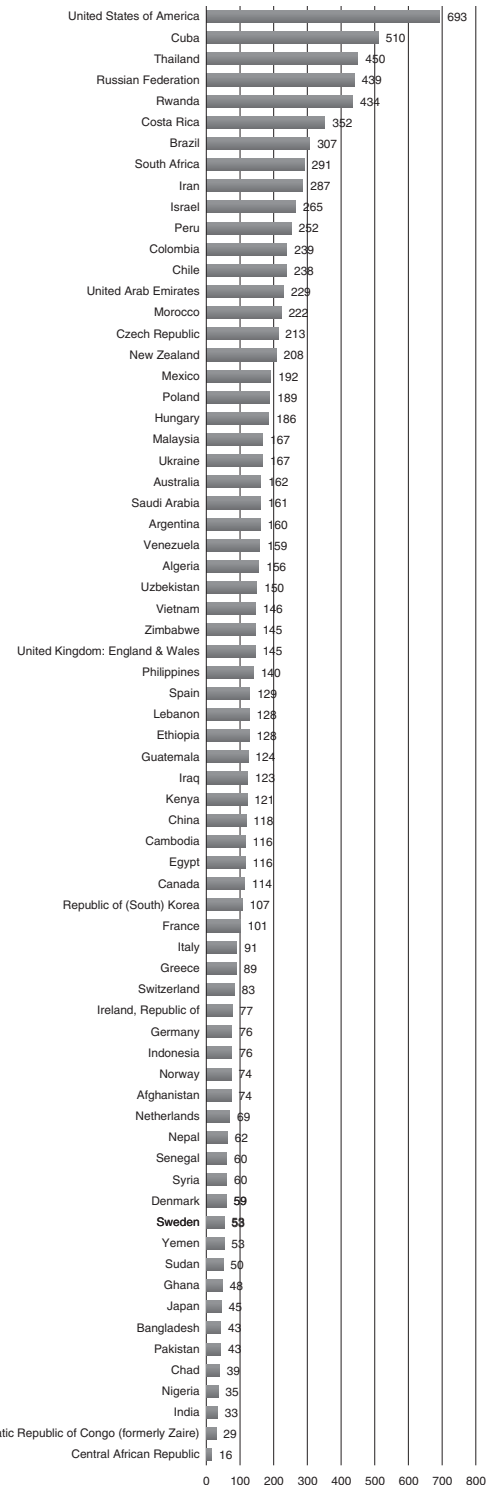


Figure 3 Rates of incarceration in larger countries worldwide

Source: Data from Institute for Criminal Policy Research. (2017). *World Prison Brief*. London: University of London, School of Law, Author. Retrieved January 6, 2017, from <http://www.prisonstudies.org>

not primary. For instance, the rise in incarceration rates that started in the 1970s had only a small correlation to a rising crime rate. Certainly, the rise of crack cocaine and corresponding shifts of policing policy and practice contributed. However, more than by criminal behavior, the 30-year growth was caused by changes in public perceptions about crime and criminals and related changes in law enforcement practices and in policies and laws governing who would be incarcerated and for how long.

Laws, Policies, and Their Interpretation

Each branch of U.S. government influences the correctional system by shaping, interpreting, and applying laws, regulations, and policies. The legislative branch makes laws that dictate which behaviors are criminal, mandate sentencing, and determine how much discretion judges and corrections officials have to alter sentences. Lawmakers also allocate funding to corrections agencies and thereby impact how long inmates remain in custody in a variety of ways. The courts, including judges, court administrators, prosecutors, and defense attorneys, adjudicate charges through trial or plea bargain, determine sentences, and review probation and parole violations. The executive branch (i.e., correctional agencies, probation and parole departments, police and sheriff departments) runs the prisons and jails and helps decide how much of a sentence is served, who receives parole and when, how behavior during incarceration impacts sentence length, and which probationers or parolees are returned to custody.

Public Perception

Perceptions about crime and corrections among the public, the press, and the government feed off one another, resulting in major swings in the response to real or perceived criminal behavior, often without much consideration of facts or research. The media of the 1970s and 1980s showed the public fearing crime and wanting a tough response to criminal activity; these sentiments were reflected in the *Tough on Crime* legislation of the time. In the 1990s and 2000s, California voters repeatedly passed propositions that increased the length of sentence for many

types of crime. Polls since the 2000s have shown a shift in public opinion—again reflected in changes to law and policy—toward alternatives to incarceration, both because they cost less and produce less recidivism than traditional time behind bars. Accordingly, Californians began to pass propositions that softened the state's response to many crimes and incarceration rates fell.

Reducing Rates of Incarceration

The communities where most inmates come from are characterized by high rates of poverty, limited educational and vocational prospects, inadequate social services, a lack of political representation, and generational cycles of violence and justice system involvement. High rates of incarceration, especially among the poor and people of color, will likely remain a problem until society finds solutions to these challenges.

In the meantime, there are correctional system reforms that can reduce mass incarceration. Sentencing reforms that reduce sentence lengths for nonviolent and nonsexual crimes can reduce rates of incarceration. A range of sanctions, including community-based alternatives to incarceration, reduce new admissions to prison and, when properly administered, are more effective at reducing recidivism than time behind bars. These sanctions are punitive but allow more system-involved men and women to remain in the community, closer to family, long-term services and programming, and better employment and education opportunities.

Christopher Hartney and Susan Marchionna

See also Bias in Crime Policies and Prevention; Correctional Rehabilitation Services, Best Practices for; Drug Crime Sentencing Disparities; Female Offenders: Gender Differences in Criminal Offense Characteristics; Global Imprisonment; Incarceration Rates, International; Prison Overcrowding; Reentry, Best Practices for; Three Strikes Laws

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INEFFECTIVE REHABILITATION STRATEGIES

Despite expansive research acknowledging the importance of evidence-based practices that emphasize the need to target the known predictors of crime, many practitioners continue to implement strategies that are ineffective (i.e., produce no effect) or even potentially cause greater harm to offenders than good (i.e., increase recidivism). The term *correctional quackery*, applied to ineffective rehabilitation strategies, describes programs developed without consideration of existing knowledge of the causes of crime or of methods of other successful programs that have positively affected offender behavior. This concept suggests that agencies dismiss evidence-based practices in favor of *common sense*, personal experience, and tradition when determining how to manage offenders. Furthermore, practitioners often turn to programs that target factors unrelated to recidivism (e.g., low self-esteem, lack of creativity, and dieting). This entry reviews the characteristics of ineffective rehabilitation programs and the specific strategies that do not work to reduce reoffending.

Adherence to the Risk, Need, and Responsivity Principles

The correctional literature has established that to effectively reduce recidivism, agencies must adhere to evidence-based practices. In particular, programs should follow the Risk-Need-Responsivity model. The principles of this model identify offenders who should be targeted through treatment (risk), those individual factors that need to be targeted for change (need), and ways to best target these needs (responsivity).

Problems Associated With Targeting Low-Risk Offenders

Identifying moderate- or high-risk offenders for recidivism and in need of the greatest degree of change is a crucial first step for effective rehabilitation programs. However, agencies and programs often fail to engage in evidence-based methods that allow such identifications. Agencies may either avoid trying to measure risk altogether or use old and outdated instruments to do so. Additionally, correctional officers may override risk classifications that contradict their own judgments of an offender's risk level. Additionally, even when risk is determined, entities may still avoid targeting the appropriate types of offenders, favoring lower risk offenders. This can be counterproductive and result in unexpected adverse effects (i.e., increases in offending).

Targeting Noncriminogenic Needs

Another contributor to ineffective programming is a failure to acknowledge and implement causes of crime, instead targeting concepts unrelated to behavioral change (i.e., noncriminogenic needs). Research demonstrates that long-lasting and positive change in criminal behavior is achieved when the following factors are targeted: antisocial attitudes/beliefs, antisocial personality, antisocial peers, employment/education, substance abuse, family/social support, and leisure activities. These particular needs have been found to be highly correlated with risk of reoffending.

When these factors are not targeted, programs can create harmful, rather than positive, effects. Programs that stress fear of punishment (e.g., Scared Straight), target vague emotional problems, or improve the offenders' physical shape (e.g., boot camps) can actually increase recidivism rates. These programs tend to point to a failure to change on the offender rather than the program, which, in turn, may be used to justify a subsequently harsher punishment for the offender.

Using Noncognitive Behavioral Approaches

Research has consistently demonstrated that the best approach to reducing recidivism is through application of cognitive behavioral therapy (CBT). CBT is a therapeutic approach that

helps modify an offender's dysfunctional thoughts, emotions, and behaviors. However, there has been a tendency for practitioners to ignore this approach and, instead, rely on *common sense* practices often rooted in personal opinion about what works or traditional approaches to rehabilitation that research has demonstrated are not effective.

In general, programs that target offenders at lower risk of committing future crime, programs that fail to address factors associated with criminal behaviors (i.e., criminogenic needs), and programs that fail to implement CBT approaches can produce unfavorable outcomes. In place of the Risk-Need-Responsivity model, some agencies have been found to instead rely on ineffective punishment-oriented treatment with the belief that fear of punishment will prevent future criminal behavior (i.e., deterrence). Others have focused on vague approaches that utilize therapeutic discussion as a mechanism for change without targeting key risk factors. The next two sections discuss some of these ineffective programs.

Punishment-Oriented Approaches: Intermediate Sanctions

Following the expansion of prison populations in the 1980s, there was a desire to reduce crowding but also ensure that sufficient punishment was delivered in the community. Intermediate sanctions were developed as a way to address the concern that prison was too harsh but probation, too lenient. The most common form of this approach was intensive supervision programming (ISP).

ISP

ISP was developed under the premise that reduced caseload sizes for correctional officers would provide greater opportunity for close supervision of offenders. ISP quickly spread across the United States and parts of Canada with several forms of supervision including increased contact, confinement of offenders to their homes, curfew enforcement, random drug testing, requirement that offenders pay restitution to the victims, electronic monitoring, and the requirement that offenders pay for their supervision. The goals of the program were to increase public safety,

rehabilitate offenders, provide intermediate punishment, reduce prison crowding, and reduce costs. The assumption was that increased contact between the officer and offender would allow for closer observation and that the threat of punishment would lead to reductions in future offending (i.e., recidivism).

Evaluation studies of ISP, however, proved disappointing. While researchers found that ISP generally achieved increased levels of supervision, through measures of such activities as the number of supervision contacts and number of drug tests, they ultimately determined that ISP failed to significantly reduce recidivism. Studies analyzing participants in ISP and comparison groups found no difference in the recidivism rates. In one study evaluating the effects of ISP across 14 sites, researchers found that not one location had better rates than the comparison group. The evaluation concluded that ISP was no more effective than traditional probation or parole.

Additionally, ISP was found to produce increases in technical violations (i.e., violating rules of supervision). This was a direct result of increased surveillance that more easily detected such behaviors. Further, any behavioral changes that resulted from ISP were often short-lived. Once participants completed ISP and moved on to regular probation, it was found that they were arrested with increasing frequency. Interestingly, reductions in recidivism (e.g., 10%) were discovered when a treatment component was simultaneously introduced to participants. This finding implies that reductions in recidivism are a result of treatment rather than supervision.

Shock Incarceration/Boot Camps

Shock incarceration programs, otherwise known as *boot camps*, were developed in the 1980s and were modeled after military-style programming. Boot camps promised to not just watch offenders but change them through military discipline. It was believed that the experience would transform them into law-abiding citizens by "breaking them down and building them back up." Similar to ISP, boot camps produced dismal results. Of the 24 rigorous evaluations produced, overall findings suggest that boot camps are ineffective in reducing recidivism. One of the main

issues with this type of *treatment* is that they model aggressive behavior. Thus, offenders learn that aggression is an acceptable response, and boot camps may unintentionally toughen them up. Furthermore, any positive changes that result from this form of shock incarceration do not last once offenders return to the community.

Scared Straight Programs

Scared Straight programs are another deterrence-based approach that functioned under the assumption that offenders could be scared away from recidivism. These programs initially involved bringing juveniles into an adult prison setting and allowing them to interact with inmates who shared the hardships of prison life. Today, they are less confrontational and more educational by providing prison tours and orientation sessions.

In a systematic review of Scared Straight evaluations, researchers found very little deterrent effect. In fact, these programs were believed to have possibly caused more harm than good to participants. Among studies that reported failure rates for participants, the program was shown to have increased the percentage of new offenses by anywhere from 1% to 30% when compared to a no-treatment control group. In determining why such increases occurred, researchers believed that the participants viewed the experience as a challenge to prove that they were not scared. As a result, they may have received reinforcement and achieved status from their delinquent peers.

Other Ineffective Treatment Approaches

In addition to deterrence-based programs, researchers have discovered that correctional programs that demonstrate a nondirective therapeutic or *talking* approach are also ineffective. It is suggested that these programs can convince offenders to change through techniques such as lectures and general discussion. Yet, research has consistently found that this form of treatment does not work.

In particular, group counseling and psychotherapy have been implemented with sex offenders with the hope that focusing on past events can

help these offenders gain insight into their behaviors. Furthermore, behavioral treatment for sex offenders has also been used. This approach involves targeting deviant arousal through conditioning and teaching skills related to interactions with age-appropriate individuals. In both cases, these forms of treatment have been found to be ineffective and, at times, harmful.

Additionally, some treatment approaches emphasize the need for interaction between the offender and victim as a means of restoring balance and reintegrating the offender back into the community. This form of treatment, known as *restorative justice*, involves victim-offender conferences. These meetings bring the victim, the offender, the victim's family, community members, and a facilitator together in one place so that the offender can seek forgiveness and restoration. Although these programs may be appealing to victims, evaluations of this program find that, on average, it does not reduce recidivism among adult offenders. This is likely a result of a key theoretical issue: It does not target crime-producing factors. Still, there is some modest support for restorative justice, particularly among juveniles; however, its effects on recidivism are weaker when compared to rehabilitative programs that target criminogenic needs.

Another form of treatment that has been on the rise since the early 2000s has been faith-based programming. These programs vary in their approach to changing criminal behavior and thus have produced a mix of results regarding their effectiveness in reducing recidivism. However, one key factor does stand out in the literature on this topic. When faith-based programs incorporate evidence-based practices, specifically CBT, they do produce better results.

This research reveals that intermediate punishments are unlikely to reduce recidivism. Additionally, programs that use *talking* cures without providing CBT are ineffective. Finally, when programs fail to target high-risk offenders and criminogenic needs, they also fail to significantly change offender behavior.

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See also Correctional Rehabilitation Services, Best Practices for; Criminogenic Needs, Targeting;

Evidence-Informed Tools for Assessing Correctional Rehabilitation Programs; Rehabilitation; Risk Principle; Risk-Need-Responsivity, Principles of

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INMATE CLASSIFICATION, METHODS OF

Inmate classification is a procedure in which incarcerated offenders are placed into varying custody levels based on a professional assessment. Each custody level is designed to match an individual offender's needs with available correctional resources. Classification based on custody level assigns offenders to specific facilities and dictates the level of supervision and treatment they will receive. This entry focuses on types of classification methods, the implementation of classification decisions, and potential barriers to classification.

History of Inmate Classification

Historically, inmates were segregated to prevent harm to themselves and others and to ensure the safety of facility staff. It was thought that full segregation of offenders would increase security and management and decrease the likelihood of recidivism. As the incarcerated population grew over time, segregation was no longer feasible. Inmates were housed together, often multiple offenders to a cell. The need for correctional facilities grew, and prison officials sought to find an effective solution to prison overcrowding. Prior to the 1870s, inmates were classified based on the offense they committed, keeping those who committed violent offenses from those who committed nonviolent offenses. This approach allowed correctional professionals to best determine the appropriate form of punishment for a given crime type. As the field of corrections evolved over time, so did inmate classification methods. Instead of classifying individuals based on offense type, offenders were classified based on their personal characteristics, then founded in clinical or treatment approaches.

Methods of classification are often based in fact: What is known about a given offender. For example, three variables often used to classify offenders are age, length of sentence, and job performance or employment. Age is often utilized in classification decisions as, empirically, younger inmates tend to have higher rates of disciplinary infractions than older inmates. Research has consistently shown a link between age and one's

involvement in criminal activity. In the 1980s, the length of one's sentence was a leading consideration in the classification of offenders. It was believed, the longer one's sentence, the greater the risk posed. One's history of employment and current employment status are also considered. Empirically, inmates who are employed are less likely to incur a disciplinary infraction.

Still, other facilities have tried a quasi-token economy to classify inmates. In this setting, offenders are able to progress through a correctional system by achieving certain tasks. Tasks can range from education programs (i.e., obtaining one's GED) or gaining a vocational certification (i.e., carpentry certificate). Token economies may not be ideal for serious or violent offenders as interactive programming may allow for additional opportunities to commit crime.

Classification comes from the idea that inmates are a heterogeneous subgroup. It is, thus, realistic to categorize them into meaningful subdivisions. Although criteria for classification varies by agency, inmate classification is one of the most significant postsentencing decisions made, as it involves the consideration of safety, economics, and quality of life. It allows facilities to aggregate individuals into subgroups that share common attributes, characteristics, symptoms, or behaviors.

Initial classification occurs upon facility admission. When an inmate arrives at a correctional facility for intake and processing, the inmate is assessed as to the risk he or she poses to himself or herself, the other inmates, and facility staff. The risk to recidivate and one's escape risk are also considered. Based on a battery of assessment tools, inmates are classified into a category, security level, or transferred to a different facility better able to suit their needs. Each assessment tool is conducted by a trained professional who works for the correctional facility. This individual uses standardized measures (discussed later in this entry) to make an informed decision as to the classification of each individual offender.

Subjective and Objective Classification

James Austin provides two categories of inmate classification: subjective and objective. Subjective classification is based on the experience and

judgment of an administrative professional. As the use of inmate classification grew in the 1980s, states utilized a subjective classification approach. Subjective classification involves the use of broadly defined criteria, analyzing inmate characteristics and the physical design of the facility. Because correctional officials made classification decisions across large populations, consistent classification was difficult and led to high rates of error. The use of subjective classification methods in large correctional facilities proved to be especially difficult as situational factors and staffing issues significantly contributed to variations in risk. Subjective classification can be overridden, however, occurring 5–15% of the time, as often, recommendations from one correctional professional vary to another.

Objective classification is a more formalized approach to categorizing offenders, and most correctional agencies have moved toward adopting this method. Originally intended for those under community supervision, objective classification stresses equity in decision-making and is conducted using a standardized form to assess the risk and need of the individual offender. Objective assessments provide recommendations for custody decisions and programming and are empirically shown to better facilitate treatment assignments. Austin recommends objective classification to include three principles. First, objective classification should be based upon a reliable and valid criterion. The utility of this criterion should be founded in empirical evidence and extensive research. Second, each classification evaluation should be conducted by a professional who has completed a specialized training program. Because this individual makes classification recommendations, he or she should maintain competency with annual refresher training. Finally, each classification decision should be documented and periodically reevaluated. Consistency can be achieved through the use of interrater reliability assessments. Having an individual or team of individuals serve as interraters whose purpose is to randomly select and review previous assessments will increase the reliability of the classification method. Furthermore, such a process allows for continuity and consistency across departments.

Classification Methods

Most correctional agencies have classification processes for inmates, and all 50 U.S. states have at least one form of a classification approach. Classification allows for treatment and programming recommendations, but it also allows facilities to house inmates based on security or safety risk. Sorting inmates by level of risk can benefit the entire facility, both operations and personnel. Classification methods are, ideally, constructed in a way that allows for the assessment of changes in dynamic factors: attitudes, behaviors, or status. Former classification methods were based on categories (e.g., military status, marital status, level of education) that proved to have very little use in predicting prison misconduct. Over time, these ideas were abandoned. Now, successful classification tools are extensive, allowing for the classification of offenders across attitudes, offense type, race, and gender.

Successful tools are written objectively, providing clear operational definitions to avoid ambiguity. Widely accepted assessment tools (leading to classification) have been tested to ensure reliability and generalizability across offense type. Such tools include both static and dynamic factors. Consider, for example, the Level of Service Inventory-Revised (LSI-R). The LSI-R is an actuarial risk assessment tool used for the classification of offenders in over 200 countries worldwide. The LSI-R is not offense-specific; thus, it can be used to assess risk for offenders who commit multiple crimes across offense types. The tool assesses risk via a structured interview between a trained correctional professional and the inmate. Based on the inmate's responses, the correctional professional calculates a risk assessment score. The score is based on a 54-item survey answered by the professional corresponding to the interview responses of the offender. Both static (e.g., criminal history, number of times arrested) and dynamic factors (e.g., substance abuse, unemployment) are considered. The score, ranging from 0 to 54, places the offender in either minimum, medium, or maximum risk-level categories. This level of risk translates to the type of housing, treatment, (un)restricted access, earnable good time credit, and programming the offender will receive while incarcerated. Periodically, throughout the inmate's incarceration, the inmate will be reassessed via the LSI-R. Based

on subsequent reassessments, the classification level may increase, decrease, or stay the same.

Risk assessment tools, like the LSI-R, aiding in the classification of offenders are useful as they have the ability to assess multiple factors related to recidivism. Because no one risk factor is sufficiently related to recidivism that it can explain reoffending entirely on its own, these assessments allow for professionals to classify inmates to best ensure safety, the meeting of treatment needs, and appropriate referrals for programming and educational courses. Some risk assessment tools are offense-specific in that they were developed strictly for offenders who committed a particular crime (e.g., Static-99 for male sex offenders).

Risk assessment tools and classification methods are utilized in release decisions (i.e., probation and parole). Such data allow the parole board to make informed decisions based on the risk posed to the community as relative to the nature of the time one spent incarcerated. Classification while incarcerated can carry over into the community, further dictating the level of treatment, surveillance, and programming to be received. Although risk assessment tools that contribute to classification methodology have been validated on a wide range of populations, it is important to note that classification categories vary from state to state and at the federal level. States may adopt levels or categories to suit their specific offender population.

U.S. Federal Classification

While classification varies from state to state in the United States, it also varies from the state agencies to the U.S. federal system. The federal prison system (122 facilities) classifies offenders by security levels: minimum, low, medium, high, and administrative. *Minimum* federal facilities are dormitory-style buildings, allow access to work and program privileges, and have limited or no perimeter fences. These facilities are referred to as *federal prison camps*. *Low* federal facilities are dormitory style with doubled fences and a higher ratio of staff to inmates. *Medium* facilities have an even greater ratio of staff to inmates and are protected by doubled fences, internal control systems, and electronic detection. *High* security facilities, known as *U.S. penitentiaries*, have perimeter walls or reinforced fences, the highest ratio of staff to

inmates, and exercise control over all inmate movement. Finally, *administrative* facilities serve a special purpose. These facilities house pretrial detainees, inmates with serious medical conditions, or inmates who pose an escape or violent risk. All but one federal administrative facility is capable of holding inmates of all security levels.

Overclassification

Classification of offenders is an important process to ensure the safety of offenders and staff and the routine operations of a correctional facility. However, given the large number of inmates in the United States, classification is difficult. Furthermore, continued classification efforts and reclassification create the potential for errors. Errors in classification tend to be false positives or overclassification. Overclassification is not only inefficient but also costly. It further contributes to overcrowding and increases in inmate-related issues, violence, and disturbances. Objective classification based on actuarial risk assessment tools can decrease these false positives.

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See also Corrections; Federal Prisons; Inmate Classification; Offender Risk Assessment and Risk Level Classification Issues; Prison Overcrowding; Risk Assessment, Actuarial

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INMATE CODE

The inmate code is part of the prisonization process whereby new inmates assimilate to life behind bars. The inmate code refers to an informal set of

rules or norms that govern the behavior of incarcerated people. While there is some variability in the content of this code across time and context, there is widespread agreement that the norms of behavior embodied in the inmate code are distinct from the norms of mainstream society and contrary to the formal behavioral rules of penal institutions.

As a consequence, the inmate code provides normative support for rule and law violations among inmates and contributes to a social milieu in prisons that encourages disruptive and illegal behavior. Normative support makes it psychologically easier for people to commit acts that are regarded as criminal or deviant by mainstream society because the perpetrators themselves actually regard their behaviors as correct and appropriate. By relieving perpetrators of feelings of guilt, shame, or remorse, which usually accompany norm or rule violations and might otherwise inhibit criminal behavior, the inmate code makes it easier to commit criminal acts.

This entry begins by reviewing the origins of the inmate code. Next, code content and adherence to the inmate code are discussed. The entry concludes with a brief discussion of ongoing research needs.

Origins of the Inmate Code

There are at least two schools of thought on how and why the inmate code has evolved. Some criminologists such as Gresham Sykes argue that the inmate code is a reaction to the social realities of prison life. In other words, the *pains of imprisonment* or the deprivations associated with confinement create a unique social climate that has given rise to distinct norms and values. The inmate code is simply a functional response to the realities of prison life. It is a product of the prison environment and reflects the values and corresponding norms of the prison subculture.

Other criminologists, including John Irwin, a former inmate himself, argue that the inmate code is the result of the importation of underclass values and experiences into the prison environment due to the nearly exclusive use of imprisonment against members of the lower class. In other words, the life experiences and social mores of the inmates who are sent to prison inform the content

of the inmate code. In essence, the inmate code is *imported* into prisons with the prisoners. Prisoners need not adapt by accepting *new* norms or rules that comprise the inmate code, rather the inmate code is consistent with the product of the normative proscriptions of lower-class culture in general. Inmates just continue to act in conformity with their pre-prison values and norms after incarceration. According to this view, while the inmate code may be counter to the norms and values of mainstream society, it is not the product of the prison environment.

While these theories are sometimes presented as inconsistent alternatives, research suggests that both of these theories have value in understanding the origins of the inmate code and that these theories can be integrated to some extent. In other words, contemporary research reflects that both the prison environment and the pre-prison experiences of prisoners impact the inmate code. For example, individual-level characteristics may affect the degree to which the inmate code is internalized by a particular inmate just as organizational or systemic variables associated with particular prisons can influence inmate culture at those prisons. These synthetic approaches increase both explanatory power and comprehension of how the inmate code is formed and maintained.

Code Content and Demographic Status

As is often the case with criminological research, almost all of the older work and much of the contemporary work concerning the inmate code focus on male subjects. As a consequence, what is presented as generic discussions of the inmate code are often, in reality, reflective of what is normative for male prisoners. Early work with male inmates suggests that there was a high degree of group solidarity and cohesion among inmates coupled with a high degree of antagonism toward all staff. Toughness, minding one's own business, loyalty to fellow prisoners, and avoiding any cooperation with administrators or staff were all frequently mentioned as characteristic of the inmate code. This *us versus them* mentality is apparent in early formulations of the code, which noted widespread acceptance of various rules including prohibitions against snitching on fellow inmates and exploiting or cheating fellow prisoners. Early formulations

of the code also emphasized the importance of noncooperation and defiance toward guards and other prison staff.

Some recent research suggests that the *esprit de corps* among inmates, if it ever really existed, has given way to a far more brutal "dog eat dog" approach to inmate relationships. This *new code* among male inmates emphasizes a pathological fixation on hypermasculinity that prizes aggression and concealment of vulnerability and emotion. Inmate solidarity appears to have fragmented to some extent, giving way to racial and ethnic cohesion, with the result that prohibitions against snitching, exploitation, and deceit may only apply to inmates belonging to the same racial/ethnic group. There is even evidence that the new code condones sexual exploitation of weak inmates and/or inmates of different ethnicities. One theory as to why the inmate code may no longer discourage mistreatment of all fellow inmates is that the influx of hard drugs like crack and heroin into the prisons has fractured and disorganized inmates. These changes may also reflect contemporary changes to urban underclass culture in general, which has been found to overemphasize respect and toughness and condone brutality and abuse.

The rise and proliferation of gangs among male prisoners has also changed the inmate code. In many places, gang loyalty has supplanted notions of inmate loyalty. Gang involvement in drug trafficking has also shifted priorities. Whereas earlier generations of inmates valued solidarity and adherence to the code as a vehicle for defying the goals of prison administrators and attaining respect, there is some evidence that gang-involved prisoners today are often interested in keeping the peace and at least nominally cooperating with staff in order to protect their illegal money-making activities from interference. Although it is important to note that while gang leaders may discourage violence and rule breaking that contribute to chaos and invite crackdowns, violence remains an integral part of establishing and maintaining control over drug trafficking within prisons.

While work involving female inmates is more limited, some significant insights about the social world of imprisoned women have been gained from past research. Early research suggests that female inmates organize their social life around

small group attachments (*pseudo-families*) and that as a consequence, prisoner solidarity was of less importance and informing and snitching were more acceptable. Building on this prior work, Barbra Owen noted that the social world of female prisoners was intensely relational. Emotionally intimate but nonsexual *play families* and intimate dyads characterized by intense emotional relationships were common. Owen's work suggests that the cultural life of female inmates revolves around the focal concerns of privacy and maintaining relationships with those on the outside, especially children.

These focal concerns provide the normative basis for a number of informal *rules* that guide female inmates' behavior. The privacy-based rules include the following: do not gossip or betray confidences, stay out of other inmates' affairs, and do not touch other inmates' things or invade their space without permission. The rules related to the importance of outside relationships included shunning or sanctioning those convicted of hurting a child or parents and a taboo against commenting on the length of someone's sentence. Other rules, which appear to be related to overcrowding, include rules about cleanliness and hygiene.

Age has a somewhat ambiguous relationship with the inmate code. On one hand, there is some evidence that young (20s) and old (40 plus) inmates may be less committed to the inmate code. On the other hand, there is evidence that old heads, people who have done a long stint in prison, are more committed to various aspects of the code than young and impulsive short-timers.

The inmate code and the wider process of prisonization appear to occur cross-culturally. In other words, there is evidence of a nonconformist prison culture across the globe, albeit with some significant local differences. For example, the degree to which the code reflects inmate solidarity can vary by country.

Adherence to and Enforcement of the Inmate Code

Adhering to the inmate code is, at least in some contexts, a means of acquiring respect for both male and female inmates. Similarly, departures from the code earn inmates the contempt of their fellow prisoners. Inmates often place a heightened

value on respect and vociferously identify with the code and see adherence to it as essential to their self-identity and respect.

Despite widespread endorsement of the code and espoused respect for those who adhere to it, in practice, adherence to the inmate code is neither universal nor constant. Just as in other societies, individuals sometimes decide to violate the norms or rules in pursuit of self-interest. For example, it is not unusual for incarcerated men and women to turn informant and testify against other prisoners, even their friends or associates, in exchange for sentence concessions or other benefits.

Part of the reason for variability in adherence is uneven acceptance of the code by the inmate population. Charles Terry's work, for example, suggests that only some male inmates—he denominates them as *convicts*—embrace the code and live by its dictates; the rest do not accept the code and do not try to emulate it. Adhering to the code may be adaptive because earning a reputation as a *good convict* appears to insulate inmates from victimization to some extent. Other researchers suggest that adherence to an aggressive, exploitive, hypermasculine code is context-specific and may evolve and change over time. Research on female inmates revealed similar variability in the degree to which inmates subscribe to the inmate code. Such variability is to be expected, as perfect normative compliance and a complete absence of deviance exists in no known society.

Enforcement of the inmate code also varies across time, space, and context but it is, at times, ruthlessly enforced. Male inmates, in particular, are known to informally sanction code violators with beatings or even death. Many male inmates regard violently defending their honor in the face of disrespect as essential to the code and maintaining respect among fellow inmates. Failure to do so entails a loss of respect that may result in victimization. Women too have been known to violently sanction code violators, although such violent enforcement appears to be less common among women than men. Lesser sanctions such as verbal reprimands, loss of social esteem, social exclusion, and other consequences not involving violence are also sometimes imposed on inmates who violate the code.

Enforcement of the code in some prisons appears to rest with inmate leaders. Other research

suggests that all inmates have a duty to enforce the code. Inmates who identify with the code often offer justifications for their occasional departures from it, which mirror the types of accounts used by those on the outside to justify their criminal or deviant behavior, suggesting that the code is reflective of sincerely held subcultural norms.

Future Research

Given the importance of the inmate code in shaping interactions among inmates and its potential to contribute to violence and interfere with rehabilitation, it remains an important area for study. Ongoing research in a variety of contexts with diverse inmate populations is necessary to keep abreast of how the content of the code varies among different groups of inmates and under different circumstances. For example, there is some evidence that direct supervision and other progressive penological approaches can blunt enthusiasm for and adherence to the inmate code. Further developing understanding is necessary if authorities wish to reduce the influence of the code and control its negative affect on inmate behavior.

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See also Social Learning and Environmental Determinants of Psychopathy; Social Learning Theory of Crime; Techniques of Neutralization; Threats in Prisons; Victimization in Prisons

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INMATE DENIAL OF CRIMINAL RISK

Denial and minimization refer to some degree of refuting facts related to an offense whereby denial may be complete refutation and minimization may include some degree of refusal to acknowledge victim impact, the commission of an offense, wrongdoing or seriousness of the offense, and/or the need to be sanctioned or receive treatment as a result of the offense behavior. Depending on the offender's criminal behavior, an offender's denial may refer to aspects of his or her behavior (e.g., for a sex offender, denial of sexual deviancy; for a batterer, claim of self-defense; and for a murderer, denial of being a violent person). Denial is often deemed a concern by forensic professionals who evaluate and/or treat convicted offenders. In the criminal justice system, it is frequently observed that weight is placed on denial when making decisions regarding parole, judicial sentencing, treatment amenability, and risk of future reoffending. This entry provides an overview of inmate denial of criminal risk by defining denial, examining both its functional purpose and its problematic nature, and finally approaching denial as a responsiveness factor.

Defining Offender Denial and Minimization

Minimization or some degree of denial is expected among offenders, and therefore, there has been plenty of research examining its role and function in correctional settings—both in the community and in institutions. However, the study of denial is plagued by conceptual and definitional problems. Some view denial as dichotomous—either denial is present or absent, and minimization is something different altogether. Some also view denial and minimization as degrees of accepting responsibility, ranging from complete acceptance of responsibility to categorical denial. Still others purport that denial is multifaceted and comprises of several components (e.g., denial of offending, denial of harm to the victims, denial of posing a risk to others, and denial that one needs help or treatment). As such, there is a plethora of ways to measure denial ranging from scales on existing personality measures, such as the validity scales on the Minnesota Multiphasic Personality Inventory or Personality Assessment Inventory, to self-report measures specifically designed to assess denial for a certain group of offenders, such as the Facets of Sex Offender Denial, Comprehensive Inventory of Denial–Sex Offender Version, or Distress and Responsibility Scale for non–sex offenders. Virtually all of the measures of denial use self-report questionnaires, which assess denial as an inferred attitude rather than focusing on it as overt communication and behavior. Although denial is associated with cognitive distortions, they are distinct constructs. To illustrate, many offenders are savvy in using language to minimize responsibility for their offending and may present as socially desirable in a self-report measure. Moreover, it is expected that denial will change, depending on the context (e.g., interviewed in a police investigation, presentence evaluation, treatment assessment, or parole hearing) and on the engagement of the offender in treatment. Hence, the need to employ a suitable and valid measure for assessing offender denial has important implications for treatment and research.

Functional Purpose of Denial

Inmate denial is not surprising to those who work with this population, but it is often assumed that denial is a dysfunctional thing and must be

changed to a more acceptable presentation (i.e., acceptance of responsibility and insight into one's risk). Yet an examination of the noncorrectional research shows that it is widely accepted that denial serves a functional purpose and therefore works as a defense mechanism that reduces anxiety. This purpose is easily recognized among nonoffenders as reducing feelings of anxiety (e.g., denial of the seriousness of one's sickness to make oneself feel secure and hopeful about the future). Yet, denial among offenders is often deemed dysfunctional and in need of being changed. It is important to consider that denial is functional for human beings and that people can benefit from denial. An examination of the literature on excuse-making illustrates that there is a large body of evidence supporting the assertion that excuse-making is normal. There is a plethora of anecdotal experience that people often seek to excuse their behaviors by seeking out ways to avoid internalizing personal responsibility. Empirical research suggests that excusing past transgressions enhances one's sense of self-control over future situations of a similar nature and reduces the dissonance between incompatible cognitions, which causes unpleasant feelings. Furthermore, making excuses can be highly adaptive and frequently healthy. Some research suggests that excuse-making can lead to better physical health, better performance at work, and maintenance of one's self-esteem. In addition to the positive effects of denial on the individual, there are also positive effects associated with how the denying individual is perceived by observers. For example, when excuses are made for not fulfilling a social obligation, there is a tendency for social impressions to be more favorable, especially when using an excuse that attributed responsibility to an external source, which was uncontrollable and unintentional. On the other hand, when one does not give an excuse, the individual is perceived unfavorably.

It is important to note that denying or minimizing offending behavior is not inconsistent with an understanding of people in general. The normative function of an offender's excuse-making is to reduce anxiety—the more one denies, then the individual experiences less anxiety and is able to maintain a positive impression of oneself. A particular useful function of denial for an offender is how it influences the perception of others.

Empirical research that has examined the function of denial by offenders has shown that denial serves a favorable purpose for offenders. For example, parole boards tend to assess denying offenders as less likely to commit further offenses than those offenders who took responsibility for their criminal behavior, and treatment providers assessed admitting sexual offenders at a greater risk to reoffend than those who denied or minimized their risk. Hence, there is clearly the potential for the expression of denial to benefit the offender.

Therefore, it is important to recognize that denial is not only functional for people in general but very beneficial for an offender to deny or minimize his or her offending behavior and risk to reoffend. Offenders, like most individuals—offender or not—may regard denial as a security blanket that protects and serves them. As a result, it is likely to be a challenge to encourage offenders to relinquish their denial.

Exploring the Problem With Inmate Denial

As denial serves the offender well, it might not be clear why inmate denial is a problem. The notion that denial is problematic has often been translated into an illusory correlation with recidivism risk. This has been examined in the sex offender literature. Meta-analytic studies have not supported a significant association between denial and sexual recidivism, and denial was identified as a noncriminogenic factor. Subsequent research has shown that denial may predict sexual recidivism only for some groups of sexual offenders (e.g., low-risk offenders in general, high-risk offenders after treatment), but the pattern of results has been inconsistent across these studies. Most of the available evidence seems to suggest that denial is not an important predictor of sexual recidivism or other types of recidivism risk.

On the other hand, a practical issue arises in the treatment of offenders who deny. Many offenders, particularly sex offenders, go untreated because either treatment providers interpret denial as an indication that the offender is unamenable to treatment or the requirement for the successful completion of a treatment program includes acceptance of responsibility. However, terminating an offender from a program due to the exhibition

of denial is problematic. For example, it may be difficult for supervising staff (e.g., probation) to sanction consequences for noncompletion of treatment when the treatment staff terminated the offender from the program. Also, the ethical dilemma of releasing an offender to the community without engaging him or her in any form of intervention is troublesome. The empirical evidence shows that greater denial and minimization are associated with lower motivation and more negative perceptions of treatment. Specifically, measures of offender denial are significantly correlated with scales of treatment motivation, and sex offender denial has been shown to be associated with lower levels of treatment engagement.

Hence, although offender denial may not directly be associated with increased risk of recidivism, it certainly poses a problem in terms of rehabilitation.

Inmate Denial as a Responsivity Factor

Rather than construing denial as a risk factor, denial may be more productively approached as a responsivity factor that presents as an obstacle for an offender to engage in treatment. According to the Risk-Need-Responsivity principles, treatment and supervision are most effective when geared toward higher risk offenders (Risk principle), when known criminogenic needs (crime-producing factors) are targeted for intervention (Need principle), and when individual variables that impact a person's ability to respond most effectively to interventions are taken into account by matching offenders to interventions and practitioners (Responsivity principle). Little attention has examined noncriminogenic needs that could be construed as responsivity factors. It has been suggested that denial/minimization, personality disorders, hostility, substance abuse, and mental health history should be included in the list of responsivity factors. Such factors may not be directly associated with recidivism risk, but they may impact the feasibility of an offender to participate in treatment. According to the responsivity principle of the Risk-Need-Responsivity model, denial may not be a risk factor, but its presence has strong associations with lower levels of treatment engagement and decreased motivation for treatment. Hence, when offender denial is present, treatment

should be tailored to the individual offender in order for the treatment to be most effective.

It is important to recognize that denial may be functional for an offender, and therefore, transforming denial in treatment can be difficult. In light of the associations found between denial and treatment motivation, a different type of engagement may help to increase the benefits of treatment. Treatment providers could facilitate change (e.g., replace or transform denial) among denying offenders to a more prosocial and functional anxiety-reducing behavior, which promotes both accepting some degree of responsibility and reducing overall feelings of anxiety. An appropriate assessment of denial and minimization and an understanding of the function that denial serves for an offender are necessary to identify the type of denial present (e.g., Is it challenging to see himself as a sex offender? If she says she abused her child, is she worse than her own abusive father?). Identifying the type of denial allows one to examine what type of denial is inhibiting an offender from engaging in treatment. By understanding the type of denial, therapy can focus on understanding what risk is and what kinds of things the offender sees as preventing him or her from offending again, while motivating him or her to find known effective ways that have prevented others from further criminal offending.

Sandy Jung

See also Responsivity Principle; Risk-Need-Responsivity, Principles of

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INMATE RESEARCH INTERVIEWS

Inmates, often called *offenders* (particularly by corrections professionals), are incarcerated individuals currently serving time in a jail, a federal or state prison, or another type of correctional location such as a community reentry center or court-mandated rehabilitation facility. Inmates do not include individuals on probation or parole. Researchers seeking to interview inmates face a unique set of challenges. These challenges include gaining access to the target population, navigating the processes of ethics committees and institutional review boards (IRBs), constructing interview instruments including consent and disclosure forms, self-presentation and self-disclosure both in the correctional facility and in the interview setting, negotiating time and data-gathering restraints unique to prison research, and presenting honest, accurate analyses of inmate interview data.

Interviewing is a qualitative data-gathering technique that typically involves one-on-one (although interviews can also be completed in groups), face-to-face conversations between the interviewer and the interviewee. The length of time an interview takes depends on the nature of the research questions being investigated, the skill of the interviewer, the willingness of the interviewee, and other potential restraints posed by the setting itself.

This entry focuses on addressing these issues and explaining standard techniques for their successful navigation.

Gaining Access

In the United States, prisons are managed either by the federal government, by state departments of correction (DOCs), or by private companies. Local, municipal, or city governments typically oversee jails. Gaining access to an incarcerated population for the purposes of conducting research can be difficult and time-consuming. The first step often means going through the agency that manages the prison or jail. Because there are often multiple levels of permission required before a researcher is granted access, the most expeditious route to beginning the process is to contact a human services professional at the jail or prison one wishes to access. Most prisons have individual web pages listed on the DOC or Federal Bureau of Prisons websites. Here, the contact information for a prison representative can usually be found. This person will likely refer the interested party to a research and development professional at a higher level of management who will then be able to guide the investigator through the necessary steps.

Every organization has a different set of requirements for conducting research. However, most DOCs and the Federal Bureau of Prisons use a standard format of internal, institutional review for proposed research projects. This means that individuals wishing to gain access for a prison study must submit their proposal to the institution's Research and Development Board (this may also be called an *ethics committee* or an *IRB*). Typically, the contact person for the Research and Development Board will provide documentation pertaining to the institution's particular submission requirements.

The requirements for research proposals submitted to a correctional institution's review board are often very similar to those of a university's IRB. The difference between typical human subjects research and research with incarcerated individuals, however, is that inmates are considered a *high-risk* population, making the process of gaining access more difficult.

IRBs and Incarcerated Populations

High-risk populations refer to a group of people who may be unable to understand the potential risks of participating in research or who may be

easily manipulated by a researcher. Other high-risk populations include children, the elderly, and people with certain types of medical illnesses or certain social or developmental disabilities. There are a number of reasons why inmates are considered at high risk. First, because prison inmates are involuntarily incarcerated, their risk of feeling coerced to participate is heightened. Inmates may believe that their participation in research is a requirement of their release from prison and, thus, may not feel that they may decline to participate. Second, prison populations include a disproportionate number of racial minorities, people of low socioeconomic status, and individuals with little or no formal education. As a result, their ability to give their full, informed consent to participate may be significantly decreased.

There are several ways to combat these issues in order to ensure inmates' safety and rights. IRBs at both the correctional institution and the university will expect researchers to account for the issues of high-risk populations in their consent and disclosure forms and interview questions.

Consent and Disclosure

For all human subjects research, gaining an individual's informed consent to participate is (on some level) almost always required. This practice reduces the risk of deception and coercion that a researcher may intentionally or unintentionally create. For research with inmates, several considerations must be made when constructing consent forms.

First, forms should be written at a sixth-grade reading level. Writing consent forms at this reading level ensures that an undereducated individual might better comprehend the rights afforded to him or her. Consent forms should state that an inmate's participation is not required and will not impact the inmate's treatment within the prison, the conditions of the inmate's parole, or the inmate's release requirements. In addition, consent forms should state that most information will be kept confidential and that pseudonyms will be assigned; if an interviewee states that he or she is being harmed, if the inmate plans to harm himself or herself, or if the inmate plans to harm someone else, then the proper authorities must be notified.

Finally, consent forms should include the contact information of the principal investigator and additional questions the interviewee has regarding consent. However, it may be acceptable to include only the contact information of the university's IRB if the researcher does not feel comfortable disclosing her or his personal information.

Interview Instruments

Constructing interview questions designed for incarcerated individuals can be challenging for several reasons. Primarily, questions asked of an inmate should be worded in ways that do not require the inmate to disclose information that could inadvertently cause him or her to admit to committing a crime. This is particularly problematic because while an inmate is in prison because he or she was *convicted* of a crime, it cannot be assumed that the inmate *actually committed* a crime. In fact, in many cases, an inmate's future appeals or parole hearings may hinge on the inmate's continued insistence that he or she is innocent.

Researchers should take these concerns into account when constructing interview questions. For instance, rather than asking, "Why did you commit the crime that sent you to prison?" the question may be worded as follows: "Why would someone similar to you commit the crime for which you are currently incarcerated?" While this alternative wording may seem cumbersome, it is essential that researchers prioritize the continued protection of their subjects not only to protect the rights of the inmates but also to protect themselves. In rare cases, a researcher (and the gathered data) may be subpoenaed and required to give testimony in court regarding the content of an interview. If questions are worded innocuously from the beginning, a researcher's risk of having to disclose sensitive and potentially damaging information about the participant is greatly reduced.

Interview Setting

Conducting interviews in a prison requires an investigator to consider certain elements often not present in traditional interview settings. For instance, as a visitor inside a prison, the investigator

will likely be required to wear certain types of clothing (e.g., long pants, closed-toe shoes, no jewelry, avoiding certain colors). The prison usually provides the investigator with a list of acceptable and unacceptable clothing, but if it does not, then the researcher should ask for such a list.

Certain colors may be associated with gang affiliation, and types of clothing may be considered inappropriate in a prison setting. These issues will often go beyond what a researcher might consider appropriate himself or herself. For instance, the colors red and blue represent well-known national gangs. However, other colors might be associated with more local or regional gang membership, with which the investigator may not be familiar. The prison will generally explain what types of clothing are acceptable, and researchers should be sure to follow these guidelines in order to avoid potential setbacks.

Depending on the requirements set forth by the DOC review board and the university's IRB, other restrictions may be present in the prison setting. For instance, it is possible that an investigator may not be permitted to record interviews conducted with inmates due to issues of confidentiality. If this is the case, the researcher must be prepared to take notes by hand and may have to sacrifice transcribing many direct quotes. Interviews that are not recorded often take longer than anticipated, which means the researcher should be careful to watch his or her allotted time frame.

Prison is a highly structured environment, and inmates are required to be in specific places at predetermined times. If an interview takes longer than anticipated, the researcher may be forced to finish before he or she has collected all the desired data.

In addition, in prison, a researcher can never be assured that the interview is being conducted in complete privacy. For the researcher's safety, staff may be required to remain nearby in case of an emergency. Similarly, the investigator may not be allowed to hand items (such as pens or paper) directly to the inmate. In these cases, researchers will be instructed to slide items across a table, rather than reach across it to give something to an inmate.

Many of these issues are things that novice researchers may not anticipate upon their first

entry into prison. They also differ for every type of prison institution, and so researchers should ask as many questions before their first trip as possible to avoid delays.

Finally, and particularly for first-time prison researchers, the experience of spending several hours a day for perhaps many months inside a prison can become emotionally taxing. The strict physical requirements, the depth and sensitivity of the information gathered during interviews, as well as the processes of entry and exit (e.g., searches, metal detectors, identification requirements) could affect a researcher personally. These issues should be taken into consideration before attempting to interview inmates.

Inmate Representation and Data Presentation

Finally, and perhaps most importantly, prison researchers have a unique ethical duty to represent inmates in prison responsibly through the publication and presentation of their data. As with all human subjects research, investigators must report the findings of their research as accurately and respectfully as possible. With inmate subjects, however, it is important to remember that the *truthfulness* of the answers given in an interview is couched in a context that may be highly politicized and one in which the inmates' rights are inherently diminished. The experience of being in prison is a difficult one, and for many inmates, simply the chance to tell their side of a story or discuss their motivations may be the most important benefit of their participation. The honesty or dishonesty in the answers they give is something of which a researcher can never be fully certain. For that reason, prison interview data must be taken for what they are: an answer to a question or a story told that was true in the moment. Presenting one's data as such and fully expounding upon the context in which the interviews were conducted serve to create a more honest representation of others' stories.

Lastly, a researcher's own biases may become more acute due to the prison setting and the information the researcher received. Acknowledging the characteristics of oneself that may have influenced the data (e.g., gender, race, class, education, personal experiences) can have an important impact on the honesty with which research results

are presented and read by their respective audiences.

Interviewing inmates is often a difficult and daunting task that, just like any type of research with high-risk subjects, requires practice and sensitivity to issues that go beyond one's initial expectations. However, the data and information received from this diverse population can lead to some incredibly rich and important research results.

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See also Forensic Psychology, Research Methods in; Research in Criminal Psychology

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INSTITUTIONAL VIOLENCE AND MISCONDUCT

Violence and misconduct in correctional institutions are of great concern to inmates and prison staff. Inmate classification and programming, facility architecture, and staff procedures are all oriented toward minimizing the occurrence of these behaviors. Interest in institutional violence and misconduct, however, is not limited to those who live and work in this setting. Criminal justice researchers study these behaviors to inform the basic science and contribute to more effective

prison administration and enlightened public policy. Legislatures and the courts may draw upon these research findings in protecting inmates from cruel and unusual punishment. For example, in 2003, Congress passed the Prison Rape Elimination Act. Forensic mental health experts and juries are consumers of research regarding prison violence and misconduct as well. To illustrate, a routine consideration in death penalty sentencing is whether the capital offender is likely to engage in serious violence in prison if sentenced to life without parole. This entry provides an overview of violence and misconduct in correctional institutions, including relevant data, rules, and sanctions.

Data Sources

Most corrections departments have internal research branches that collect and analyze data regarding inmate misconduct and particularly inmate assaults. These data provide a metric both for evaluating effectiveness of procedures and for reporting to legislative and executive oversight. Institutional databases, as well as individual inmate files, are also mined by external researchers. Researchers may also utilize inmate surveys if certain types of violence are thought to be underreported in official disciplinary records. Unreported prison violence is most likely to involve minor assaults and sexual intimidation. Official data are likely to capture virtually all assaults with serious injury, homicides, and staff assaults.

Rules and Sanctions

Prisons are highly structured environments with extensive rules governing inmate behavior. These rules range from uniform standards and cell hygiene, to property restrictions; they cover a range of behaviors: inmate movement, disobedience of a staff directive, substance abuse, and assaultive misconduct. Corrections staff are given much authority and latitude in determining whether an infraction has occurred. Typically, infractions are grouped in three to four levels of seriousness. Sanctions escalate with the severity of the infraction, as well as the frequency of infractions committed by an inmate. These sanctions primarily involve loss of privileges, cell restriction (i.e., *the hole*), and/or transfer to a higher security

classification/custody. Occasionally, prison misconduct may result in a criminal prosecution.

Research Findings

In the face of so many rules and stringent enforcement, it is not unusual for inmates to receive a *ticket* or *shot* for an infraction. In some jurisdictions, more than 40% of prison inmates will be cited for a disciplinary infraction of some sort each year. Most of these, however, are for minor violations. This leads to the first important observation regarding prison misconduct and violence: The more serious the misconduct, the less often its occurrence. This same observation applies to prison violence. To illustrate, while 2–3% of inmates may be involved in at least a mutual fistfight in any given year, only one in 200 annually perpetrate an assault resulting in injury and only one in 500 an assault with serious injury.

These data illustrate a second primary finding regarding prison violence in the modern era: Serious violence in prison is quite infrequent. This finding may be surprising, as popular media often depict prisons as rife with stabbing (i.e., *shankings*) and killings. In fact, the annual frequency of inmate-on-inmate homicides in state prisons throughout the United States has declined more than 90% in the last 40 years, and now the number is fewer than four per 100,000 inmates. In many jurisdictions, prison homicides are even less frequent. With over 150,000 inmates in custody in Texas prisons, there was only one inmate homicide in 2014 and only two in 2015. Despite more than 45% of state prison inmates serving sentences for violent felonies, homicides in prisons nationwide average less than one-ninth the rate of homicides in the open community among a demographically matched sample. Homicides of prison staff by an inmate are extraordinarily rare, with annual rates of fewer than 1 per million inmates annually and some jurisdictions never having had a staff member murdered in the line of duty.

Theoretical Explanations for Prison Misconduct

Theoretical explanations for prison misconduct involve four perspectives: deprivation, importation, management, and general crime/deviance.

Deprivation theory focuses on the adaptations to the environmental pains of prison, including restrictions, reduced autonomy, isolation from social supports, access to goods, and gang activity. *Importation* theory examines prison misconduct from the perspective of the attitudes, experiences, and features the inmate brought into prison, such as criminal history, conviction offense, demographic characteristics, and mental health and substance abuse histories. *Management* processes include classification and custody level, crowding, staff morale and training, and administrative effectiveness. *General theories* of crime and deviance are utilized by some scholars to explain prison misconduct as well. For example, strain theory posits that people naturally abide by rules, but they may experience pressure or *strain* to offend. Such concepts may bridge deprivation, importation, and management factors.

Both deprivation and management are associated with the context of prison. Broadly, researchers have found that the latter contextual factors exert a greater influence on the occurrence of prison misconduct and violence than inmate-specific features. Illustrative of this finding, rates of serious violence within the Federal Bureau of Prisons vary widely from one U.S. penitentiary to another in any given year, even though these reflect the same level of security, identical procedures and regulations, and highly similar programming.

Among institutional factors, higher levels of misconduct are more consistently found in prisons that have higher concentration of inmates who are under age 25, Black, or convicted of violent offenses. Prisons that are larger and reflect a higher security level have higher levels of misconduct as well. Inmates involved in religious-based programs tend to commit fewer infractions.

Among the *importation* or inmate-specific factors correlated with prison misconduct and violence, the most powerful is age. Regarding misconduct broadly defined, inmates who are older are less often involved in prison misconduct. Inmates with histories of low self-control are more likely to be involved in prison misconduct, as are inmates associated with gangs. Inmates who have been treated for mental health problems, come from high-deprivation neighborhoods, or have suffered abuse also tend to have higher rates of prison misconduct. A history of prison

misconduct is associated with higher levels of subsequent misconduct.

Regarding prison violence, age at admission to prison and across a prison term is strongly and inversely related to prison violence. This well-established finding has been observed among prison inmates in general, inmates in high security, convicted murderers, and convicted capital murderers. Other inmate-specific factors associated with prison violence include property offense, prison gang membership, sentence length (inversely), and prior prison term. Higher levels of education are also associated with lower rates of misconduct and violence in a number of studies. To illustrate, inmates having a high school diploma or General Educational Development (GED) had about half the prevalence of assaultive misconduct holding other factors constant. Inmates who have stable work histories in the community as well as those who have higher levels of social support (e.g., community ties through phone contact and visitation) also exhibit lower rates of violent misconduct. There is no personality testing profile consistently associated with prison violence.

Criminal history has a complex relationship with inmate misconduct and violence. A prior prison sentence is associated with a greater frequency of misconduct and violence. A history of violence in the community, however, has neither a simple nor an intuitively obvious relationship with prison violence. The rate of prior violent arrests has not been consistently demonstrated to be associated with serious or assaultive prison misconduct. Prior arrests for assault and current convictions for robbery and/or assault are associated with an increased risk of prison violence, but not with prior or current homicides. A current conviction for a sexual assault has an inverse relationship with prison violence, while prior arrests for sexual assault have no relationship.

Sentence length has a counterintuitive relationship with prison misconduct and violence. It would be expected that inmates facing very lengthy sentences, and particularly those serving life without parole, would have higher rates of prison violence as a result of their more serious offenses of conviction and because they have *nothing to lose* (i.e., far distant or no parole). Inmates serving lengthy sentences, including those serving life without parole, however, tend to have lower rates of prison misconduct and violence.

Long-term inmates appear to be particularly motivated to maintain the small privileges and incentives (e.g., commissary, recreation, visitation) that make their confinement less loathsome.

Equally contrary to intuitive expectations, the seriousness of the offense of conviction is not a good predictor of prison violence. Convicted first-degree murderers have been observed to have lower rates of disciplinary infractions and equivalent rates of assaultive misconduct of all severities as compared to property offenders or inmates in general. Capital offenders sentenced to life terms have very low rates of serious prison violence as well. Because it is very difficult to predict a low base rate behavior, the infrequency of serious violence among capital offenders has critically important implications for future violence as a death-sentencing consideration. Neither mental health experts nor capital juries have demonstrated the ability to reliably identify which offenders will perpetrate serious violence in prison or make predictions that improve over the underlying base rate. As a result, only predictions of an improbability of future serious violence enjoy high accuracy rates.

The most startling evidence of the absence of a trajectory from conviction offense to prison misconduct comes out of the Missouri prison system. Since 1991, Missouri has *mainstreamed* its capital punishment or death-sentenced inmates, intermingling them among the general population of a high-security prison rather than segregating them on a super-maximum death row. The capital punishment inmates are celled and programmed with inmates serving nondeath sentences. A 25-year retrospective examination of their prison disciplinary histories finds a low and not disproportionate rate of serious or assaultive misconduct. This finding raises serious questions regarding the security rationale used to justify the highly restrictive, solitary, segregated confinement typifying death rows nationwide.

Caution Regarding Case-Specific Application

An important caution is warranted in making case-specific applications of the correlates of prison misconduct and/or violence. Because of the very low base rate of serious prison violence, even a factor demonstrated to generalize across jurisdictions that is strongly associated with increased risk may

still reflect a decided improbability. To illustrate, if a factor was associated with a 3-fold higher incidence of serious violence, but the base rate of such violence is only .01, inmates reflecting that factor would still have a very low incidence (.03).

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See also General Violence in Prisons; Institutional Violence and Misconduct, Assessment and Management of; Institutional Violence and Misconduct: Violence Toward Offenders; Institutional Violence and Misconduct: Violence Toward Staff; Prison Misconduct, Prediction of

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INSTITUTIONAL VIOLENCE AND MISCONDUCT, ASSESSMENT AND MANAGEMENT OF

Effective assessment and management of institutional violence and misconduct generally begin with effective theory. The three most popular

theories of institutional violence and misconduct are the deprivation model, the importation model, and the three models (control, responsibility, and consensual) that make up John DiIulio's administrative management theory. This entry provides an overview of each theory or model, followed by a review of associated assessment and management issues.

Theory

Deprivation Model

The deprivation model of inmate behavior holds that the rigid, coercive, and punitive conditions found in jails and prisons are responsible for institutional violence and misconduct. Gresham M. Sykes discussed the *pains of imprisonment* which he believed were brought on by deprivations in five areas: autonomy, security, access to goods and services, freedom of movement, and heterosexual relationships. In the face of these *pains of imprisonment*, some inmates violate prison rules in an effort to overcome the deprived state created by incarceration as well as to get some of their needs met. According to the deprivation model, inmates adapt to the rigid and coercive conditions of prison by forming an inmate subculture designed to shield them from the harsh realities of prison life. The act of being socialized into the subculture of prison, a process known as *prisonization*, and adoption of the inmate code and its associated value system, in turn, lead to prison violence and misconduct.

Importation Model

Dissatisfaction with the deprivation model led to the creation of the importation model of inmate behavior. According to John Irwin and Donald Cressey, the creators of the importation theory, prison violence and misconduct stem from characteristics that inmates, upon entering prison, bring with them from the streets. This is another way of saying that institutional violence and misconduct are the result of preincarceration characteristics and experiences. Proponents of importation theory note that inmates who were leaders on the street also tend to be leaders in prison and that inmates who were violent on the streets also tend to be violent in prison. Gangs are a major problem

in prisons in that core gang members contribute disproportionately to prison violence and misconduct. Congruent with the importation theory, inmates who were affiliated with gangs on the streets also tend to be affiliated with gangs in prison. Like the deprivation model, the importation model emphasizes subcultural values, but in the case of importation these values are believed to have predated the individual's prison experience.

Administrative Management Theory

Whereas the deprivation and importation models emphasize inmate actions, patterns, and adaptations, administrative management theory emphasizes prison managerial styles. According to this perspective, prison managerial styles can be organized into three distinct models. The *control* administrative management model uses remunerative (reinforcement) and coercive (punishment) controls to manage inmate behavior while stressing formal and professional relationships between staff and inmates. The *responsibility* administrative management model, by contrast, deemphasizes formal control, highlights inmate responsibility, and promotes informal staff-inmate relationships. The *consensual* administrative management model, a hybrid of the control and responsibility models, provides for greater flexibility than the control model and greater oversight than the responsibility model. Research indicates that the control and consensual models generally produce the most orderly run institutions and the lowest levels of inmate misconduct and violence.

Assessment

Deprivation

Professionals operating out of the deprivation model ordinarily assess deprivation by examining the physical and psychological characteristics of the institution where the individual resides. One of the first factors to be reviewed by professionals interested in conducting a deprivation analysis is institutional security level, given that deprivation grows and the inmate code strengthens as one climbs the correctional security ladder toward higher levels of institutional control and security. Professionals interested in conducting a

deprivation analysis may want to consider each of the five *pains of imprisonment* (i.e., autonomy, security, access to goods and services, freedom of movement, and heterosexual relationships) because while prisons are depriving by nature, some prisons are more depriving than others, particularly when it comes to security, access to goods and services, and freedom of movement. Rating each of the five *pains of imprisonment* on a simple 4-point rating scale (1 = *low*, 2 = *moderate*, 3 = *high*, 4 = *very high*) may be of some assistance in conducting a deprivation analysis of various correctional environments.

Importation

There are a number of variables and assessment devices that can be used to assess importation factors. Static risk variables such as age, criminal history, substance abuse history, marital status, and prior gang affiliations and dynamic risk variables such as current peer associations, criminal thinking, self-control, and antisocial personality processes make it possible to assess importation on a case-by-case basis. Instruments can also be used to assess importation, provided they contain a sufficient number of relevant static and dynamic risk factors—the Level of Service Inventory–Revised, Lifestyle Criminality Screening Form, Psychopathy Checklist–Revised, the Self-Appraisal Questionnaire, Psychological Inventory of Criminal Thinking Styles, and Criminal Sentiments Scale–Modified, among others. Assessment by way of importation is designed to evaluate an individual’s preincarceration status with respect to factors such as prior criminal history, substance misuse, peer associations, personality, cognition, and demographics (e.g., age) for the purpose of assessing the person’s odds of engaging in institutional violence and misconduct. Research indicates that importation factors do, in fact, predict institutional adjustment, particularly when more serious forms of disciplinary infraction are examined.

Administrative Management

The eight features or dimensions proposed by DiIulio as a way of differentiating among the control, responsibility, and consensual models can

also be used to assess managerial style. The first dimension, formalness of organizational communication, assesses a prison’s chain of command and level of paramilitary organization. The second dimension, formalness of personal relations, offers insight into the interactions between staff and between staff and inmates. The third dimension, formalness of inmate/staff communication, examines the extent to which inmate/staff communication is strictly professional. The fourth dimension, staff discretion, can be considered an index of how much leeway staff members are given in the performance of their duties and in their dealings with inmates. The fifth dimension, regimentation of inmate lives, probes the degree to which inmate behavior is monitored and routinized. The sixth and seventh dimensions, response to inmate rule violations and response to inmate disruptiveness, are an estimate of how much emphasis a prison places on inmate obedience. The eighth dimension, inmate participation in decision-making, assesses the level of inmate involvement in correctional decision-making.

Management

Deprivation

One way to manage institutional violence and misconduct for those operating from a deprivation perspective is to address the variables that give rise to deprivation. This can be accomplished by focusing on the five *pains of imprisonment*: autonomy, security, access to goods and services, freedom of movement, and heterosexual relationships. Autonomy and freedom of movement are by definition restricted in prison. As such, there is not much that can be done to alleviate these forms of deprivation. Security, access to goods and services, and heterosexual relationships, on the other hand, may be more amenable to intervention. Prisoners who feel safe are less likely to be violent and less apt to turn to prison gangs for protection. Hence, creating a safe environment through effective staff supervision, enhanced security, and the use of electronic surveillance (e.g., cameras) is vital in managing the deprivations of prison life. Second, certain goods and services, to include conjugal visits, could be made more available to inmates in exchange for good behavior. Third, although based largely on

anecdotal evidence, coeducational prisons appear to have fewer episodes of violence and misconduct than male-only institutions, perhaps by providing a more normalized environment.

Importation

Whereas importation may best be assessed with static risk factors, it is probably best managed with dynamic risk and needs factors. Criminal thinking, for instance, has been found to mediate the relationship between static risk factors and prison violence and misconduct. Moreover, it possesses incremental validity relative to common static risk factors such as age, race, criminal history, prior substance misuse, and gang affiliation in predicting institutional violence and misconduct. Peer associations are another dynamic risk or needs factor that should be taken into account when constructing a program of prison inmate management. Interventions designed to reduce criminal thinking and discourage antisocial peer associations, neither of which is easily accomplished in a prison setting, could be of assistance in eviscerating the importation variables known to support institutional violence and misconduct. There is, in fact, research to suggest that targeting a large number of criminogenic (i.e., crime-causing) needs in an intervention is significantly more effective in decreasing violence and institutional misconduct than targeting only a few criminogenic needs in an intervention.

Administrative Management

Each of the eight dimensions that differentiate among the control, responsibility, and consensual models of administrative management theory could be used to create policies for improved management of institutional violence and misconduct. By making organizational communication more formal and having clear lines of authority, correctional officer stress and displaced frustration could be reduced and their effect on inmate discipline and violence minimized. Clearly defined roles and relationships between staff and between staff and inmates have also been found to promote a positive emotional climate in jails and prisons. Where inmate/staff communications

are formal, yet sufficiently flexible to address legitimate inmate issues and concerns, institutional violence and misconduct are usually low. Giving staff a fair amount of discretion and latitude in the performance of their duties has also been found to contribute to diminished levels of institutional violence and misconduct. Regimentation, coupled with a certain amount of flexibility, has been found to have a calming effect on inmates, while weak monitoring of prisoner behavior and lack of routinized patterns within a correctional facility have been found to contribute to inmate unrest. Handling inmate discipline in a way that is both fair and flexible and managing inmate disruptiveness in a firm and consistent manner are also important in promoting inmate discipline and reducing institutional violence and misconduct. Finally, permitting inmates a reasonable degree of involvement in some of the decisions that affect their everyday lives can foster an attitude of investment that helps lessen inmate discontent and associated levels of violence and misconduct.

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See also Institutional Violence and Misconduct; Institutional Violence and Misconduct: Violence Toward Offenders; Institutional Violence and Misconduct: Violence Toward Staff; Level of Service Inventory (LSI); Psychopathy Checklist-Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL:SV); Self-Appraisal Questionnaire (SAQ)

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INSTITUTIONAL VIOLENCE AND MISCONDUCT: VIOLENCE TOWARD OFFENDERS

Violent victimization of inmates is a long-standing problem in prisons worldwide. This entry provides an overview of institutional violence toward offenders, which is defined as instrumental (proactive) or expressive (reactive) aggression directed at jail, prison, or other inmates by either fellow inmates or correctional employees. Instrumental violence fulfills an ulterior motive (e.g., manipulation, intimidation, or dominance), whereas expressive violence occurs in response to a negative emotional state (e.g., anger, fear, or frustration). Physical injuries need not occur to satisfy this definition of institutional violence; in fact, sexual victimization of inmates, which may not even involve physical contact between the victim and perpetrator, is a major concern for correctional administrators.

Prevalence and Modus Operandi

Homicide rates in correctional institutions have displayed a downward trend over the past few decades; in 2000, only 51 inmate-on-inmate homicides (less than 0.1 per 1,000) occurred in U.S. state or federal prisons. Inmate-on-inmate physical assaults, however, are much more common. In 2000, 28 inmates of every 1,000 in state or federal prison were physically assaulted by another inmate. Studies outside the United States also show high levels of victimization.

Both male and female inmates are far more likely to experience physical victimization than those in the general population. Research indicates that younger inmates and inmates with mental health problems are at a particular risk for assault victimization. One obstacle to understanding the rate of offender victimization is underreporting. There are several reasons for this, but one primary reason is a strong norm in prison culture against *snitching* or informing on a fellow inmate.

Causes

Deprivation and Importation Theories

There are two prevailing theories posited to explain inmate-on-inmate violence. The deprivation

model holds that prison, as a total institution, is a closed-off environment in which new inmates are quickly socialized. The various *pains of imprisonment* create feelings of degradation and powerlessness, which cause inmates to behave aggressively. Thus, the variables of interest for violence include security level, segregation measures, staff-to-inmate ratio, crowding, racial composition, and amount of programming. Prisons with a high degree of social control by staff and elevated security levels have more instances of misconduct, including inmate-on-inmate violence.

The other model, importation, argues that inmates have already been socialized outside of prison, and they bring these attitudes, beliefs, and behaviors with them to the institution when they are incarcerated. Thus, the impetus for violence comes from already-learned behaviors rather than from a process of prisonization. This model looks to offender characteristics, such as socioeconomic class, age, race, and past criminal history. Younger inmates are more violent, as are male inmates, but studies looking at race have shown mixed results. Gang affiliation, in addition to a prior history of violence, appears to be another key factor. Some research has blended the two major theories, arguing that inmates with high existing levels of aggression are more affected by deprivation factors and thus commit more assaults against other inmates in their presence.

Expressive and Instrumental Factors

Personal factors associated with institutional violence against inmates can be classified as either expressive or instrumental. Expressive violence is an attempt by the individual to discharge the tension created by negative emotions (e.g., anger, depression, and frustration). Examples of expressive violence include retaliating against other inmates for perceived insults or threats and emotional outbursts following the loss of freedom and degradation that inmates experience upon being confined.

Instrumental violence involves an attempt by the individual to use aggression to achieve a goal other than the release of tension. Inmates may use violence or threats of violence to manipulate other inmates or gain power within the prison system. They may also employ violence to enforce gang

dominance, punish displays of disrespect from other inmates, or protect themselves from assaults, preemptively or in self-defense. While expressive violence views aggression as an end unto itself (e.g., a reaction to a negative affect), instrumental violence views aggression as a means to an end (e.g., a display of power over another inmate).

Prevention

Increasing the staff-to-inmate ratio by hiring more personnel and training all employees in emergency response procedures can reduce inmate-on-inmate violence. Increasing surveillance through the use of direct supervision and adding cameras to eliminate blind spots are additional ways to complement correctional officer presence. Whereas supermax facilities may reduce inmate-on-staff violence, they appear to have no effect on violence between inmates. Proper classification of inmates can also reduce violence by reducing contact between highly predatory inmates and minimally experienced inmates. While increasing staff presence, training staff to communicate better with inmates, and improved inmate classification all contribute to decreased violence among inmates, simply reducing overcrowding has not been found to have much impact on inmate-on-inmate violence.

Better prison management is another way to reduce institutional violence. This includes educational, psychological, and vocational programming that adequately addresses offenders' needs and decreases idle time for inmates. Teaching offenders to manage negative emotions and mentally cope with prison life can also serve to reduce inmate-on-inmate violence. Decreasing gang influence and providing better mental health services are additional ways to reduce institutional violence, although policies that favor the incarceration of the mentally ill or lead to inadequate screening of inmates for mental illness, gang affiliations, and prior institutional violence need to be reevaluated.

Staff-on-Inmate Violence

Staff-on-inmate violence also occurs and has received a fair amount of attention, particularly

with respect to the sexual victimization of offenders. Female inmates comprise a greater percentage of victims of sexual predation than male inmates although sexual victimization is a problem with both sexes. Male staff members are more likely to be accused of perpetrating sexual offenses against inmates than female staff, although sexual predation by staff is clearly not restricted to male staff. Of particular concern to correctional administrators is the fact that close to half of all reported sexual assaults on inmates in one large-scale study were allegedly committed by staff, although this includes sexual harassment as well as crimes such as rape.

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See also Correctional Management; Institutional Violence and Misconduct; Institutional Violence and Misconduct, Assessment and Management of; Institutional Violence and Misconduct: Violence Toward Staff

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INSTITUTIONAL VIOLENCE AND MISCONDUCT: VIOLENCE TOWARD STAFF

Institutional violence can be directed at a number of targets, including government and personal property, other inmates, staff, and oneself. This entry provides an overview of institutional violence directed toward staff, which is defined as

instrumental (proactive) or expressive (reactive) aggression directed at jail, prison, or other correctional personnel. Instrumental violence is aggression performed as a means of achieving some ulterior goal (e.g., manipulation, intimidation, or dominance). Expressive violence is aggression performed in response to a negative emotional state (e.g., anger, fear, or frustration). Staff victims of institutional violence include correctional officers, case managers, administrators, and anyone other than an inmate who is employed in a correctional facility. Physical injuries need not be sustained in order to satisfy this definition of institutional violence.

Prevalence and Modus Operandi

The results of a 1999 survey revealed that over 2,400 correctional workers in the United States required medical attention following an assault by an inmate. Although this number represents less than 1% of all staff who work in U.S. correctional institutions, it does not include the much larger portion of staff who were assaulted without serious injury. What this indicates is that while serious assaults on correctional staff are relatively rare, they do occur and that over the course of a 20- or 30-year career a correctional worker has a good chance of being assaulted at least once by an inmate. The assault may not require medical treatment, but it can be distressing nonetheless. How the assault is carried out varies based on a number of factors but is most often the result of an inmate pushing, hitting, punching, or kicking the correctional worker with his or her hands or feet. More serious assaults tend to involve the use of an improvised weapon such as a blunt force instrument (e.g., pipe or *lock in a sock*) or homemade knife (commonly referred to as a *shank* or *shiv*). In some cases, the assault is carried out by spitting or throwing an object or a substance (e.g., water, urine, or even feces) at the correctional worker.

Causes

Situational Factors

There are several situational factors that may promote institutional violence against staff. Prison overcrowding is one such factor. It makes intuitive sense that overcrowding would encourage both inmate-on-inmate and inmate-on-staff violence by

creating a tense correctional environment. Much of the research, however, does not support this hypothesis. In fact, several studies have found just the opposite—that is, that a greater density of inmates in jails and prisons is associated with a reduced rather than an increased level of inmate-on-inmate and inmate-on-staff assaults.

Prison management is another situational factor that can lead to institutional violence. The results of research on the management–violence relationship are more consistent than the results of research on the overcrowding–violence relationship and indicate that failed prison management is often associated with inmate-on-staff violence. Inconsistent or lax application and enforcement of institutional rules and regulations, high staff turnover, security breaches, and lack of discipline among correctional officers are all signs of a breakdown in prison management.

Institutional violence against staff can also arise from conflicts between specific inmates and staff members. The manner in which a staff member handles a potentially volatile situation can, in fact, have a strong bearing on the situation's outcome. A conflict or potential conflict is less likely to escalate into violence if staff members remain calm, treat inmates with respect, and are fair and consistent in applying the rules than if they project anger or agitation, talk down to inmates, or act in a prejudicial or an arbitrary manner.

Personal Factors

Personal factors associated with institutional violence toward staff and other inmates can be classified as either expressive or instrumental. Expressive violence stems from such negative emotional states as anger, fear, and frustration and is an attempt by the individual to discharge the tension created by the negative emotion. Inmates frustrated by the outcome of an unfavorable parole board hearing or incensed by an officer who they feel is deliberately antagonizing them are at risk of engaging in expressive violence toward staff.

Instrumental violence involves an attempt by the individual to use aggression to achieve a goal other than the release of tension. As a case in point, an inmate may use the threat of violence to intimidate or manipulate staff or employ physical

or verbal aggression against staff to gain the respect of other inmates. Unlike expressive violence, where aggression is an end unto itself (i.e., to reduce tension), instrumental violence considers aggression as a means to an end (i.e., to manipulate, intimidate, or dominate).

Prevention

Having a large complement of staff members capable of responding to emergencies protects both staff and inmates against violence. The Federal Bureau of Prisons has a policy in which all staff members are considered correctional workers first. As such, all staff members, not just correctional officers, are expected to respond to emergencies. This provides a maximum response without increasing the size of the correctional officer complement. Eliminating blind spots and installing cameras in areas where blind spots cannot be eliminated have also been found to reduce institutional violence. The use of super-maximum institutions has no apparent effect on inmate-on-inmate violence but has been found to reduce inmate-on-staff violence.

Another way institutional violence can be reduced is with better prison management. Good prison management also entails reducing inmate idleness by providing them with meaningful educational, psychological, and vocational programming. Training staff to effectively communicate with inmates can diminish prison violence by lowering inmate-staff conflict and related incentives for violent behavior. Finally, beyond staff simply keeping inmates busy, evidence-based programming designed to teach inmates stress management and coping skills can reduce institutional violence against staff by instilling in inmates the ability to self-manage their own behavior.

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See also Institutional Violence and Misconduct; Institutional Violence and Misconduct, Assessment and Management of; Institutional Violence and Misconduct: Violence Toward Offenders

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INTENSIVE SUPERVISORY PROBATION

Policy shifts away from the use of incarceration in response to prison overcrowding have resulted in increased numbers of offenders being supervised in the community. A number of responses have been developed to help provide agencies the tools they need to handle this increase. One of these responses is intensive supervisory probation (ISP), a supervision protocol in which probationers are managed under more restrictive requirements than those employed for lower risk probationers.

There are several terms that are used to refer to the subject of this entry. These include, but are not limited to, *intensive probation supervision*, *intensive supervision probation* (or parole) (ISP), and *intensive supervision programs* (ISP). For consistency and clarity, this entry refers only to *intensive supervisory probation*, though the term applies to both probation and parole supervision, as well as to similar programs operating under alternate names.

Regardless of the designation, ISP was developed primarily to save money and to increase public safety; research conducted since the mid-1980s questions whether these and other goals are being met. Despite this, many agencies continue to employ ISP as a method of managing higher-risk offenders. This entry provides an overview of the history and development of ISP, as well as a brief summary of current research in this area of community corrections.

Probation Supervision in the United States

Community supervision is a key element of the current correctional landscape. Due to prison overcrowding and financial concerns, there has been an increase in the general use of community-based supervision for many types of offenders, and it represents an increasingly common form of social control. The prevalence of community supervision is clear: According to the Bureau of Justice Statistics, as of 2015, about 4.6 million adults were under some form of community supervision, which amounts to approximately one in 53 adults in the United States.

Two distinct forms make up community supervision—probation and parole. With probation, offenders are remanded directly to the custody of the community supervision agency, either as an independent sentence or after the completion of an incarceration term. Parole occurs when an offender is released from prison before completing the full sentence and is permitted to serve out the remainder of time in the community and under the supervision of a parole agency. Probation and parole exist at the federal, state, and local levels, though their exact characteristics vary by jurisdiction. Despite these differences, both probation and parole are used as a way to release or divert offenders from prison while keeping them under formal supervision until their sentences are finished.

In response to the increasing number of individuals under supervision, as well as increases in the potential dangerousness of those offenders, probation agencies have developed supervision strategies to respond to the resulting challenges. ISP is one common option that provides a control-based approach focused on small caseloads and increased reporting requirements.

ISP Programs

ISP programs have five primary goals: (1) to increase public safety by preventing recidivism; (2) to reduce correctional costs by shifting offenders away from incarceration; (3) to reduce prison or jail populations, also by releasing offenders to community supervision; (4) to serve as an intermediate punishment, a sanction of a level of severity that falls between that of incarceration and traditional probation supervision; and (5) to facilitate

the provision of treatment to offenders. The extent to which these goals are prevalent, or their relative importance, varies by jurisdiction.

There are two general types of ISP: prison diversion and probation enhancement. Each approach has a distinct goal. In the case of prison diversion, ISP is used to place offenders who would have otherwise been sent to prison onto community supervision. Probation enhancement, on the other hand, results in the application of stricter conditions for certain types of offenders, often those considered more serious, than they would have received on routine probation. These characterizations are not mutually exclusive.

Thus, there is not one specific definition of ISP. Instead, ISP serves as an umbrella term to describe many types of institutional responses characterized by stricter supervision protocols for probationers. Although there is a significant degree of variation among programs, ISP protocols often focus on offenders believed to be at a high risk, either due to an increased likelihood of recidivism or due to the presence of a particular criminogenic need. Despite this diversity, many ISP programs share common traits.

Office Visits

ISP offenders are often expected to meet with their officer on a regular basis, often much more frequently than offenders under standard conditions of supervision (e.g., weekly compared to monthly). These meetings can take place at the probation department, a regional office, or other location.

Home Visits

Often conducted by a probation officer along with armed law enforcement officers, ISP programs may require additional contacts between officers and probationers outside of the office. These visits often take place at the offender's residence, where probation officers in many jurisdictions are permitted to conduct limited searches without a warrant and are in addition to the increased office meetings that characterize ISP. In some programs, probation officers also visit offenders' places of employment or school to verify participation or attendance.

Drug Testing

Under ISP protocols, offenders are required to submit to urinalysis screening with increased frequency. These tests provide information about an offender's recent substance use, a clear prohibition for individuals under community supervision. In some jurisdictions, only ISP offenders (and those with a court order) receive drug testing, while in others all offenders are tested, with the ISP program requiring more frequent screening (e.g., once a month vs. biannually).

Employment

In order to facilitate reintegration, as well as the payment of any fines or restitution, some ISP programs require that probationers obtain legal employment while under supervision. Those offenders who cannot obtain a job are required to document their attempts to do so.

Treatment

Though dependent upon the resources available, many ISP programs require probationers to participate in some form of treatment. In some cases, all ISP participants must enroll, while in others only those probationers with a demonstrated need (e.g., drug addiction) must attend. The availability, nature, and quality of programming vary significantly between jurisdictions and, as discussed later in this entry, are likely major contributing factors to the effect of ISP programming.

Zero-Tolerance Policies

Especially in the case of supervision-focused ISP programs, many protocols are characterized by a lack of tolerance toward rule-breaking of any kind. While this obviously includes committing a new crime (*direct violation*), it may also include infractions of the rules of community supervision (*technical violation*). This latter group may include, for example, positive drug tests for illegal substance use or failing to show up to a scheduled office visit. An ISP offender may be revoked for a single positive test, while an offender under standard supervision may be given a second chance. While many officers have discretion as to which

violations they pursue in court, this component of ISP allows probationers to have their supervision revoked, resulting in reincarceration, for a wider range of behaviors than would be the case for offenders under more standard or traditional models of community supervision.

Development of ISP

The approach to community supervision that would become known as ISP began in the 1960s. Earlier programs, prior to ISP, allowed departments to allocate their own resources but without a strong focus on reducing recidivism. At that time, it was believed that ISP could facilitate smaller caseload sizes, and in turn, the increased correctional officer-probationer contact would lead to lower recidivism. Accordingly, early ISP models emphasized community reintegration, encouraged behavioral change, and facilitated treatment. ISP was not initially intended to serve as a sanction for higher risk or noncompliant probationers. Research on these programs, however, highlighted that this approach to ISP reduced neither recidivism nor technical violations, and as a result, ISP fell out of favor for several years.

ISP returned to the forefront of correctional management in the 1980s, though with a revised focus. This generation of ISP supervision, spearheaded by programs developed in Georgia and Florida, focused on using ISP as an opportunity to divert offenders out of, or away from, incarceration. This required a philosophical shift within the programs themselves, with supervision and control supplanting treatment facilitation as the primary aim. In some cases, these ISP programs were developed specifically to approximate the levels of oversight possible in prisons, but with the inmate residing in the community and being supervised by the much lower-cost probation department. As was the case in earlier generations, research on the effects of ISP failed to identify the intended, positive effects of the program. In this instance, ISP was found to encourage high rates of returns to custody for technical violations, in effect offsetting much of the cost-saving and diversionary effect of the programming.

By the early 1990s, a series of studies, conducted at several sites across the country, provided rigorous evidence of the negative effects of

control-focused ISP. This research strongly suggested that increasing the intensity of community supervision alone did not have an effect on subsequent crime, and at the same time, strict rules and zero-tolerance policies increased the number of technical violations, returns to incarceration in prison or jail, and absconding, a negative event when a probationer fails to attend required meetings or respond to contacts and which results in a warrant being issued for the offender's arrest. However, these studies suggested that when treatment and employment support were integrated directly into ISP, there was the potential for an increased rate of successful program completion.

Risk, Needs, and ISP

The research on ISP programs with only increased supervision suggests that these programs are ineffective. However, these control-focused ISP programs can serve as the foundation for delivering other programs that have been shown to be effective. For example, correctional programs that incorporate cognitive and behavioral skills training into community supervision have been associated with reductions in offending. ISP, unlike routine supervision with less frequent contact requirements, offers agencies the chance to deliver such treatments.

For ISP programs, as well as correctional interventions more generally, research suggests that the most effective allocation of supervision and treatment resources follows the Risk-Need-Responsivity model. For ISP, there are three key elements. First, the risk principle states that offenders with higher risk, as assessed using a reliable and valid actuarial risk assessment instrument, should receive higher levels of supervision. An appropriate risk level is determined by assessing both static and dynamic factors linked to reoffending. Static factors do not change and include gender, criminal history, and age at first arrest. Dynamic factors can be changed through treatment and may include substance abuse, learning deficiencies, and antisocial behaviors. Therefore, ISP should be reserved for probationers who are statistically likely to commit a new, serious offense. Second, the need principle requires that supervision addresses the offender's specific risk factors for criminal behavior, which are

referred to as criminogenic needs. Knowing an offender's individual needs allows for treatment to be tailored, such that only the services that are the most beneficial are required (and so an offender without a need will not participate in irrelevant programming). Lastly, the responsivity principle involves ensuring that an offender receives treatment and supervision in an appropriate manner.

Conclusion

ISP offers policy makers and correctional officials the opportunity to tailor the characteristics of community supervision to the underlying offense and relative level of risk of each offender. While these are acceptable policy goals, research has shown that ISP increases the amount of control over, and monitoring of, offenders and is not only unlikely to reduce successful probation completion or future offending, but in many cases, it increases the rate of probation revocations, an undesirable outcome. However, ISP, when combined with programming focused on addressing the criminogenic needs of the individual offenders, can play a role in the modification of behavior and prevent recidivism. While developing a successful, cost-effective, intensive, community-based supervision protocol is possible, it requires more than simply ratcheting up levels of control. ISP as one protocol is the most effective when used in conjunction with risk and needs assessments, treatment and rehabilitation, as well as punishment and surveillance.

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See also Parole; Probation; Reentry; Reentry, Best Practices for; Risk-Need-Responsivity, Principles of

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INTERNATIONAL APPROACHES TO CRIME PUNISHMENT

The questions concerning appropriate courses of action to reconstruct a viable polity in the aftermath of events that have included genocide or other forms of mass atrocity comprise one of the most perplexing dilemmas of the contemporary era. In dealing with past crimes, what remedies will best foster a healing process for the deep societal wounds inflicted by civil wars, mass uprisings, or other government policies? Considering the nature of atrocities during the late 20th and early 21st centuries in areas such as Afghanistan, Bosnia, Cambodia, the Democratic Republic of the Congo (formerly Zaire), Rwanda, Sierra Leone, Sudan, and Syria, what course of action will promote a general opinion that justice has been served in ways that establish a clear break with the past? Strategies must balance the individual psychological needs of victims in terms of providing support, redress, and closure with broader future goals that encompass necessary steps to move the society as a whole toward reconciliation and forgiveness. Balancing the desire for vengeance by victims against the fear of a general

program of retribution by the general public requires a remarkable exercise of political will and wisdom in a climate where, as in Rwanda and Kosovo, hatred may still form a significant backdrop for victims and perpetrators alike.

This entry provides an overview of international approaches to crime punishment, particularly as they relate to mass atrocities and human rights abuses such as the Holocaust or other genocides. Beginning with a discussion of strategies and goals in the aftermath of such incidents, the entry continues with an examination of what is involved in implementing trials and transitional justice measures such as truth commissions.

Strategies and Goals

After World War II, the reaction to the Holocaust ignited a firestorm of activity focusing on developing international regimes to protect human rights. In addition to the International Military Tribunal, under Control Council Law 10, the Allies held 12 trials at Nuremberg that ostensibly dealt with war crimes. Because the term *genocide* had not yet entered into the legal lexicon, many of the charges comprised crimes against humanity as defined in the London Charter of the International Military Tribunal. In 1948, the United Nations General Assembly adopted the Universal Declaration of Human Rights, which served as the foundation document for future treaty law, and states quickly negotiated and adopted the Genocide Treaty. The Genocide Treaty envisioned an international court to try cases. However, that provision remained a dead letter for almost 50 years until the creation of the ad hoc tribunals and the establishment of the International Criminal Court (ICC) in the wake of the conflicts in Bosnia and Rwanda in the 1990s.

Trials as the appropriate strategy for dealing with past incidents of mass atrocity and mistreatment appeared to be a preferred choice, but the tumultuous events of the late 1980s and early 1990s also generated another movement that has had a considerable impact. While various conflicts and their associated events garnered center stage, a considerable number of autocratic/despotic regimes changed to democratic forms of government. The new regimes in states such as Chile, Guatemala, and South Africa also faced the issue

of how best to deal with the excesses of previous governments. The trend generated many suggestions for alternative approaches to deal with the problems and inadequacies of trials as sole solutions. Based on the proposition that victims of massive human rights abuses have a right to know the truth and to receive reparations, alternative approaches emerged under the collective label, *transitional justice*.

Transitional justice encompasses a hybrid approach that primarily involves nonjudicial measures to redress legacies of massive human rights abuses. In theory, through an emphasis on victims' rights, if correctly organized and implemented, transitional justice will promote civic trust and support for the institutions of a democratic rule of law. The chief methods used to implement transitional justice strategies are commissions of inquiry, commonly referred to as truth commissions, authorized to conduct official investigations into past patterns of abuse. The process may incorporate trials but not as the primary method of establishing responsibility for transgressions.

Trials

Advocates argue that trials provide an important historical function by investigating, examining, and illuminating the details of cases as well as dispensing a rough justice, particularly to the leaders, planners, and organizers regardless of their position. A by-product is the positive impact on advancing the cause of international human rights through the interpretation of substantive law as well as the development of appropriate process. The International Criminal Tribunal for the former Yugoslavia (ICTY) asserts that it has provided thousands of victims the opportunity to be heard and to speak about their suffering. Critics argue that the judicial process is ill-suited to deal with questions of justice and reconciliation that arise in the wake of either a large-scale incident (e.g., Rwanda) or a long-standing pattern of discrimination and abuse. Moreover, in the aftermath of such an upheaval, local justice systems may lack the will, resources, and administrative support to conduct investigations and protect witnesses. Personnel may lack both the motivation and skills to mount successful cases. The most cogent criticisms focus on the perceived

limitations of the judicial process itself: inflexibility, scope, and the costs and time necessary for trials.

First, critics point out that the process of reconciliation requires sensitivity to situational nuances that trials cannot provide. In particular, lawyers and judges operate by methods of fact determination and processes that differ significantly from those used by politicians and diplomats. The legal process has the goal of producing outcomes according to a standard set of procedures that presumably will produce comparable decisions in related cases. Courts require proof adduced through the application of a very strict set of rules. Such proof may not always be readily available considering the murky circumstances that often surround violent conflicts. For example, in 2011, due to the lack of evidence, the ICC had to withdraw the indictments or end the trials of six high-profile Kenyans that included President Uhuru Kenyatta.

Political leaders and diplomats look for viable solutions that fit the specific situation as they see it at the time—the *art of the possible*. Their craft depends upon flexibility in finding the right strategy to deal with a situation to produce a politically acceptable outcome. When the Security Council debated setting up the ICTY, many diplomats expressed misgivings about the impact of possible indictments on the peace process that eventually produced the 1995 General Framework Agreement for Peace in Bosnia and Herzegovina (also known as *the Dayton Accords*) because the individuals essential to implementing the agreement were also the individuals most likely to be indicted. Nonetheless, the ICTY prosecutor proceeded to issue indictments, regardless of the political consequences. The 2009 ICC indictment of President Omar Bashir (Sudan) has raised similar issues with respect to Darfur.

Second, judicial systems are not equipped to handle a large volume of cases in a timely manner. The sheer scale of genocidal crimes involving thousands of killers can overwhelm almost any judicial system, but what tribunal could hope to punish all of the guilty or impose an appropriate sentence for those who planned and facilitated genocide while promoting a general feeling that justice has been done? In the aftermath of the 1994 Rwanda genocidal campaign, jails held

130,000 accused, far beyond the capabilities of any justice system to prosecute in a timely manner. Although national courts prosecuted a larger number, during its 20-year life span (1994–2014), the International Criminal Tribunal for Rwanda dealt with a total of 93 cases; 75 of these actually went to trial.

Third, trials by their nature seem an extraordinarily awkward, slow, and expensive way to deal with the types of problems presented by genocide and mass atrocity. At its peak, the ICTY employed 1,200 people. These included 18 permanent judges and a number of judges *ad litem* (temporary) to help move the workload forward. The ICTY indicted 161 individuals. The trial of Slobodan Milošević, the first ever of a sitting head of state, had just entered its *fifth* year when his death in 2006 ended proceedings.

Fourth, in terms of retributive justice, what sentence or series of sentences could possibly appropriately balance the scale when guilt involves death and injury to thousands? We tend to think in terms of domestic criminal law systems where the idea that, in some measure, the law applies penalties proportionate to the crime. Yet the crimes of the worst serial killers seem insignificant in comparison with genocide and crimes against humanity. The deeds of those responsible for the appalling level of atrocities in Rwanda or Cambodia mock the ideal of appropriate punishment. European Community courts and all international courts may not impose the death penalty. As of 2017, the ICTY and International Criminal Tribunal for Rwanda have been reluctant to hand out life sentences. Still, given the age of many defendants, these may equate to a life sentence.

Truth Commissions

Archbishop Desmond Tutu, who chaired South Africa's Truth and Reconciliation Commission, briefly summarized the theory behind alternative strategies. He asserts that the best strategies must originate from within, not from the outside. Simply, those who have suffered have to decide what is best for them. Arguments for commissions of inquiry also emphasize the ideas of fairness and due process. If prosecutions are part of the process, they will focus on those who committed the most barbarous acts. Advocates argue that

commissions of inquiry and limiting prosecutions to the few directly responsible for specific acts, while avoiding the attribution of collective guilt to the entire population, will establish an impartial historical record and provide victims with a sense that their grievances have been addressed.

In theory, truth commissions reach more people directly in that the process requires involvement and dialogue at the grassroots level rather than often remote judicial hearings. As cogent as this may sound in humanitarian terms, these processes can be as slow as, if not slower than, judicial hearings and involve some of the same problems. Because of hardened attitudes, incidents of mass atrocity and genocide, such as in Kosovo and Rwanda, produce perceptions of winners and losers. Practically, seeking to overcome those attitudes to engender a genuine dialogue has its pitfalls. Beliefs often do not change, and psychological wounds do not heal easily. The ultimate evaluation will depend upon two factors: the willingness of individuals to come forward to speak and how a government deals with the findings of the commission. Given that the goal is to reach as many victims and others with knowledge of events, the number of witnesses and hearings may consume considerable time and expense. Sheer numbers may preclude more extensive investigations into individual cases.

Foremost among obstacles is establishing the trust necessary to have people come forward. Resource constraints often make witness protection programs problematic or nonexistent. Those involved have a high motivation to destroy any evidence of their complicity and often still remain committed to the cause. Targets will include witnesses and those perceived as *collaborators*. In Northern Ireland, 10 years after the Good Friday Agreement, individuals who attended local meetings aimed at promoting reconciliation between local groups of Catholics and Protestants received death threats.

The impact also depends on how governments then respond to the findings. The difficulties of moving forward in the aftermath of such upheaval require a resolute political will to tackle sensitive cases that involve high-profile instigators or other participants who may still have a following. Programs of amnesty at the local level, often enacted by a still-corrupt

regime, have sought to preclude investigation and prosecution. In some countries, the assassinations of judges and prosecutors and others who have sought to move beyond the violence seemed to have dampened the zeal to investigate, let alone punish. The final assessment of truth and reconciliation projects remains to be seen, as does the long-term impact of the ad hoc international courts and that of the ICC.

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See also Courts, International

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INTERNATIONAL APPROACHES TO CRIME REDUCTION

The pursuit of crime reduction is not the exclusive preserve of action by governments. Rather, it requires finding a balance between the protective efforts of individual citizens (and households) and collective action by government, from the local to the national or federal level. For some types of crime, such as cross-border trafficking, it may

require international collaboration between countries through entities such as the International Criminal Police Organization or the United Nations Office on Drugs and Crime. Policies to reduce crime can be aimed at dissuading individuals from being willing to commit crime (*individual prevention*), at making crime more difficult to commit (*social prevention*), or at some combination of the two. Crime prevention programs may aim to discourage children and young people from becoming involved in offending, for example, while the installation of car alarms or door locks may *harden targets* and make theft less likely.

Approaches to crime reduction differ from country to country, as what constitutes a crime and is therefore subject to criminal law varies from place to place as well. Additionally, the pattern of crime within a country as well as the priority attached to reducing particular types of crime can also vary. In some countries, the relationship between religion and criminal law is more blurred than in Western democracies, and this influences both the substance of *crime* and the institutional methods for its control and reduction. It follows that variation is to be expected when considering such international contexts of crime reduction policy. This entry focuses on crime reduction approaches, primarily crime reduction projects and programs, as well as the role of governmental agencies and citizens in reducing crime.

Role of Governmental Agencies

Responsibility for that part of crime reduction that is funded from public sources generally falls on a country's criminal justice system. This involves a range of agencies including a court service, prosecution service, defense service, police force, offender management services, and judiciary. The service providers include public authorities, voluntary and charitable sector organizations, and commercially operated, profit-driven enterprises.

Beyond the criminal justice system, then, many other agencies have an important role to play in crime reduction. The provisions of education, housing, and social services, for example, may all have an important influence on individual attitudes to crime and on the propensity to offend.

The effectiveness of the agencies responsible for crime reduction policy depends on the quantity of

resources made available to them, the clarity of policy objectives, the quality of cooperation among agencies, and the type of incentive structures embedded in the contracts for service delivery.

Role of Citizens

Irrespective of public provision, there remains a key role in crime reduction for the potential victims of crime not only from private citizens but also corporations and other organizations. There are many steps citizens can take in an effort to reduce the likelihood of becoming a victim of crime. This ranges from direct crime prevention measures such as locking the doors and windows of cars and houses to indirect strategies such as choosing safer routes when traveling or avoiding rowdy bars.

For corporations, fraud or theft of goods by employees can be just as significant a drain on a firm's profits as theft by customers in a retail outlet. Reliance on public prevention is unlikely to be sufficient, so firms employ a wide range of methods to reduce their exposure to criminal loss, including employee monitoring, account auditing, security guards, patrols, private closed-circuit television (CCTV) systems, steel window shutters, alarms, and many more.

Crime Reduction Projects and Programs

In most countries, there will, at any instant, be a variety of initiatives and projects in operations designed to reduce particular types of crime or offending. Some of the crime reduction efforts may be based on legislative change, for example, a change to the structure of penalties for those convicted of offenses. Other efforts may be based on experimental interventions or projects that may be a part of a wider, concerted crime reduction program. Some of these projects, particularly those based on prevention and aimed at younger children, may be seeking longer-term effects on offending. Others, such as tackling substance abuse, may have much shorter horizons.

Individual Offending and Reoffending

There is a consensus that reducing individual offending has to take account of a variety of risk

and protective factors. Interventions aimed at children and young people attempt to prevent these populations from becoming involved in offending in the first place and to that end target the following: poor behavioral control; deficits in social cognitive ability; emotional problems or distress; antisocial beliefs and attitudes; exposure to violence and conflict in the family; being a victim of abuse; low intelligence quotient; involvement with drugs, alcohol, or tobacco; and treating attention-deficit/hyperactivity disorder or learning disorders.

The probability of an individual convicted of an offense to be reconvicted subsequently has been found to be associated with employment and accommodation status prior to previous imprisonment, drug use and criminal history, drug use since release, and receiving additional punishments while in prison. These findings underpin the host of projects aimed at preventing individuals from becoming offenders or reoffenders. Many have been evaluated in some way, but reliable international evidence derived from well-designed trials to test the effectiveness of such projects remains hard to find.

Situational Crime Prevention

Other approaches to crime prevention focus on reducing the likelihood of becoming a victim of crime, often via a mixture of private and public efforts. For example, the likelihood of a house being burgled may be reduced by steps taken both by the owner (e.g., having a dog, installing an alarm) and by the local government (e.g., funding police patrols, street CCTV systems). In the context of offenses taking place in international venues, such as with piracy, an international naval presence (funded by several national governments) can operate in conjunction with protective measures adopted on individual ships (e.g., more lookouts, anti-boarding devices).

Evaluating the effectiveness of these *target-hardening* measures in reducing crime is just as challenging as assessing the impact of offender-oriented prevention efforts. For example, installing a CCTV system in one parking lot in a small town may simply displace thefts from cars in that location to a nearby parking lot not covered by CCTV. This does not mean that CCTV systems

are ineffective. It means that a wider view has to be taken when taking and assessing the impact of installations.

Contents of Programs

Crime reduction projects vary widely in their content. To give an indication, they may include the following:

- initiatives with children and young people such as Sure Start programs, mentoring, and activity-based projects with a focus on an area such as sports, music (or other arts), and environmental work
- target hardening, based on the design of products and spaces, the installation of alarms and CCTV, uses of automatic number plate recognition, gates, bolts and locks, and the provision of antipersonnel deterrence in the form of sprays, alarms, and whistles
- increased numbers of police and/or the provision of more equipment such as Tasers, guns, communication devices, vehicles, forensic science, and crime scene investigation technology
- heavier sentences in the form of larger fines, longer terms of imprisonment, and community service in an effort to provide greater deterrence and incapacitation effects
- greater emphasis on offender rehabilitation in prison and probation settings
- Measures to address substance abuse in an effort to break the link between alcohol misuse, abuse, and violence against the person and between drugs and acquisitive offenses
- measures to reduce social deprivation or exclusion, such as Sure Start programs to improve life chances and reduce the likelihood of becoming an offender
- measures to address mental illness, the incidence of which is much higher among offenders
- offense-oriented activity such as efforts to intercept drug shipments or people trafficking

Measuring Crime Rates and the Impact of Crime Reduction Policy

There is rarely any completely reliable measure of the underlying volume of crime from which to

assess change. Events recorded in police crime statistics will typically be an underestimate of crimes committed as many events will not be reported to the police or will not be recorded. A fall in the number of crimes as recorded by the police will therefore usually be an underestimate of a true reduction achieved.

A more reliable method is to conduct a large-scale, properly randomized survey of the experience of crime as reported by respondents. A proportion reporting having experienced, say, a domestic burglary within the previous 12 months, is then used to make an estimate of the total number of burglaries that have taken place. A comparison of this year's estimate with that of the previous year provides a measure of whether crime reduction has been achieved. Where similar surveys such as the International Crime Victimization Survey have been conducted across several countries, trends can be compared internationally. More often, however, the issue is whether a particular intervention or pilot has been effective. To estimate the size of crime reduction effects, well-designed project evaluations are required, ideally based on the kind of experimental trial methodology utilized by scientists, medical researchers, and others.

Evidence of Program Effectiveness and Cost-Effectiveness

In a 1997 study of intervention effectiveness by L. W. Sherman, findings included the following:

- Community-based programs to address youth violence are more effective when they concentrate resources in high-risk areas, whereas programs for recreation, mentoring, and the advertising of crime prevention are ineffective. From family-based programs, there is strong evidence that intervening at the adolescent stage with high-risk youth in high crime areas is less effective than intervention earlier, at the preadolescent stage. Parent-training strategies have been shown to be effective in improving protective factors with these younger groups. There is evidence that school-based programs are effective in preventing crime if schools have sufficient organizational capacity. Programs for communicating and clarifying norms and for teaching self-control are effective.

- Adult employment programs aimed at older male ex-offenders appear effective but do not work with youth violence. Investment in human capital, based on developing job skills, does not reduce crime. There is some evidence that place-based (situational) programs can be effective, but the scientific quality of these studies is rarely very high.
- A number of police practices are effective in preventing crime, including putting extra police resources into high-crime *hot spots*, having police units that focus on serious repeat offenders, and proactive enforcement of drunk driving laws. By contrast, practices that are unlikely to prove effective include increased random patrols of beats, more rapid response to emergency calls, neighborhood watch, arrests of juveniles for minor offenses, arrest crackdowns at drug markets, and community policing that is not focused on known risk factors.
- Offender management programs are generally effective when based on a therapeutic community treatment of drug-using offenders in prison; keeping frequent, serious offenders in prison; and structured rehabilitation programs reflecting risk factors. By contrast, programs shown to be ineffective include correctional military-style boot camps, fear-based approaches such as *Scared Straight* and shock probation, and community-based alternative sanctions that do not have a treatment element, such as intensive supervised probation, and community residential and juvenile wilderness programs.

Cost-Effectiveness

For purposes of comparing benefits from public spending on crime reduction with returns from other programs, such as defense or education, the analysis should be extended to account for costs. Assessing in monetary terms the costs and benefits of projects or interventions provides evidence on the rate of return on crime reduction projects for comparison with the returns from competing public investment programs.

Roger Bowles

See also Cost-Effectiveness of Rehabilitation Versus Incarceration; Intensive Supervisory Probation; Protective Factors and Relationship to Risk; Repeat

Offenders; Statistical Information on Recidivism (SIR); Substance Abuse, Untreated Mental Illness, and Crime; Therapeutic Communities; Treatment or Program Outcome Evaluations; Violent Offenders; Treatment Outcome Research

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INTERNATIONAL CRIMINAL POLICE ORGANIZATION (INTERPOL)

The European Revolution of 1848 (alternately known as the *Spring of Nations* or the *Year of Revolution*) brought about the emergence of INTERPOL. It is an international organization that monitors transnational crimes across the globe and facilitates international police cooperation. This entry discusses the history of INTERPOL, its structure, and its global role in law enforcement.

European Revolution of 1848

The European Revolution was a general discontent among the masses due to a widespread decline in traditional authority in which over

50 countries were involved. Among the leading countries of the revolution were France, Denmark, Austria, Hungary, the Netherlands, Germany, Italy, Poland, and Russia. In all of the countries, pivotal to the uprisings were people's dissatisfaction with political leadership, agitations for freedom of the press, need for individuals' participation in government and democracy, desire for humane treatment of workers, and high waves of the spirit of nationalism. Then came coalitions of weak reformers, middle-class individuals, and blue-collar workers who rose against the absolute monarchies and authoritarian political leaders. Tens of thousands of the revolutionaries were killed, and many others were forced into exile.

The unhealthy situation led to intra-European terrorism and assassination of political leaders. Thus, in 1914, a group of politicians, lawyers, police officers, and court judges from 14 European countries met in Monaco and held the first International Criminal Police Congress. This meeting lasted from April 14 through 18. Their intention was to establish an international criminal records office to keep track of international criminals and to bring some order and consensus among European nations in law enforcement. This 1914 Monaco Congress failed, however, because it was organized by lawyers and politicians instead of police professionals. A second International Criminal Police Congress was held in New York City in 1922. The 1922 New York City Congress also failed because it drew little international attention.

Emergence of INTERPOL

The plans of the First International Criminal Police Congress to start an International Criminal Police Commission (ICPC) were interrupted by World War I (1914–1918). At the end of World War I, the professional police officials of 21 countries and territories held another International Criminal Police Congress in Vienna, Austria, in 1923. The purpose of this ICPC meeting was to find a way to respond to the enormous upsurge in international crime following the end of World War I. It was at the 1923 Vienna meeting that they established an ICPC.

The participants at the 1923 Vienna meeting wanted police organizations in all continents and

island states around the world to be members of ICPC and invited them to join the international organization. The founding members of ICPC were Austria, Belgium, China, Poland, France, Egypt, Germany, Greece, Italy, and Hungary.

In the design of the organization, ICPC did not want any state control. It simply wanted to be an autonomous international law enforcement coordinator for all member states and remain a nonpolitical organization. From 1923 to 1938, ICPC had 14 meetings as an international coordinator of national police institutions. Its operations were disrupted in 1938 when Adolf Hitler's Nazi Germany invaded, conquered, and annexed Austria. At that time, the capital of ICPC was in Vienna, Austria. On the annexation of Austria, the Nazis moved the capital from Vienna to Berlin, Germany. When the Nazis launched World War II in 1939, it took absolute control of ICPC and managed it throughout the war period from 1939 to 1945. They arrested ICPC president Michael Skubl and incarcerated him (he was rescued when the Allied Forces defeated the Nazis).

After World War II, ICPC was in limbo. In 1946, a Belgian police officer, Florent Louwage, spurred other police officers to restart ICPC. The leading supporters of the Belgian initiative were France, Scandinavia, and the United Kingdom. In this first post-World War II meeting were representatives from both prewar ICPC member states and non-prewar member states. They chose Saint-Cloud, France, as its new headquarters. In 1989, it was moved to Lyon, France, which remains its headquarters.

In 1956, ICPC was renamed the International Criminal Police Organization (ICPO), and ICPO-INTERPOL was chosen as the organization's telegraphic address (often shortened to INTERPOL). INTERPOL began to collect dues from its member countries and also subsisted on gifts and investments.

Internal Organization

INTERPOL's roles and operations are clearly defined by the general provisions of its constitution. The ICPO-INTERPOL Constitution was adopted in 1956 by the General Assembly at its 25th session held in Vienna, Austria.

General Provisions

Article 1 through Article 4 of the ICPO-INTERPOL Constitution outlines the organization's General Provisions. It provides that the official location of its operations shall be in France. The purpose of the organization is 2-fold. First, it is to promote mutual assistance among all criminal police units, within the limits of member countries' laws, and in the spirit of Universal Declaration of Human Rights. Second, it is to establish institutions that will contribute to the prevention and suppression of ordinary crimes. INTERPOL forbids itself from taking any part in political, military, religious, or racial issues. Member states can delegate police officials whose duties fall within the activities of INTERPOL. Countries that want to be members of INTERPOL can request to do so through the Secretary General of the organization. Membership must be approved by a two-thirds majority of INTERPOL's General Assembly.

Organizational Structure

The ICPO-INTERPOL Constitution outlines the organization's structure and roles. These include the General Assembly, Executive Committee, General Secretariat, National Central Bureaus, INTERPOL Advisers, and the Commission for the Control of Files.

General Assembly

The supreme authority of INTERPOL lies in the General Assembly. It is made up of delegates from member states of INTERPOL. Each state can be represented by one or more delegates but must have only one delegation head, who is appointed by a competent authority in the country. Given the technical nature of INTERPOL, states are advised to include among its delegates high-level officials from government departments dealing with police matters, officials whose duties are connected with those of INTERPOL, or government officials who have a specialty in the agenda of the particular INTERPOL session or conference.

The General Assembly carries out duties as specified in INTERPOL's Constitution, specifically in Article 8. It sets out ground rules and suitable

means to reach the organization's objectives, approves program activities for each year prepared by the Secretary General, and determines other necessary regulations. The General Assembly elects individuals to carry out certain duties, adopts resolutions, and makes recommendations to member states on issues that INTERPOL is competent to make. It also forges the financial policy of INTERPOL and approves agreements with other organizations.

Member states are required to carry out the decisions of the General Assembly. The General Assembly is expected to meet every year in an ordinary session and may meet in an extraordinary session at the request of the Executive Committee or the majority of the member states. During any session, the General Assembly is empowered to set up special committees to handle particular issues. It can decide to hold regional conferences between two General Assembly sessions.

In General Assembly deliberations, only one delegate from each member state has a right to vote. Decisions are made by a simple majority, with the exception of situations when the Constitution specifies a two-thirds majority.

Executive Committee

INTERPOL's roles are piloted by an Executive Committee of 13 members. It is chaired by the president of INTERPOL. The Executive Committee is made up of the president, three vice presidents, and nine delegates. The 13 members of the Executive Committee are required to come from different countries, and global distribution of the members is duly expected. A term on the Executive Committee is for 3 years, and delegates are not immediately eligible for reelection to the same posts.

The Executive Committee makes sure that the General Assembly's decisions are carefully carried out. This body prepares the agenda for sessions of the General Assembly. It initiates programs and projects it deems necessary and submits them to the General Assembly. It supervises the duties of the Secretary General, and it exercises all powers and authority delegated to it by the General Assembly.

Delegates to the General Assembly session elect the president and the three vice presidents from

among themselves. For the election of the president, specifically, a two-thirds majority is required. If the two-thirds majority is not obtained after the second ballot, a simple majority will be deemed expedient. The president of INTERPOL presides over the meetings of the General Assembly and those of the Executive Committee. It is the president's responsibility to see that INTERPOL's activities conform to the decisions of the General Assembly and Executive Committee. The president is required to convene a meeting of the Executive Committee at least once a year and be in constant communication with the secretary general of INTERPOL.

General Secretariat

The General Secretariat is a permanent administrative department of INTERPOL, headed by the Secretary General. It includes the Secretary General, as well as technical and administrative staff.

The Executive Committee nominates the Secretary General and submits his or her name to the General Assembly, who can then approve the nomination for a 5-year term. The Secretary General, chosen from among persons who are highly experienced and competent in police matters, is the chief administrative officer of INTERPOL. He or she directs the staff, prepares the organization's annual budget, and organizes and directs INTERPOL's permanent units according to the orders of the General Assembly or Executive Committee.

The Secretary General submits all proposals and projects concerning INTERPOL to the Executive Committee. This individual is responsible for the Executive Committee and the General Assembly. The Secretary General participates in the discussions of the Executive Committee, the General Assembly, and other dependent bodies of the organization. The Secretary General, in the execution of his or her duties, represents INTERPOL and not his or her country of origin.

The Secretary General and his staff are prohibited from soliciting or accepting instructions or orders from any government or authority outside of INTERPOL. They are to abstain from any activity that may prejudice their international responsibilities. Member states are prohibited from taking any action to influence the Secretary General and his or her staff in the discharge of

their duties and are required to assist them in the execution of their duties.

National Central Bureaus

INTERPOL discharges its functions through National Central Bureaus. One of the mechanisms it uses to achieve its mission and speed up communication and cooperation among its members is the establishment of the National Central Bureau in each member state. These bureaus are staffed with highly trained and experienced law enforcement officers and are established to help member states in the prevention and control of transnational crimes in their localities.

INTERPOL Advisers

INTERPOL has a board of advisors whom it consults in some scientific matters and other matters related to crime prevention and control. These individuals are appointed for a term of 3 years by the Executive Committee, contingent upon the approval by the General Assembly. They are chosen from among persons who have proven reputations in fields of interest to INTERPOL operations.

Commission for the Control of Files

The commission for control of files is made up of five members appointed for a term of 3 years. This is an independent entity for processing personal information to confirm that individuals are complying with the rules and regulations established by INTERPOL.

INTERPOL Treasury and Resources

INTERPOL's operating budget comes from financial contributions of its member states. Second sources of revenue include gifts, bequests, subsidies, grants, and other resources. The Executive Committee must approve and accept any secondary sources of revenue. This is to avoid receiving gifts from organizations that could inject corruption into INTERPOL.

Scope of INTERPOL Operations

INTERPOL's primary aim is to support its member states' police services in their fight to prevent crime and execute criminal investigation effectively. In this

venture, with the cooperation of the National Central Bureaus, INTERPOL speeds up cross-border police cooperation and assists the organizations and authorities whose mission is to prevent and control crime of all types. To achieve its aim, INTERPOL carries out its activities in four core functions:

- secure global police communications services
- operational data services and databases for police
- operational police support services
- training and development

Secure Global Police Communications Services

International police cooperation is built on constant adequate and successful communication. INTERPOL observed that successful global law enforcement goal requires a strong network of speedy communication. In effect, INTERPOL capitalized on modern advanced information systems and designed a state-of-the-art global communications system for law enforcement society. This system is called *I-24/7*, which stands for *INTERPOL-24 hours a day, 7 days a week*.

Operational Data Services and Databases for Police

The second core service of INTERPOL is operational data services and databases for police. INTERPOL developed a broad range of global databases that incorporates important information, such as names of criminals and suspected persons, fingerprints, photographs, deoxyribonucleic acid profiles, requests for wanted persons, lost and stolen travel documents, stolen vehicles, and weapons related to criminal cases. These types of information keep transnational criminals nervous about engaging in some international crimes because they increase the chance of being caught.

Operational Police Support Services

Operational Police Support Services is INTERPOL's third core service to member states. The word *support* here simply means that member states can make use of INTERPOL's expert knowledge in law enforcement. Through the national

central bureaus and regional offices, INTERPOL responds quickly to the needs of its members. This led to development of emergency support and operational activities based on the member states' priority crime areas, be it drugs and organized crime, terrorism and public safety, fugitives, human trafficking, or financial and high-tech crimes. Additionally, support services include collection, analysis, and evaluation of information received from member states by INTERPOL's headquarters. INTERPOL also extends support to its member states by sending police officers with special law enforcement skills to investigate sites.

In fighting terrorism, INTERPOL uses the following forms of notices:

- **Red Notice:** This signifies seeking the arrest of a wanted person, with a view to extradition. This notice may serve as a provisional arrest warrant depending upon the country involved.
- **Blue Notice:** This is used to collect more information about a person's location, identity, and/or illegal activities in relation to a criminal matter. This notice enhances the identification of a terrorism suspect.
- **Green Notice:** This is used to provide criminal intelligence about persons who have committed criminal offenses and are likely to repeat the crimes in other countries. This notice is an alert signal for calling attention to criminals.
- **Orange Notice:** This is used to warn police, related security entities, and other international organizations of possible threats from hidden weapons, parcel bombs, and other dangerous items or materials, such as those that can be used in a terrorist attack.

Training and Development

Finally, INTERPOL's fourth core service is Training and Development. This division of INTERPOL's goals functions and plays a significant role in overall mission of the organization to achieve international police cooperation. This Training and Development division of INTERPOL's goals helps member states to improve their law enforcement skills and strategies.

INTERPOL is always helping member states to improve their police training in their own institutions. Additionally, INTERPOL provides various

transnational crime-fighting techniques to all member states, international law enforcement organizations, and its United Nations partners.

Obi N. I. Ebbe

See also Extremism and Terrorism, Middle Eastern; International Approaches to Crime Punishment; International Approaches to Crime Reduction; International Extradition; International Extradition, Foundational Cases of; International Laws and Crime

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INTERNATIONAL EXTRADITION

International extradition is the primary legal process by which one country responds to the request of a second country to send (extradite) suspected criminal offenders to face criminal charges in the second country. The person who is extradited (sometimes referred to as the *fugitive* or *relator*) may have fled the jurisdiction of the second country in an effort to avoid prosecution. Increasingly, however, the alleged offender has not fled and instead faces charges that arise out of his or her conduct in the first country and that had effects in the second country. Every year, executive and judicial authorities in scores of countries collectively request the extradition of hundreds of people to face criminal charges. In the United States, federal prosecutors bring slightly more than 100 extradition requests to court per year on behalf of

countries seeking extradition of an alleged offender. This entry explores the basis by which extradition occurs. Beginning with an examination of the legal authority for extradition, the entry continues with a discussion of traditional components of extradition law (i.e., circumstances by which it occurs and the particulars of treaties) and conditions by which extradition may be defended (i.e., human rights violations and the ways this defense may occur) and ends with a brief discussion related to the alternatives to extradition.

Legal Authority for Extradition

In general, a country obtains the authority to extradite from two sources: its own internal or domestic law or a treaty relationship with the country that requests the extradition. Internal law is sufficient to provide authority to extradite, but a country's internal law may also require a treaty relationship. International law does not require countries to agree to an extradition request without a preexisting commitment to do so. A country may choose, but is not required, to extradite a person to another country as a matter of international comity. Thus, some countries will extradite without a treaty, based on reciprocity—the assumption being that the other state will reciprocate by honoring similar requests for extradition.

Some authorities hold that an international law duty to extradite exists for *jus cogens* crimes (crimes that violate fundamental international law norms). Any such obligation, however, overlaps in practice with multilateral conventions, such as the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, that nearly every country has signed and that require signatories either to extradite or to prosecute people who violate the provisions of those conventions (*aut dedere aut judicare*).

Regional conventions or agreements may also impose extradition obligations or their equivalent, as with the Council of the European Union's (EU) decision to abolish extradition within the EU and replace it with the European Arrest Warrant. Despite these various multilateral arrangements, however, most extraditions take place pursuant to the terms of bilateral extradition treaties.

In addition to the obligations imposed by a convention or a treaty, the internal law of the

extraditing country will typically determine the authority, process, and limits that apply to extradition. Those requirements will sometimes be complex. Depending on the specific country, its internal law of extradition will integrate constitutional, statutory, administrative, and/or judge-made law. Historically, judicial and political authorities have each had a part in the extradition process.

Traditional Components of International Extradition Law

Many countries (including China, France, Germany, Israel, Mexico, and Russia) refuse or reserve the right to refuse to extradite their own citizens, as a matter of their internal law. Extradition treaties involving these countries will usually acknowledge this position. Under the European Arrest Warrant, by contrast, a country cannot refuse to execute a warrant for one of its own citizens, although it can request that its nationals be returned to serve their sentences in their home country. The internal law of the United States does not prevent the extradition of its nationals, and the U.S. Supreme Court has declared that whether a U.S. citizen can be extradited to another country turns on the language of the relevant extradition treaty.

The extradition treaty between the United States and Mexico, signed into force in 1978, provides an example of the way countries address nationality. The treaty simultaneously recognizes Mexico's refusal to extradite its nationals and the willingness of the United States to extradite its nationals:

Neither Contracting Party shall be bound to deliver up its own nationals, but the executive authority of the requested Party shall, if not prevented by the laws of that Party, have the power to deliver them up if, in its discretion, it be deemed proper to do so.

To be extraditable, a person must have committed an offense that falls within the terms of the relevant treaty. Some treaties contain a list of specific offenses that qualify for extradition. Others refer to categories of offenses. Many modern extradition treaties take a broad approach and allow extradition for conduct that is criminal under the law of both countries. Traditionally,

nearly all countries have required *dual criminality*—that the conduct at issue be criminal in both countries, even if the specific crimes are not entirely the same. The modern approach of allowing extradition for conduct that is criminal under the law of both countries essentially adopts dual criminality as the only standard for extradition.

Extradition proceedings also involve factual issues. The usual approach, often reflected in treaties, is for the extraditing country to determine whether the factual record provided by the requesting country provides probable cause to believe that the extraditee committed the offenses charged. The extraditing country will hold a hearing on this issue, but it will not hold a trial, and it will not make a formal or informal finding of guilt. The person facing extradition may not even be allowed to present evidence that contradicts the proof provided by the requesting country. Thus, the U.S. Supreme Court has held that the extraditee may not introduce evidence that would establish the defense of insanity.

The EU has adopted a different approach to factual issues for extradition among its member states. Under the European Convention on Extradition and, more recently, the European Arrest Warrant, the requested person has the right to a hearing, but the nature or amount of evidence is not a factor to be considered in refusing to extradite or execute a warrant.

Defenses to Extradition

Most extradition treaties include provisions that forbid extradition of a person who already has been tried for the same crime. International law provides some general support for these treaty provisions, but there is no clear international law rule on this topic. Treaties that include this protection fall into two general categories. Some refer to prosecution for the same *acts*, while others refer to prosecution for the same *offenses*. The protection offered by the word *acts* is broader and more fact-based, and the protection offered by *offenses* is more narrowly focused on the elements of the crimes. The Council of Europe's framework decision for the European Arrest Warrant limits execution of a warrant if another EU state has reached a final adjudication of the requested person *in respect of the same acts*.

Extradition treaties usually will specify whether the statute of limitations is a defense to extradition. If this defense is available, the treaty will also specify whether the relevant statute of limitations is that of the extraditing country, the requesting country, or both.

Since the late 1800s, extradition treaties usually have included clauses that bar the extradition of people who committed *political offenses* and who had, it was assumed, fled the requesting country to escape political persecution. Recently, however, the political offense exception has come under pressure because a robust political offense exception could prevent extradition of people involved in terrorism.

Although most treaties include a political offense exception, it usually appears without a definition, with the result that opinions written by national courts are the primary source of doctrine. Case law tends to distinguish between *purely* political offenses (e.g., treason and sedition) and *relative* political offenses or offenses *of a political character* (e.g., murder committed in the course of a rebellion). Both types of political offenses usually qualify as a defense from extradition. Many recent treaties, however, prevent the application of the political offense exception to crimes of terrorism that otherwise might qualify as *relative* political offenses or that would require courts to distinguish relative political offenses from mere politically motivated crimes. Another category of offenses consists of crimes committed because of political motivations. These crimes do not fall within the political offense exception.

The status of the conduct as a political offense (usually a defense from extradition) and the political motivations of the extraditee (not a defense from extradition) are distinct from the political motivation of officials in the requesting country. Allegations that the extradition is politically motivated will not support the political offense exception.

Extradition and Human Rights

In theory, the extradition process accommodates both the legal and the political aspects of extradition. Courts address objective legal questions about the specific charges and the sufficiency of the evidence, while political authorities handle subjective political and diplomatic questions about the

desirability and ramifications of extradition. Human rights claims complicate this division of labor.

Traditionally, a person facing extradition cannot introduce evidence in court that the requesting country will mistreat him or her in some manner. Mistreatment is a broad category that ranges from unfair procedures, to squalid prison conditions, to torture or other forms of deliberate abuse. The justification for this rule of noninquiry is that the political and diplomatic authorities of the extraditing country have decided to allow extraditions to the requesting country and that those authorities have the discretion to consider case-by-case claims of potential mistreatment. In countries that follow the rule of noninquiry, these issues are resolved through *diplomatic assurances* that the extraditee will not be mistreated.

Outside the United States, and particularly in Europe, the rule of noninquiry has eroded. International law, in the form of the Convention Against Torture, the Convention Relating to the Status of Refugees, and the Convention Against the Taking of Hostages, forbids extradition if the extraditee would face torture or persecution. Although it is possible to satisfy these requirements through diplomatic assurances, this duty falls to the courts in some countries.

In Europe, the European Court of Human Rights has ruled that the European Convention on Human Rights forbids extradition if there are substantial grounds for believing that the extraditee will be subjected to torture or other cruel, inhuman, or degrading treatment or punishment in the requesting country. That court has also held that national courts in Europe must review the actions of executive officials to ensure compliance with this rule of inquiry.

By contrast, the noninquiry doctrine remains strong in the United States. Some U.S. courts have suggested that an exception to the noninquiry rule exists for particularly severe mistreatment, but no U.S. court has ever relied on this potential exception to forbid an extradition. The U.S. Congress has declared that no one should be extradited if there is a substantial risk of torture, but it has also bolstered the rule of noninquiry by stating that U.S. courts do not have jurisdiction to address this issue. The result is that the United States continues to rely on diplomatic assurances for compliance with its international law obligations in this area.

Specialty

The rule or doctrine of *specialty* provides a separate potential defense, not to the extradition itself but to the criminal proceedings in the requesting country. Specialty requires the requesting state to prosecute the extraditee only for the crimes that supported the extradition request (or for lesser included offenses) and to respect any conditions or limitations that the extraditing country placed on the extradition. Note, however, that the requesting state can ask the extraditing state for permission to impose additional charges or to depart from any conditions or limitations. The extraditee also has the ability to consent to additional charges or to departures from conditions or limitations. Many treaties explicitly incorporate specialty, and some authorities assert that it has the status of customary international law.

Alternatives to Extradition

Extradition provides a procedural mechanism for international cooperation in the area of criminal justice, but extradition is not the only method for securing the presence of an alleged offender. Extradition treaties will not necessarily forbid other, less formal efforts, and the U.S. Supreme Court has ruled, for example, that if an extradition treaty “does not prohibit [the defendant’s] abduction . . . the court need not inquire as to how [the defendant] came before it” (*United States v. Alvarez-Machain*, 504 U.S. 655, 662 (1992)). Arguably, however, international human rights law forbids such conduct.

Another alternative to extradition is deportation or removal pursuant to national immigration law. Although deportation is similar to extradition because it results in the expulsion of a person from the territory of a country, it does not in theory take place at the request of another country, and the person facing deportation may have a right under national or international law not to be sent to the country that has initiated criminal proceedings.

John T. Parry

See also Courts, Federal; Courts, International; Criminal Courts; International Extradition, Foundational Cases of; International Approaches to Crime Punishment; Trials, Criminal; U.S. Department of Justice

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INTERNATIONAL EXTRADITION, FOUNDATIONAL CASES OF

International extradition is the primary legal process by which one country responds to the request of a second country to send (extradite) suspected criminal offenders to face criminal charges in the second country. Although statutes and treaties form the backbone of extradition doctrine, court decisions have played a critical role in defining the circumstances in which extradition can take place and the roles that different political actors or institutions can play in the extradition process. This entry focuses on several 20th- and 21st-century court decisions from the United States, the United Kingdom, the European Court of Human Rights, and the International Court of Justice (ICJ). Each of the cases also considers and discusses important earlier precedents.

In *Valentine v. United States ex rel. Neidecker*, 299 U.S. 5 (1936), two U.S. citizens asserted that they could not be extradited because the treaty with France did not apply to citizens and the president had no independent power to order their extradition. The U.S. Supreme Court unanimously ruled in their favor, stressed the importance of a clear legal framework for extradition, and limited the president’s authority over extradition.

The Court first declared that, within the U.S. federal structure, “the power to provide for extradition is a national power; it pertains to the national government and to the States.” Second, at the national level, the power to extradite is not an inherent part of executive power:

albeit a national power, it is not confided to the Executive in the absence of treaty or legislative provision. . . . [T]he Constitution creates no executive prerogative to dispose of the liberty of the individual. Proceedings against him must be authorized by law.

Thus, the Court held that extradition proceedings are governed entirely by statute and treaty. Because neither the U.S. extradition statute nor the treaty with France authorized extradition of citizens, the Court rejected the extradition. Subsequent legislation now allows extradition of U.S. citizens when a treaty is silent on the issue, but *Valentine* remains an important statement that extradition is subject to the rule of law and not executive or diplomatic convenience.

Many years later, in *Munaf v. Geren*, 553 U.S. 674 (2008), two U.S. citizens who were detained in Iraq by U.S. armed forces, under the authority of the United Nations–approved Multinational Force–Iraq, brought a habeas corpus petition to challenge their transfer to the custody of the Iraqi government, for trial on various criminal charges. Although the case involved a prisoner transfer, not extradition, the U.S. Supreme Court’s resolution of the case has important implications for the intersection of extradition and international human rights.

Among other things, the petitioners claimed that they were likely to be tortured by Iraqi authorities. The Court responded, “Such allegations are of course a matter of serious concern, but in the present context that concern is to be addressed by the political branches, not the judiciary.” The Court relied on U.S. extradition cases that embrace the *rule of noninquiry*, which holds that U.S. courts cannot inquire into the processes or treatments that await a person facing extradition to another country. Instead, the executive branch bears the primary responsibility for addressing such concerns. The Court noted, however, that “[p]etitioners here allege only the possibility of mistreatment in a prison facility; this is not the more extreme case in which the executive has determined that a detainee is likely to be tortured but decides to transfer him anyway.” Thus, the Court upheld the rule of noninquiry in the United States, but it also signaled that a documented likelihood of torture disregarded by the executive branch might require judicial intervention.

The decision of the European Court of Human Rights in *Soering v. United Kingdom*, 161 Eur. Ct. H.R. (ser. A) (1989), contrasts with *Munaf*. Soering, a German national, sought to prevent his extradition from the United Kingdom to the United States, where he faced capital murder charges in the state of Virginia. In the face of diplomatic requests, Virginia prosecutors adhered to their decision to seek the death penalty. Nonetheless, the United Kingdom approved the extradition. Soering sought review from the European Court of Human Rights, arguing that Virginia’s implementation of the death penalty would violate Article 3 of the European Convention on Human Rights (ECHR), which provides, “No one shall be subjected . . . to inhuman or degrading treatment or punishment.”

The Court agreed:

having regard to the very long period of time spent on death row in such extreme conditions, with the ever present and mounting anguish of awaiting execution of the death penalty, and to the personal circumstances of the applicant, especially his age and mental state at the time of the offence, the applicant’s extradition to the United States would expose him to a real risk of treatment going beyond the threshold set by Article 3.

This decision effectively barred extradition from Europe to the United States in death penalty cases.

Subsequent decisions broadened *Soering* into a general rule that the ECHR forbids its signatories from extraditing or deporting a person to another country if substantial grounds exist for believing that person would be subjected to torture or to a cruel, inhuman, or degrading treatment or punishment. Political officials attempt to comply with this requirement by obtaining *diplomatic assurances* of fair and humane treatment from the requesting country, but the Court has ruled, in *Saadi v. Italy*, No. 37201/06 (2008) ECHR 179, and other cases, that national courts must assess whether those assurances provide “a sufficient guarantee that the applicant would be protected against the risk of treatment prohibited by the Convention.” These cases mandate the sort of inquiry that the U.S. Supreme Court rejected in *Munaf*.

More recently, in *Ahmad and Others v. United Kingdom*, Nos. 24027/07 et al. (2012) ECHR 609, the Court appeared to soften its approach. Upholding the extradition of five suspected terrorists to the United States, the Court rejected the idea that application of Article 3 to application could involve a balancing test, but it also stressed that it has been reluctant to find violations of Article 3 for extradition “to a State which had a long history of respect for democracy, human rights, and the rule of law.”

In *Regina v. Commissioner of Police for the Metropolis and Others, Ex Parte Pinochet* [1999] UKHL 17, the House of Lords allowed Spain’s request for the extradition of former Chilean dictator Augusto Pinochet. Although this decision retreated from an earlier, more expansive ruling, the Lords nonetheless made several significant rulings about the intersection of extradition and international human rights. First, Spain asserted universal jurisdiction to try Pinochet for human rights offenses, and the Lords agreed that Pinochet’s conduct in Chile was criminal under Spanish and English law. Second, the Lords ruled that the United Kingdom’s adoption of the Convention Against Torture did not retroactively criminalize Pinochet’s conduct, with the result that he could be extradited only for acts taken after his conduct became a crime in the United Kingdom. Third, the Lords ruled that Pinochet’s status as a head of state at the time he acted and his subsequent status as a former head of state did not immunize him from responsibility, because the Convention eliminated any such immunity.

The ICJ’s decision in *Questions Relating to the Obligation to Prosecute or Extradite (Belgium v. Senegal)* [2012] ICJ Rep. 422 also considers extradition’s role in human rights enforcement. Belgium claimed that Senegal breached its obligations under the Convention Against Torture by failing either to prosecute or to extradite Hissène Habré, the former president of Chad, for torture and other human rights offenses. The Court agreed that all parties to the Convention may insist on each other’s compliance with the Convention. The ICJ also held that prosecution is “an international obligation under the Convention” and that extradition plays a secondary role, as *an option* that allows a state to “relieve itself of its obligation to prosecute by acceding to an extradition request.”

Collectively, these decisions touch on several distinct aspects of international extradition law. The U.S. and UK decisions apply only within those countries, but the reasoning in those decisions is influential for courts in other countries. The European Court of Human Rights and ICJ decisions, by contrast, provide controlling law for a much greater number of jurisdictions. Each of the decisions also illustrates the tendency for extradition law to overlap with human rights law—sometimes with respect to the rights of the person facing extradition and sometimes with respect to the victims of the crimes that form the basis of the extradition request.

John T. Parry

See also Criminal Charges, Federal; International Approaches to Crime Punishment; International Extradition; International Laws and Crime; Trials, Criminal; U.S. Department of Justice

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INTERNET EXPLOITATION AND CHILD LURING

Internet (or online) sexual exploitation can cover a range of behaviors with the focus generally relating to adult or youth engagement with child sexual exploitation material and/or the online sexual solicitation of minors, which can include engaging in sexual chat, exchanging sexual material and/or using the Internet to approach a minor to engage in sexual contact. Internet sexual exploitation can involve peers or adults and include luring,

prostitution or trafficking, child pornography, and other forms of sexual abuse. The focus for this entry is *child luring*, also referred to as *online luring* and the *online sexual solicitation of youth*, with an emphasis on adult offenders.

Technology-facilitated communication is an integral and important component of the social worlds of youth from social networking sites to online gaming. With frequent use of these various social media outlets comes greater exposure to others. This includes a greater likelihood of exposure to problematic communications from people who are predatory and/or deceptive regarding their intentions and who use technology to facilitate sexual exploitation or abuse. In survey research, a majority of youth reported experiencing some form of unsolicited or unwanted online sexual communication, much of it from peers. Although most ignore these sexual solicitations, some respond.

This entry begins with a brief outline of laws related to adult engagement of children and youth in sexual solicitations, exchanging sexual images, and making plans to meet for sexual interactions and discusses the prevalence of such behaviors. This section is followed by a discussion of the patterns brought out in recent research on Internet exploitation and child luring inherent to offender and youth behavior. The final points of this entry highlight ways that the Internet can also be a resource in primary prevention efforts for sexual exploitation and child luring.

Laws

Some countries have implemented laws prohibiting adults from engaging children and youth in sexual solicitations, the exchange of sexual images, and plans to meet in person for the purpose of sexual interactions. Generally, the behaviors are considered illegal regardless of who the offender makes online contact with, for example, whether it is an actual child or an undercover law enforcement agent. In some jurisdictions, the online communication does not need to be explicitly sexual. Rather, interactions considered to be related to the grooming of a child (e.g., gaining trust and insight) could fall under online luring or solicitation laws.

Online search software reveals thousands of people looking for child exploitation material at any given time as well as numerous networks of

people actively discussing and participating in the sexual abuse of children. This prevalence corresponds with an increase in the number of online exploitation cases reported to police and child protection agencies. In response, there has been greater professional attention given in this area, a growth in child protection agencies and services, as well as the creation of government agencies to help coordinate responses to these borderless crimes. Additionally, unique collaborative programs have developed from outside government, such as the Thorn foundation, which focuses on technological solutions to these issues.

Research

There has been a steady focus on research relating to Internet exploitation and child luring. National online victimization studies have provided descriptions of offenders and youth, in part dispelling some potential myths regarding offenses and offenders. For example, research has shown that young teens (rather than children) are targeted, that most victims know the offender is interested in sex (e.g., the offender raised the topic of sex quite quickly, engaged in cybersex, transmitted sexual images), and that many victims know the offender is older (e.g., while offenders may lie about their age, many still presented themselves as older). As offenders may search for, target, and exploit specific individuals, such as those with certain vulnerabilities, the research literature has discussed risk factors for youth. These include substance use, truancy, use of online forums expressing dissatisfaction at home or school, and online behaviors such as seeking information about sex and sexual relationships. Many offenders befriend and romance the youth, and consequently, victims may state they felt a close friendship with the offender.

Based on research identifying offense and victim characteristics, some of the conversations around the online sexual solicitation of youth discuss similarities with offenders who have a sexual interest in, or perhaps preference for, pubertal children with some secondary sex characteristics (sometimes referred to as *hebephilia*, as distinguished from *pedophilia*, which refers to a preference for prepubertal children) and the idea these online activities are likely driven by the desire to make contact with children for sexual

activity, compared to other online sexual behaviors such as viewing child pornography. Some discussants have compared these offenders to statutory rapists and suggest those motivated to seek out youth may perceive an online approach as safer and easier than approaching youth off-line; an offender can make contact with a greater number of children, thereby increasing their chance of a (positive) response while believing their risk of exposure to be lower due to the ability to encrypt messages or attempts to mask identities.

Online Resources

While the Internet is related to offending, it also provides additional options for primary prevention efforts as well as additional reporting options and resources for children and their families. For example, luring prevention strategies are available online, along with information about risk factors among youth, and how to recognize potential clues that a child has been approached online. As well, children looking for response options when they receive sexual solicitations or when they feel pressure over sexting requests (requests for sexual chat or nude images) can access advice and resources, including how to get an image removed from the Internet or advice on dealing with cyberbullying and peers. Education about when an action is illegal and how to formally report an offense is also available online.

This area of sexual exploitation and abuse is evolving. Internet and communication technologies will continue to advance and change; hence, the way some online sexual exploitation occurs will also change. Prevention and response efforts will continue to expand. Some will likely focus on the use of technology to identify offenders and identify methods used to offend (and therefore interrupt these methods). Others will involve methods to help triage or prioritize the information received by protection agencies and identify children at risk along with those who have already been victimized.

Angela Wyatt Eke

See also Child Pornography; Cyberstalking; Internet Sexual Offenders; Internet Victimization; Pedophilia; Sexual Offenders: Treatment Approaches; Sexual Offending; Violence Against Children

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INTERNET SEXUAL OFFENDERS

Internet sexual offending includes child pornography offending, the sexual solicitation of children and youth (also referred to as *luring*), and the use of the Internet for sexual trafficking and sex tourism (e.g., advertising online). Adults who sexually offend against other adults may also use the Internet to gain information and find targets; however, little is known about adult-against-adult offending. The focus for this entry is Internet sexual offenders, with a specific emphasis on those who offend against children. This entry provides an overview of the prevalence of Internet sexual offending and distinguishes among online, off-line, and mixed tendencies to offend. Reducing or preventing online sexual offending requires collaborative efforts among a variety of sectors as well as an understanding of the nature of both sexual offenses and the offender who engages in these activities. This entry describes these collaborations as well as online and off-line offender characteristics and sexual interests and highlights some of the Internet resources available to both offenders and victims.

With the number of reported cases of online abuse and offending increasing along with greater global access to the Internet, Internet sexual offending is now a global issue. This has given rise to multijurisdictional collaborations in prevention

(e.g., public education, programs for those at risk), interdiction (e.g., reporting, investigating, and interrupting offenses), support for victims, offender management, and research. Among these collaborations are various partnerships involving government, nongovernment organizations, charitable organizations, and academia.

There are some commonly debated questions relating to Internet sexual offenders. For example, whether they represent a new type of offender—one who uses online opportunities to engage with certain content or engage with others in a way they would not do off-line, perhaps because of a lack of knowledge of how to do it or a fear of being caught. Another view is that online offenders are similar to off-line offenders and are merely employing online technologies to facilitate their crimes. In the latter scenario, offenders are motivated to engage in similar behaviors online and off-line. In research examining child pornography and luring, offenders are often grouped based on whether they are *Internet-only* offenders (sometimes referred to as *noncontact* offenders), *off-line* offenders, or *mixed* offenders (those with both online and off-line sexual offenses). A key concern for professionals and the public alike is the relationship between online and off-line offending. What is the likelihood, for example, that an online offender has already, or will in the future, commit an off-line sexual offense?

Child pornography is a common legal name for what may also be referred to as *indecent images*, *child sexual abuse images*, or *child sexual exploitation material*. While child pornography is not a new offense, the Internet has significantly facilitated the accessing and sharing of this material, including the ability to stream sexual abuse in real time. In defining this material, common elements are the type of content included, the age of the depicted children, and the sexual nature of the material. Some countries have specific laws criminalizing the accessing, possession, production, and sharing of these images, which can be in the form of pictures or videos, with a *child* generally defined as anyone under the age of 18 years. The material can depict the direct abuse of a child or depict children in sexually suggestive or explicit poses. It may also be self-produced by children and youth who share sexualized images of themselves with others (these images are then exploited by others).

In some jurisdictions, related material such as text stories advocating or describing sex with children is also illegal and some specify whether the material must include real children (e.g., images involving computer renditions of children may not be illegal). These differences in laws, or a lack of related laws, mean what is illegal in one country may be allowed in another, complicating international efforts to respond to this problem.

Along with child pornography and online sexual solicitation, the Internet facilitates conversations between those with pedophilic and/or hebephilic interests. Sometimes referred to as the *pedophilic subculture*, there are a number of websites, chat rooms, and forums (e.g., GirlChat, BoyChat) where like-minded individuals can discuss adult-child sex, advocate for changes to legislation (e.g., abolish the age of sexual consent), and provide suggestions and advice regarding sex with children. Some groups use specific markers or signs to identify each other and their individual preferences. Depending on the country, this exchange of information regarding sex with children may not be illegal.

Offender Characteristics and Sexual Interests

Child pornography offenders are heterogeneous; those detected span different ages, occupations, educational levels, and social groups. Early research (e.g., mid-2000s) in this area found these offenders, as a group, were more often middle aged, with higher occupations and education; this may reflect access to computers and the Internet and therefore change as the Internet becomes more commonplace globally and as more youth explore sexual interests and sexuality online. Few women are identified as child pornography offenders, a similar finding as for other sexual offenses involving children. Many child pornography offenders have a sexual interest in the material, for example, admitting to masturbating to it or admitting a primary sexual interest in children. Some research has found child pornography offenders demonstrate greater pedophilic or hebephilic arousal in the lab, compared with contact child sexual offenders; offenders with both Internet sexual offending and contact sexual offending against children are perhaps the most likely to be

pedophilic. Involvement with child pornography is used in some assessment protocols as a behavioral indicator of pedophilia. Studies examining the content of child pornography offenders' collections indicate a prevalence of female material, with many having video material and/or text stories describing sex with children. Most also had some adult pornography material and other child images (e.g., nudity or clothed images).

Other reasons given by offenders for accessing child pornography material include novelty-seeking behavior, accidental access, and sexual or Internet addiction; research suggests these are perhaps less common than having a sexual interest in children. There have been somewhat rare examples where the primary motive for having the material, including producing child pornography, has been financial (e.g., running a paid content website). When examining the motivations or pathways to Internet sexual offending, they appear similar to those discussed in the sex-offending literature in general: the importance of sexual motivation (e.g., sexual fantasy and urges) as well as individual differences (e.g., antisocial characteristics).

Research with Internet sex offenders includes the question of overlap between child pornography offending and online sexual solicitation. Not all offenders who sexually solicit children online have child pornography and conversely, not all child pornography offenders will engage in online sexual conversations with children. Online sexual solicitation offenders are described in the literature as often more contact-driven. While they may have child pornography for arousal and masturbatory purposes, they also may use it to *groom* children, for example, to normalize adult-child sexual relations. In research with offenders convicted of child pornography, a minority were known to have engaged in online communications with a child (or an undercover officer posing as a child).

Meta-analytic research comparing Internet sexual offenders (child pornography and solicitation offenders) and off-line offenders suggests those with online-only offenses have greater victim empathy and lower impression management than those with contact sex offenses. Further, those with contact sex offenses demonstrate more cognitive distortions about sex with children and greater emotional identification with children (i.e., children fulfill both sexual and emotional needs).

In addition, contact sexual offenders had greater access to children, more antisocial traits (e.g., lower empathy, higher impulsivity, willingness to violate the rights of others), and fewer barriers to contact sexual offending.

Contact Sexual Offending and Risk Factors

Research has examined the relationship between Internet sexual offending (mostly with child pornography offenders) and contact sexual offending, using both official statistics and offender self-report. This has been done from two perspectives. The first relates to what offenders did until the point of an arrest (usually for child pornography), so this perspective examines offender history and sometimes also the current offense (e.g., an offender may be reported for both a child pornography offense and a contact offense). Part of the concern here is whether an offender identified for an online offense also has sexual contact with child victims, including those not previously identified. Some research, including a meta-analysis, with online sex offenders (mostly child pornography) report approximately half the offenders admitted to a contact sex offense against a child, many undetected or unreported. Numbers for officially reported incidents are smaller, as would be expected since the majority of sexual offending is not reported to police.

The second interest relates to recidivism or the involvement in future incidents, that is, what someone goes on to do after they are identified as an offender: after an interruption, disruption, charge, conviction, and/or after participation in treatment. When considering the risk that an identified offender poses for reoffending, including the type or severity of any new offense, the factors associated with sexual offending in general appear to be relevant—particularly, those dealing with individual differences such as antisociality (e.g., prior offending, failures on conditions of release) and sexual motivations (e.g., sexual interest in children, greater sexual interest in boys). Related to this, there has been significant interest in the development of a risk tool for working with child pornography offenders specifically to triage or prioritize identified or reported cases, to allocate resources and treatment options, for example. To this end, identifying risk factors associated with

sexual offending in general has shown some promise as has distinguishing domain-specific variables, such as the type or characteristics of the child material accessed by the offender.

Methodologies for researching prior and future offending differ, especially in how offenders and offenses are defined and identified. Offender samples may come from clinical or correctional settings or be identified from sex offender registries. Inclusion in the sample may require a charge or conviction for an online sexual offense. When considering how to collect data on offending, access to information can differ widely. When using police reporting systems, for example, there may be no interagency access and therefore offenses in other jurisdictions remain unknown. Further, there are concerns regarding self-report such as the veracity of the information and motivation for admissions. Some recent studies are exploring alternate data collection methods, including online surveys with certain populations including those accessing certain sex-related sites or accessing online help forums or programs. In these instances, individuals self-identify as having offended, regardless of charges, or admit sexual interests in children. All of these methods are broadening our understanding of the relationship between online and off-line offending.

While the Internet can be used to facilitate offending, it also provides alternatives for research and allows for public access to educational and support services. A number of online resources are available for those who are concerned about their thoughts and fantasies about children or have offended in some way. Other sites involve a research component, to further understanding of online sexual offending and offer information for professionals and the general public. The goal is to prevent offending through primary prevention and education (e.g., recognizing and reducing risky or problematic behavior among children and adults), improving responses to offenses, and providing assistance for those who have experienced abuse and for those who have offended.

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See also Child Pornography; Criminal Risk Assessment; Sexual Offending; Cyberstalking; Internet Exploitation and Child Luring; Internet Victimization; Pedophilia; Sexual Offenders: Treatment Approaches; Violence Against Children

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INTERNET VICTIMIZATION

The Internet has become a virtual playground for criminals. It not only provides new opportunities to commit old crimes but has also led to the creation of new crimes. While some of these criminal behaviors are generic (e.g., hosting or distribution of illicit material, breaches of intellectual property), others target a specific victim. Victimization comes in many forms and can be defined in a number of ways. Researchers debate what constitutes victimization, which behaviors are criminal, and whether crimes and behaviors are distinct or overlapping. Although victimization can be specific, such as those that target children, this entry treats this topic from a general standpoint, focusing on crimes that relate to all victims. Most common among these are malware, fraud, cyberstalking/cyberbullying, and revenge pornography. Each is described in this entry with comments on laws that govern, in a general sense, these types of behaviors.

Malware

Malware can be defined as software that is designed to be hostile or harmful to the user.

Malware exists in a variety of forms, ranging from those that target a general population to those that specifically target an individual. An example of the former would include viruses, which are rarely designed to target an individual as the usual intent is to infect as many computers as possible. However, not all malware acts in this way and some is used to specifically target victims. Perhaps the most notable of this is so-called *ransomware*.

Ransomware, as its name suggests, is a malware that holds ransom a person's computer or device. It could be a general attack (spread through a virus) or a targeted attack. Some ransomware users will browse social media profiles to identify likely victims, targeting a computer via a virus or hack the computer to install the ransomware. The effect of the attack is that a program is installed on the computer that renders it completely inoperable apart from a message that informs the user that the computer is locked and will only be unlocked if payment is made. Usually the computer's contents are encrypted, meaning that bypassing the ransomware is not possible. The consequences of such an attack can be significant. Most people's computers are not just a luxury but are part of their everyday lives. They may have all their important documents stored on it, including pictures and documents crucial to work. While individuals are told to back up data, how many actually do? The trauma may be more significant as it could be accompanied by threats to distribute photographs found on the computer, particularly intimate images or those of their children.

The user then has two options. The first is to refuse to pay, in which case their computer is, in effect, useless. The chances of circumventing the ransomware are minimal at best. A user would have to choose a different computer and accept that the files are gone (unless backed up). The second alternative is to pay the ransom. It may be thought that this would be pointless as the criminals would not give up the key, but in many instances, they do. Their *business model* is premised on people paying, and if the Internet were full of stories of people paying and losing their data, then nobody would pay. However, even if data are recovered, a victim commonly continues to feel victimized and perhaps lost hundreds, if not thousands, of dollars.

Other types of malware that target an individual include hacking into a user's social media profile (which could allow the hacker to bully an individual) or installing spying software (spyware). The latter can be used to take over a computer's function, and there have been reports of individuals using such software to take over the webcam of laptops and tablets, to allow them to view unsuspecting victims while in bed or taking a bath.

Fraud

As with malware, fraud can be general (e.g., a mass e-mail that seeks to trick users into surrendering their bank login details or promising reward for assistance in moving money), but it can also target individuals. Fraud can include, for example, a person posing as a bank employee to an individual or business, claiming suspicious activity on their account. This can throw people off their normal cautious responses as they will be worried they are a victim of crime and therefore more willing to provide Internet passwords and other personal information. Recently, house buyers have been targeted. Criminals hack into their e-mail to identify the likely date of sale and completion (as many lawyers now communicate by e-mail for efficiency). They then send an e-mail purporting to be their lawyer or real estate agent asking them to change the bank details to which the money is sent, diverting the money to a bogus account.

A *new* form of Internet fraud is known as *romance fraud*, which advantages Internet dating sites. A typical case would involve someone meeting online and beginning a friendship. The communication would continue and typically there would be physical meetings, too, as pure online contact would appear suspicious. A romantic relationship will develop and then the fraud will begin. The *partner* may say they are going abroad, and a short time later the victim will be contacted by a *lawyer* to say that the partner has been arrested and has no access to money. Unless money is paid for bail, the partner will be jailed. Alternatively, a *doctor* will say that the partner has been injured but has no insurance. Unless money is paid, the *doctor* will not operate. Such scenarios may seem suspicious, but in the context

of fraud, a person will believe them. They have been told that the partner is abroad and then provided with specific information that correlates. It takes little time to create a website for a fictitious law firm or hospital (so that when the victim checks, it all looks legitimate).

Alternatively, another form of romance fraud involves two people at opposite ends of the country. The romance proceeds, and plans are made for them to move in with each other to the victim's house (there will always be reasons why this is the better choice). The partner then claims not to be able to afford the necessary home alterations to sell her or his own house or not be able to afford the estate agent fees. The victim pays out the money, and the partner disappears.

Romance frauds are lucrative, not least because victims frequently feel too embarrassed to report the crime. While there are few specific laws designed to tackle romance fraud, most existing laws relating to fraud include such types of behavior.

Cyberstalking/Cyberbullying

Cyberstalking, featured in many media and academic writings, is a wide-ranging crime, which can include the digital equivalent to stalking in its traditional sense, with the Internet becoming the vehicle through which a victim is followed. Cyberstalking can include the stalker combing through the victim's social media presence as well as posting information about them to these sites. Cyberstalking can also sometimes be referred to as *cyberbullying*, and there is some debate as to whether these are distinct or related behaviors. The term *cyberbullying* is often used when the victim is a child, though victims can range in ages.

Those engaged in cyberstalking often try to disrupt existing friendships either directly or by pretending to be the victim (such as through hacking) in order to send messages to a third party. This latter form of cyberstalking has two-dimensional victimization. The victim suffers the disruption to their normal social activities by the perpetrator. However, further victimization then occurs by the fact that the third party believes the victim is the aggressor rather than the perpetrator. This can lead to disrupted friendship or social groups, increasing the distress suffered by the victim.

Other forms of cyberstalking/cyberbullying can include *flaming*, a type of communication that includes offensive comments made to the victim. In recent years, a number of well-known women have been sent highly misogynous messages after speaking publicly about issues surrounding the status of women in society. This has included, for example, rape threats and threats of physical violence. It is easy to dismiss such matters as empty threats, perhaps because it was thought unlikely that the victim's location would be identifiable. People do feel fear of such messages, however, and the threats can be combined with information from social media to make their location specific, increasing the anxiety of a victim.

Cybertalking/cyberbullying can also take on the form of *outing* where personal details are released about a victim. This may include, for example, the name and address of an individual (which could compromise the individual's safety) or details about the individual's personal life. A particularly unpleasant form of outing is where their contact details are placed on adult sex sites, with a message that suggests that the victim, for example, is willing to engage in sexual activity with strangers (or the victim's children are). This not only potentially places the victims at risk physically but can be extremely traumatic for them, particularly where work colleagues or others may have seen the posts.

Revenge Pornography

Perhaps the latest form of Internet victimization that has come to public attention has been given the term *revenge pornography*. Typically, this behavior involves a couple who have (consensually) filmed themselves having sexual relations with each other. When the relationship breaks down, one party posts the footage online, usually accompanied by metadata that identifies the victim, allowing it to be discovered via Internet search engines.

Revenge pornography first entered the public consciousness when Hunter Moore created a website called Is Anyone Up in 2010. The site actively solicited revenge pornography, ensuring that details of the victim would be known. When victims contacted Moore, he either charged them a significant fee to (allegedly) take down the

material or posted their messages on the site, accompanied by sarcastic comments.

Moore was eventually prosecuted for arranging for computers to be hacked to steal intimate photographs. Since his prosecution, many similar sites have emerged with revenge pornography now a big business (attracting both subscribers and advertising). Many countries have not criminalized revenge pornography because the initial footage was recorded consensually. However, there is concern about the consequences for the victim. While some may not mind intimate partners seeing them naked, the same is not true of complete strangers seeing them. Once these images are posted neither partner has control over them and they can never be truly deleted, as they can be mirrored (posted on numerous websites), downloaded, or traded.

Many countries are now beginning to establish laws against revenge pornography. The laws usually address the nonconsensual distribution of a sexual photograph of another. Some countries' laws require an intention to cause distress, which is not always easy to prove, but at least it is recognition of the harm that ensues from this behavior.

The Internet has provided new opportunities for individuals to be victimized. Individuals' online behavior arguably assists with this victimization. Many individuals are prepared to bestow friendship status upon someone quicker online than they are off-line. Yet their feelings of betrayal, hurt, and anger are as powerful toward this online *friend* as they are for those off-line. The Internet is sometimes considered to have a distancing effect but that does not seem to be true when a person is victimized, with the effects being felt just as powerfully.

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See also Bullying; Cyberbullying; Cybercrime; Cyberstalking; Fraud; Stalking

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INTIMATE PARTNER VIOLENCE

Intimate partner violence refers to a specific form of domestic violence that refines the relationship status of the parties involved to include spouses and short-term and long-term relationships, both heterosexual and homosexual. Although the phrase *intimate partner violence* is often used interchangeably with *domestic violence*, the latter term includes additional types of relationships between the involved parties such as children, family members, or any member of a household (even roommates). Historically, this violence has included acts such as homicide, rape, robbery, and assault; however, the definition of intimate partner violence and the various acts encompassed therein have been refined and expanded over time. Broadly speaking, intimate partner violence can take the form of any of the aforementioned physical and sexual acts as well as nonphysical acts such as stalking and various psychologically based acts including emotional abuse and behaviors aimed at controlling a partner.

In the United States, intimate partner violence is an issue of importance to criminal justice agencies, public health officials, and practitioners alike. In the 1970s, sociologists and criminologists began to identify the issues of domestic violence and the more specific form, intimate partner violence. Despite its relative infancy as an area of academic inquiry and practical response, intimate partner violence is considered by some to be a behavioral phenomenon of temporal and spatial ubiquity: It is found in many places across many time periods in the world's and nation's history. This entry focuses on the prevalence and incidence of intimate partner violence in the United States.

Physical Violence

Physical acts of intimate partner violence can be grouped via their official classifications such as homicide, robbery, and assault or via their more commonly used descriptions such as slapping, hitting, and beating. Some surveys and measurement instruments classify physical violence, in terms of assaults and acts including this crime, separately from homicide. Even based on this slightly more restrictive definition of physical violence, its prevalence is considered quite high.

Approximately one in four women and nearly one in seven men in the United States have, at least once, experienced physical intimate partner violence in their lifetime. In terms of frequency, this equates to approximately 36 million women and 29 million men who have experienced physical violence at the hands of an intimate partner in their lifetime. Annual figures estimate that 3 million women and more than 2 million men have experienced severe physical violence within the past year. Despite those numbers, research has shown a gradual and steady decline in the occurrence of intimate partner violence in a two-decade period following the 1993 redesign of the National Crime Victimization Survey. Much of this decline can be attributed to the significant decline of female victimization. This decline is seen across all subtypes of victims whether they are examined on the basis of age, race and ethnicity, or marital status.

Sexual Violence

Sexual acts of intimate partner violence can be grouped via their official classifications such as rape, sexual assault, sexual coercion, unwanted sexual contact, and unwanted noncontact sexual experiences. Generally, the data that are used to describe sexual violence encompass criminal acts such as rape and sexual assault between intimate partners. Historically, women constitute the majority of victims of sexual intimate partner violence. Most victims (70% of females and 50% of males) experience their first instance of intimate partner violence before the age of 25 years.

In the United States, nearly 9% of women and approximately 1% of men have experienced rape by an intimate partner during their lifetime; nearly 1% of females have experienced the act within the past year. These figures rise dramatically when examining other forms of sexual violence by an intimate partner. Nearly 16% of women and 10% of men have experienced a sexual act of intimate partner violence other than rape. Estimates show that 2% of women and men have experienced these acts within the past year. Examining these acts by their frequency may better represent the scope of the problem. Over one's lifetime, it is estimated that 19 million women and 11 million men have experienced rape by an intimate

partner; 29 million women and 16 million men have experienced any other form of sexual intimate partner violence within the past year.

Stalking

Stalking differs greatly from the previously discussed acts of interpersonal violence. Stalking, instead, involves harassment or threats that instill fear in the victim. Tactics involved in stalking are not, by themselves, deviant or illegal. However, their unwanted and patterned use, along with their effects on the victims, makes them criminal. These acts may include any form of unwanted contact or communication, watching or following, spying, unwanted arrival at a victim's home, place of work, or school, and leaving potentially threatening items or messages for a victim to find.

Nearly one in six women in the United States has experienced stalking at some point in her life, a far greater proportion of the population than the one in 19 U.S. men who has experienced the same form of victimization. The likelihood of multiple victimizations is higher for women than men. Most victims of stalking experience the acts at the hands of just one perpetrator; however, some victims have reported multiple perpetrators. Female victims experience stalking by two perpetrators at nearly twice the rate of male victims. There is little difference in the prevalence of stalking victimization by race and ethnicity. The forms of stalking, however, are far from equal in terms of their experience. A majority of stalking victims report receiving unwanted phone calls, voice mails, hang-ups, or text messages. The next most common forms of stalking are being approached by a perpetrator unwantedly and being watched or followed.

Psychologically Based Acts

In addition to stalking, there are various other forms of nonphysical intimate partner violence that are used to intimidate, instill fear, or control the victims' behavior. These psychologically based acts constitute the most prevalent type of intimate partner violence. Nearly half of all women and men in the United States have experienced some psychologically based act of intimate partner violence. These acts may include emotional abuse in

the form of denigration such as insults, controlling access to money, restricting interaction with friends and family, making threats of harm to oneself or loved ones, and limiting mobility by restricting access to cars or other forms of transportation.

The most common act of this form of intimate partner violence involves tracking the victim's location and acts and behaviors while not at work or in the home. This is found for both female and male victims. There are gender differences, however. Female victims experience emotional abuse in the form of insults, humiliation, and other forms of patterned derogatory remarks at a higher rate than male victims. Intimate partner violence in the form of threats of harm, various controls of access, and restricting interaction with friends and family is experienced at a much lower rate by male victims than female victims. Female victims are also subject to control of reproductive or sexual health by an intimate partner. However, research shows that male victims experience these forms at similar or even higher rates than female victims.

Effects of Intimate Partner Violence

The effects of intimate partner violence are not acute nor are they limited by the extent of physical violence. Victims of intimate partner violence can experience changes in temperament and thought patterns due, in large part, to fear or post-traumatic stress disorder and physical symptoms and ailments as the result of severe and/or chronic abuse. Intimate partner violence has also been linked to health concerns and afflictions such as frequent headaches, chronic pain, difficulty sleeping, and poor mental health. Physical symptoms and effects have been found to be associated with particular genders. For example, the effects of intimate partner violence on women have long been documented to be more severe and long lasting and include ailments such as asthma, irritable bowel syndrome, and diabetes.

In addition to the medical resources needed for successful recovery following an incident of intimate partner violence, intimate partner victims need resources for—at least—temporary survival. These resources include shelter and housing, victim advocacy services to aid in the procurement of restraining orders and/or *pressing changes*, legal counsel, and gynecological and/or maternity

services. The most common services needed for both female and male victims of sexual intimate partner violence include the redress of fear, safety concerns, and symptoms of post-traumatic stress disorder. As a result, primary services for victims of intimate partner violence can be and are provided for acute treatment: physical health, mental health, and temporary safety and shelter.

The best response, however, may be prevention. Intimate partner violence has been found to first occur at a young age, leading to compounding and increasingly detrimental effects over time. Thus, the impact is neither acute nor short term. Proposed prevention efforts include programs such as those that educate communities and promote healthy, respectful relationships within the family on a continuing basis. To address patterns of intimate partner violence, or repeat victimization, which is quite common, appropriate services must be available. These services are overwhelmingly described as being most effective when they are coordinated: multiple agencies and groups working collaboratively.

These services may include health care, legal services, mental health treatment, housing services, and other resources that may be required to address the needs of the victim and/or those affected peripherally such as children and other members of the household. In addition, many strongly advocate for an enhanced criminal justice response to the perpetration of intimate partner violence to hold offenders accountable and to, as a result, engage, support, and perhaps even empower victims. Finally, much of the data that is available concerning intimate partner violence is through official criminal data instruments such as the National Incident-Based Reporting System and national-level surveys such as the National Intimate Partner and Sexual Violence Survey and the aforementioned National Crime Victimization Survey. Although these instruments provide valuable yearly estimates of incidence, prevalence, and, in some cases, individual characteristics of intimate partner violence, there is no national data system to monitor intimate partner violence specifically. Surveillance and evaluation systems may provide more immediate and useful information for law enforcement, service providers, and victims of intimate partner violence. These data could also aid stakeholders and policy makers in creating programming and legislative initiatives to support

victims of intimate partner violence and provide resources for the redress of its acts.

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See also Ontario Domestic Assault Risk Assessment (ODARA); Criminal Risk Assessment, Domestic Violence Courts; Domestically Violent Offenders: Treatment Outcome Research

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INTIMIDATION

The word *intimidation* has a wide range of meanings in social and biological sciences. In the *Oxford English Dictionary*, *intimidate* means to “frighten or overawe (someone), especially in

order to make them do what one wants.” It can be used as a verb (“The thought of a police officer watching Jim shoplift intimidated him”), an adverb (“The professor looked at students intimidatingly if she thought they were cheating”), or a noun (“Bullies are intimidators”). Intimidating behavior occurs across the animal kingdom. Social scientists have studied human intimidators’ words and gestures that frighten, scare, threaten, bully, and harass their victims. Biologists have studied intimidation in the form of survival mechanisms among predators and prey in food chains. Researchers studying intimidation in humans’ verbal and nonverbal communication have searched for definitive cues that distinguish intimidation from other similar behavior: bullying versus friendly playground pushing and shoving among youngsters; sexual harassment versus off-color humor and flirtatiousness in workplaces. Political stump rhetoric that seeks to influence voters’ opinions on school levies or roadway infrastructure reconstruction can be transformed into rhetorical intimidation with an inclusion of selected words and gestures that instigate fear in voters on sociopolitical issues, such as war refugees’ emigration to the United States. This entry reviews intimidation in the context of criminal psychology and culture.

Intimidation or Criminal Psychology

Polite communication can be dramatically altered by intimidating words and gestures, such as rude speech or threats of aggression. Kenneth Dodge’s theory of psychopathological conduct disorder among dysfunctional children incorporates the concept of intimidation. A conduct disorder is a sociopsychological pathology displayed when everyday external stimuli trigger exaggerated or aggressive outbursts. One such conduct disorder is antisocial personality disorder. According to the Mayo Clinic, risk factors for antisocial personality disorder include childhood abuse or neglect, childhood exposure to violent or chaotic family life, and a family history of antisocial personality disorder or mental illness. Symptoms of pathological conduct disorders evident in intimidators include purposeful chronic and deliberate threats that engender fear in others. Their behavior

reveals symptoms of mental abnormalities, which preclude victimizers' conscious ability to control their intimidating behavior. These chronic intimidators exhibit a criminal psychology.

Culture and Intimidation

American culture inculcates children with verbal and nonverbal cues unique to American society. Children acquire the meaning of gestures, such as waving goodbye or smiling hello. People socialized into American culture understand the difference between the meaning of a friendly wave goodbye and a threatening shaken fist. Schoolchildren can distinguish between verbal teasing or friendly touching among friends versus intimidating verbal harassment and bullies' aggressive shoving. Yet, words and gestures alone convey limited information. Social contexts (e.g., morning business meetings vs. post-work pub gatherings) and ways of speaking (e.g., loud voices infused with agitated hand and excited facial gestures at football games vs. quiet voices and solemn expressions at religious services) influence the meanings of verbal and nonverbal cues. John Gardiner's theory of communication known as *transaction analysis* posits that communication is a verbal and nonverbal transaction between message senders and receivers. Effective, meaningful communication requires that senders and receivers share a body of knowledge of verbal and nonverbal cues and of intended meanings of those cues. Speakers' words and gestures can have an intimidating or friendly effect on listeners, if senders and receivers share a common body of knowledge of verbal and nonverbal cues.

Cross-Cultural Intimidation

Cross-cultural communication research has learned that intimidation can occur as a misinterpretation of verbal and nonverbal cues between senders and receivers in diverse cultures or socioeconomic groups in the same culture. Cultural communication, in general, aligns on two scales: one scale denotes emotions, and the second denotes confrontation. Highly emotional and confrontational forms of conversation, customary ways of speaking in some cultures or subcultural groups, can be misinterpreted as aggression and

intimidation in different cultures and subcultures. Miscommunication between members of different socioeconomic groups can occur if these groups have contrasting styles of communication. Police may be called to investigate shoppers' allegations of coercive intimidation or physical threats by a panhandler's request for spare change as he extends an empty coffee cup toward shoppers.

Verbal and nonverbal behavior can be misinterpreted. For example, friendly teasing among school mates might be mistaken by a new student as bullying. The difference between jocular teasing and verbal harassment poses evidentiary challenges for attorneys, who defend or litigate against school districts that purportedly allow bullying behavior or gender harassment to continue unabated.

Legal Controversies

Social scientists' studying intimidation in sociolegal, sociopolitical, and sociocultural contexts have identified intimidation in numerous contexts: jury witness intimidation, hate crime, gender discrimination, gang intimidation, voter intimidation, sexual assault, bullying, hostile workplaces, sexual harassment, and terrorism. State legislatures have responded to intimidation with statutes that prohibit it and specify sanctions imposed on intimidators.

School Bullying

Unlike assault and discrimination, bullying is not illegal. Some states have tried to limit bullying by mandating school-based, anti-bullying policies. In 2002, New Jersey passed a law standardizing school districts' anti-bullying practices. That law combined harassment, intimidation, and bullying into a single operational standard and mandated policies governing school suspension. New Jersey's anti-bullying standards focus on acts motivated by a student's sociodemographic characteristics, such as race, gender, and sexual orientation, which cause him or her harm, or place him or her in immediate fear of harm, or demean him or her in such a way as to cause a substantial disruption of the orderly operation of a school. New Jersey's statute differs markedly from the Center for Disease Control and Prevention's definition of

bullying, which focuses on an imbalance of power between a bully or harasser and a victim.

Social Media and Witness Intimidation

Social media has revolutionized witness intimidation. Incidents of face-to-face intimidation purveyed by gossip have now been morphed into web-based intimidation and harassment by anonymous agents. Social networking platforms, including Facebook, Instagram, and Twitter, have promoted social interaction and social intimacies into a public forum. Web-based platforms have also been used to threaten witnesses in criminal cases, by displaying their home addresses and posting transcripts of their courtroom testimony.

Witness intimidation prior to criminal trials has become a public safety crisis. Witnesses who are intimidated often experience fear of being tracked down, threatened, beaten, or killed. State courts have responded to social media's role in community-wide witness intimidation with judicial and legislative reforms, including modification of social media platforms in ways that do not threaten free speech. Judges in Florida can withhold names of witnesses testifying against a defendant when his or her testimony poses a substantial risk to his or her safety. In Pennsylvania, judges can hold pretrial, private grand jury hearings, a practice that limits witnesses' vulnerability. In Maryland, amendments to the Maryland Rules of Evidence now allow a witness's statement into evidence without forcing witnesses to testify in open trial. That amendment prevents disclosure of his or her identity by testifying at trial.

Curbing Intimidation

Acts of intimidation disrupt social order. Bigotry on the basis of sex, gender, race, religion, and ethnicity is a form of intimidation that has continued to foster challenges to the social and moral order of the United States. Now, the concept of intimidation has become a prevalent topic of social science research and has emerged as a critical issue in law enforcement recognized by state and federal lawmakers. Elected officials and state and federal courts have acted to curb intimidation, in all its forms, such as gender harassment. Legislation has acted to mitigate web-based intimidation. A major

challenge ahead focuses on mitigating intimidation in cross-cultural and subcultural miscommunication. Systematically diminishing harm incited by intimidation can help future generations establish a recognizable social and moral order predicated on mutual respect and civility.

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See also Cyberbullying; Extortion; Hate Crimes; Psychopathy; Victimization in Prisons

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INTRAFAMILIAL CHILD MOLESTATION

Sexual offenses such as molestation (i.e., at its core, any sexual abuse of another person but could also include the pestering of someone in an aggressive or ongoing manner) that take place within the family can be quite disturbing and often evoke feelings of disgust. However, when it is acknowledged that one in four girls and one in five boys are sexually abused before the age of 18 years *and* that most perpetrators of sexual offenses are family members or people close to the family,

it should not stand out as rare. Family structures and relationships can be complicated, and sexual offending can take many forms within a family. The most researched offense is child sexual abuse in which an adult family member takes advantage of a minor child in the family for the purposes of sexual gratification. This may include fondling, simulated sexual intercourse, oral-genital sexual contact, digital penetration, and, in some cases, vaginal or anal intercourse. Other inappropriate sexual interactions such as grabbing buttocks or breasts (i.e., sexual battery), adults showing children pornographic material, or engaging in sexual acts with other adults in front of children are also forms of sexual offending. Generally, intrafamilial sexual offenses take place between individuals who have significant familial relationships to each other and whose relationships would generally prohibit them from marrying each other in most modern developed countries.

The term *incest* has historically been reserved for the act of intercourse taking place between family members, including instances between consenting adults. In circumstances in which individuals are not related by marriage, generally relationships lasting at least 2 years can then fall into the category of intrafamilial. For example, if an adolescent female was sexually victimized by her mother's live-in boyfriend who has resided with them for 2 years, it would be considered intrafamilial given the definition in the field. The variety of offenses that can take place between family members is almost as vast as the potential types of relatedness. The entry examines various types of intrafamilial sexual offending behaviors and their impact on the victims.

Offending Behavior

Approximately one third of intrafamilial offenders sexually abuse more than one child within the family. Additionally, a third of intrafamilial offenders admit to having both male and female victims. These data mimic wider research that indicates there is a great deal of gender crossover in the victimologies of child molesters. The majority of intrafamilial offenders have more than one type of contact offense against their victim, and a good number of them also engage in some sort of non-contact offense against their victim (e.g., indecent

exposure). The most common age range of the victim is 8–12 years. This is a school-age child who may spend more time unsupervised but who is still quite reliant on parents and family. Although a 12-year-old may be approaching pubescence, this age range is still very vulnerable. Alternatively, other research that focused specifically on father-daughter and stepfather-stepdaughter incest has indicated that the perpetrators were often absent from the victim's early childhood (3–6 years of age) and that the onset of abuse was near the time the girl entered puberty.

Some of the aforementioned behaviors may indicate that an offender is grooming a child for a planned sexual offense. Grooming occurs when a perpetrator has identified a potential victim and uses attention, bribery, or sexual desensitization to violate the child's boundaries and help shape the child's environment to facilitate compliance with an act of sexual abuse.

Researchers agree that abuse at the hands of an adult family member tends to happen more frequently and over a longer duration than offenses committed by nonfamily members. This can simply be explained by the regular exposure with a child who lives in the same household, as opposed to the nonfamily member who would have to make more effort to come into contact with the child.

Correlates or common attributes of incest offenders include the lack of a sexual partner, intimacy deficits, social isolation, marital discord, role-reversal (of child and nonoffending partner), impulsiveness, and feelings of low self-worth. Regarding role-reversal, when a father or stepfather offends against his daughter or stepdaughter, the victim has generally stepped into the role of *wife* in various aspects within the home (e.g., cooking, cleaning, child-rearing) and eventually as the sexual partner of the perpetrator. This replacement of a partner is also common when women offend against their own children.

Female Offenders

There is significantly less research on female offenders due to the fewer cases to study. Female offenders are not reported to law enforcement as often as male offenders, they are not formally charged as often as their male counterparts, and

when they are charged, they receive lighter sentences. These barriers make it difficult to obtain research on the female sexual offender.

However, researchers have found that women who offend against their own children were often victims themselves of severe emotional, physical, and sexual abuse in childhood. They tend to experience substance abuse disorders and are unable to form secure attachments, often entering into abusive adult relationships. They also present with more psychotic disorders and personality disorders than male offenders. For women who offend alone against their own children, they may be replacing the emotional closeness of an absent adult partner. For those women who have poor boundaries or less than optimal judgment stemming from childhood victimization or more current problems, emotional intimacy blurs with sexual intimacy. Women also inflict sexual abuse onto children as co-offenders or by offering up their children to another adult. The motives behind these types of offenses are rarely connected to an actual sexual interest in children and more often related to pleasing a boyfriend, being overly sexually preoccupied due to substance intoxication or being coerced into the action by the male partner.

Other Types of Intrafamilial Sexual Offenses

Individuals who can be victims of intrafamilial sexual offenses include parents, children, aunts and uncles, first cousins, grandparents, and grandchildren, as well as nieces, nephews, siblings, and the immediate family of a spouse. Although it has not always been illegal, spouses may and do offend against each other and would be considered in the category of intrafamilial sexual offending as well. Spousal rape is a unique part of intimate partner violence. One third to one half of battered women reported being sexually assaulted by their intimate partner at some time during the relationship. Men who sexually assault their spouses tend to have several characteristics in common including attitudes that support sexual offense-type behavior. They are deficient in their communication skills, lack emotional intimacy, and view the refusal of sex by their spouse as *intolerable*. As with most men who sexually

assault adult women, there is an underlying distorted thinking pattern of hostility toward women and sexual entitlement with these men.

The majority of spousal sexual assaults include physical and emotional abuse as well as other acts of violence (e.g., grabbing, slapping, kicking). Strangulation is another violent behavior used in over a third of spousal rapes, and some offenders used weapons to control their victims. Victims of spousal sexual assault report other incidences of sexual abuse within the relationship, being coerced into sexual activity, and their spouse having sex with them when they were unable to give consent. Most women who are sexually assaulted by their husbands reported that the perpetrator used violent sex to *prove his manhood*.

Impact of Abuse on the Family

Sexual abuse has many short-term (up to 2 years) and long-term effects on the child victims and can be amplified when the perpetrator is a trusted family member. Short-term effects on younger children can include regressive-type behaviors such as thumb sucking, bedwetting, or a decrease in verbal speech. They may also develop sleeping or eating difficulties and be unwilling to interact with others on a social level, including withdrawing at school. Sexual abuse victims also experience a diagnosable mental health condition such as mood and anxiety disorders following the abuse. Most common is anxiety related to thinking that someone will find out about the abuse or that the abuse will happen again. Depression, which is closely related to anxiety, most frequently follows abuse incidents, particularly if the abuse is not reported. In most cases, the child will isolate and experience sadness, coupled with a heavy sense of worthlessness.

Generally, long-term effects for child sexual abuse victims are vast and depend on the resilience of the victim as well as the success of therapy focusing on the abuse. Behavioral consequences can include involvement in unhealthy adult relationships, risky sexual behavior, and self-destructive behaviors such as substance abuse and eating disorders. Prostitution and runaway-type behaviors are also particularly common with incest victims. The early sexualization of a prepubescent child can have severe effects on the

cognitive and emotional development of the child's sexuality. Sexually abused children may blur the lines between attention, love, and sex. This can manifest into dysfunctional relationships as they age and forever change their worldview on sexuality. Feelings of anger and betrayal are particularly strong emotions experienced by individuals who have been abused by family members.

If the abuse did not involve force or violence, research indicates that victims may not feel traumatized or victimized at the time of the offense. The feelings of trauma may come later after they learn that the sexual activity was *wrong*. This can exacerbate feelings of confusion, especially when a trusted relative is the offender.

Myth and Risk

The most common myth regarding intrafamilial sexual offending is that it *stays in the family*. A significant amount of research since the mid-1990s indicates that many intrafamilial offenders have admitted to previous nonincest sexual offenses. Additionally, nonincest offenders have also admitted to past offenses within their own families.

However, regardless of the age or gender of the victim, offenders who victimize family members have lower numbers of victims among all sexual offenders and are less likely to be arrested for new sexual offenses after the initial conviction. The Static-99R, one of the most widely used risk assessment tools for predicting future sexual recidivism based on static risk factors, includes an item regarding relation of the victim to the offender. Research indicates that individuals who are willing to go outside of the family to seek and victimize individuals are at higher risk of future offending. The levels of antisociality and pedophilic disorder (as measured in phallometric lab settings) among intrafamilial offenders are quite low when compared to nonincest child molesters. Once an intrafamilial offender has been detected and there is an intervention (e.g., therapy, incarceration, monitoring), the offender is at very low risk to commit another sexual offense in the future.

Overall, intrafamilial types of offenses are less likely to occur between more closely related family members, and the victim is more likely to be female with a male perpetrator. Offenders are less driven by a pervasive sexual interest in prepubescent

children and are more likely to sexually victimize children who are developing or have developed secondary sex characteristics. In the general population (not considering incest situations), it is not atypical for an adult male to be sexually attracted to an adolescent, postpubescent female. Although intrafamilial offenders share several common dynamic risk factors with other sexual offenders (e.g., lack of a satisfying sexual relationship with an appropriate partner, negative emotionality, lack of intimacy), with the provision of treatment interventions, research demonstrates that intrafamilial offenders often have success in remaining offense free in the community. Indeed, there are anecdotal accounts of related offenders and victims being able to move on and form healthy, appropriate relationships after the abuse, generally with the assistance of consistent therapy. It is most appropriate for such reunification when the victim reaches adulthood and can make decisions for himself or herself that are not influenced by the desires of other family members, guilt, or impulsiveness.

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See also Rapists, Typologies of; Sex Offender Risk Appraisal Guide (SORAG); Sexual Offenders; Sexual Offenders: Treatment Approaches; Sexual Offending

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INTRAFAMILIAL CHILD MOLESTATION, THEORIES OF

Intrafamilial child molestation refers to child sexual abuse involving contact between a child and another family member, often within the same household, and includes molestation by stepparents, common law parents, live-in parent figures, and other blood relatives not in the same

household. Several models and theories have been offered to explain the dynamics involved in intrafamilial child sexual abuse. Several of these are discussed in this entry, after discussing victims' disclosure of the molestation and offender profiles. The entry concludes by discussing the association between intrafamilial child molestation and victims' adult functioning.

Disclosure of Molestation

Surveys demonstrate that only one third of child molestation survivors disclose their abuse during childhood, and 60% delay disclosing for 5 years or more after the first child molestation episode. Many survivors may even wait upward of 20 years before disclosing their abuse, while 20% of survivors never do disclose. Disclosure is a relational process, which varies with interactions and evolves over an extended period of time, especially since intrafamilial child sexual abuse tends to involve multiple episodes over an extended period of time. As peer relationships are particularly important during adolescence, friends may be particularly important recipients of disclosure information.

When surveyed, it is not uncommon for adults who were child victims of incest to disclose their abuse to psychologists or therapists; however, it is rare for them to disclose to their family of origin, especially if the perpetrator remains among the nuclear family. When adults do disclose their abuse, the disclosure is purposeful and direct. Those victims who have faint or confusing memories, however, rarely disclose as adults.

Intrafamilial offenders, unlike extrafamilial offenders, may isolate the victim from other family members (e.g., nonabusive parent, siblings, outside relationships), by developing an exclusive relationship with the child. In the case of parent-child incest abuse, the child victim is sometimes promoted in place of the other parent. The offender may groom the child for sexualized behavior by giving him or her gifts, extra privileges, and attention. Children often become eager to please their abusers, without understanding their abusers' true intentions.

Upon suspicion or knowledge of intrafamilial molestation, concordant maternal belief and protective action by the mother is more likely when the mother has reached adulthood prior to

childbirth, and the mother is not in a sexual relationship with the offender. Mothers who do not have prior knowledge of their child's sexual abuse are more willing to believe their child's disclosure. However, children demonstrating sexualized behaviors are deemed less reliable by the nonoffending parent and nuclear family. These sexualized acts can taint the child victim's unconscious cry for help and adult intervention, even though the child victim may not psychologically understand his or her feelings or physically understand his or her body's language for several years.

Offender Profiles

The majority of female and male child sexual abuse offenders are male, but there is a paucity of published studies documenting females as primary or passive sexual abuse offenders in female and male child sexual abuse cases. Nonetheless, documented cases of female offenders and male sexual abuse victims are increasing. It is worthwhile to note that 3–17% of adult men have been traumatized by child sexual abuse.

When asked, about 33% of incarcerated offenders, surveyed for intrafamilial molestation, said that they had experienced or were exposed to sexual abuse as a child. Approximately one half of the victims' mothers had also experienced or were exposed to sexual abuse as a child. Based on previous studies, if the offender is the biological father of the victim, both parents are equally likely to have experienced sexual abuse during childhood. When the offender is a stepfather or live-in partner, the victim's mother is more likely to have had these experiences. In cases in which the offender is a noncustodial father, he is more likely to come from a sexually abusive family.

Intrafamilial offenders and extrafamilial offenders differ in many ways. Intrafamilial offenders are often more intelligent, yet they usually obtain lower educational milestones, than extrafamilial offenders. Intrafamilial offenders come from histories of maltreatment and poor parent-child attachments; some general violence and little nurturing are common in these households. Despite difficult childhoods, intrafamilial offenders have slightly fewer antisocial tendencies compared to extrafamilial offenders. Intrafamilial offenders also have fewer atypical sexual interests, social

problems, and personality disorders than extrafamilial offenders. Intrafamilial offenders have less emotional congruence with children than do extrafamilial offenders.

Emotional congruence with children refers to exaggerated cognitive and emotional need for childhood and children. For child molestation offenders, their emotional attachment and dependency needs are likely met by interactions with children. There is a lack of research, exploring offense-related psychological risks associated with such emotional congruence with children. Therefore, the following three factors should be considered for exploratory research: If sex offenders are blocked from satisfying intimate relationships, they may feel the need to reach out to children, as a less threatening and equally desirable partner. Some sexual deviants, beginning in their adolescent years, are attracted to children and prefer children as intimate partners. Other offenders may have a preoccupation with sex or poor sexual self-regulation, which may co-occur with emotional congruence with children.

Sibling sexual abuse offenders are usually not much older than the child victim. Adolescent sibling intrafamilial offenders are typically from more dysfunctional families than are adolescents who have sexually offended against unrelated children, peers, or adults. Around the mid-1990s, 12–70% of the intimate partner violence cases co-occurred with child sexual abuse and other maltreatment. It appeared that children were at greater risk for child sexual molestation when exposed to intimate partner violence. In these dysfunctional families, the mother's role is often reversed with one or more of the female children.

Models of Incest Abuse

The following models present different scenarios by which an offender may initiate intrafamilial sexual abuse. These factors can interact and work in parallel to result in incest abuse. The most evidence-backed models are briefly reviewed.

Feminist Approaches

The feminist approach is based on the traditional masculine notion that views girls and young women as property. In this context, the father figure has a *right* to all properties, including the

bodies of young girls living in the household. Family dynamics are not emphasized in this approach.

Multifactorial Approach

The multifactorial approach considers five factors: sexual needs, attractive children, opportunity, disinhibition, and sexual acts. Whether in print or person, attractive children awaken a child sexual predator's desire. It is only when the opportunity exists that these desires can be fulfilled. In this model, each intrafamilial sexual act serves to fuel the perpetrator's temporary loss of inhibition, facilitating his offending over time and satisfying his sexual needs at the expense of the health and safety of others.

Family Systems Model

The family systems model de-emphasizes social and cultural influences on intrafamilial sexual relationships, whereby instead, incestuous acts are viewed as symptoms of pathological family dynamics. For instance, the mother–daughter roles are sometimes reversed, especially with older prepubescent girls. The family is also likely to be isolated socially, and sometimes physically, from other families and communities.

Ecological Model

Four factors are emphasized in the causation of intrafamilial child molestation in the ecological model. First, families described in this model maintain a general level of violence in the home, while surrounding neighborhoods condone violence as well. Second, low socioeconomics are the norm for the area, which serves as a vulnerability for abuse. Third, socially, the women and children are viewed as inferior to male household members. The fathers are likely to be violent toward their wives and possessive of their children, leaving the maternal figure feeling helpless about the familial situation. Finally, daughters are left in a wake of fear, dependency, and naivete to these dysfunctional family dynamics, which leave them vulnerable to sexual exploitation.

Explanatory Theories of Incest Abuse

The pathways to intrafamilial sexual abuse are lined with family dysfunction, sexual deviance (i.e., abnormal, illegal, and potentially harmful

patterns of sexual interest and behavior), and offending opportunity. The following working psychological and sociological theories of incest reintroduce various aspects of the aforementioned models and interconnecting elements, which enable the repetitive cycle of child abuse.

Dysfunctional families involved in intrafamilial sexual relationships are likely to view sexually deviant behavior in a nonpathological light. For instance, sibling sexual behavior may be viewed as a safe or controlled way to prepare young girls for adulthood or an acceptable way for males to be sexually uninhibited. Invariably, if such psychological patterns are uninterrupted, they can have a damaging influence on the siblings' own adult sexual relationships, as sibling intimate relationships have become the sexual norm.

In the case of father–daughter incest abuse, as parental relationships are broken down, the mother becomes emotionally and sexually unavailable, at which time, a daughter may be put into the spousal role. Indeed, research has shown that approximately 86% of intrafamilial offenders are biological or stepfathers. Self-report studies examining women's sexual behaviors have noted a continued life of high-risk sexual behaviors after the first intrafamilial molestation experience. Without further studies and elaboration of experiences from the victims, their perceptions of healthy sexual relations will remain unknown.

From a sociological perspective, intrafamilial sexual behaviors are likely to occur when kinship cues (i.e., differentiating a relative from a nonrelative) are questionable or absent. These cues may include father's absences around or during time of conception, suspicion of the mother's infidelity, or perceived nonresemblance of the child's physical or personality traits. As a result, some fathers may engage in intrafamilial sexual abuse with little inhibition because they do not believe consciously or otherwise that the child is genetically related. These weak kinship cues would be expected to occur most frequently in fathers to create a dysfunctional family unit conducive to abuse.

Association Between Sexual Molestation and Adult Functioning

The preceding theories help to provide conceptual frameworks for associating intrafamilial sexual

abuse and sexual functioning. These frameworks function as guides for forensic interviewers and therapists to better understand a child's responses and behaviors. If children are vulnerable or distressed, they are supposed to be able to seek protection and care from their parents or caregivers. But in the context of father–daughter incest abuse, the mother may have become completely and emotionally unavailable to everyone. And when availability and responsiveness to the child is not available or does not exist, the child rethinks his or her importance or self-worth. So when an emotionally attached figure is responsible for perpetrating sexual abuse, the child is faced with the desire to be near a perpetrator for safety and security, while debating a decision about whether or not to flee from the incestuous demands. Naturally, children are incapable of organizing and responding to these situations from an adult perspective. Neither are resources always available to help these children make disclosures nor do children always feel comfortable disclosing their family dynamics. As a result, victimized children often recognize their boundaries as acceptable behaviors within the nuclear family and manage to function accordingly, to survive within their family.

Children develop internal working models to endure the intrafamilial maltreatment. These models may be representative of the child, others, or relationships. The models are shaped as a result of early attachment experiences and influence later adult relationship functioning. Information and data are not readily available, regarding the mental and physical health of victims of intrafamilial molestation. Extrapolating from the previous models, theories, and limited self-report studies, it is suggested that intrafamilial child sexual abuse may result in working models that evoke passive submission to risky sexual demands and limited sexual or intimacy boundaries.

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See also Advocacy Organizations; Child Maltreatment and Psychological Development; Criminal Profiling; Criminal Risk Assessment, Sexual Offending; Extrafamilial Child Molestation; Sexual Offenders; Trauma-Focused Cognitive Behavioral Therapy

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INTRAFAMILIAL CHILD MOLESTATION, TYPOLOGIES OF

Intrafamilial child molestation is a form of sexual abuse that is perpetrated by someone considered *family*. Specifically, a family member, such as a

parent or sibling, involves or exposes children to sexual acts and behaviors by taking advantage of the child's trust and vulnerability. Research has shown that family members as perpetrators, immediate or part of the extended family, account for more than half of all sexually abused children. Children who are sexually abused, in turn, are more likely to develop significant psychological concerns including depression, anxiety, risky sexual behaviors, post-traumatic stress, difficulty forming stable intimate relationships, and suicidal ideation. Even more problematic, children who are sexually abused by family members are more likely to blame themselves for the abuse than children who are abused by extrafamilial (i.e., unrelated) perpetrators. These children tend to develop more symptoms of guilt, shame, and self-doubt and are less likely to report the abuse.

Although estimates vary, research has demonstrated that approximately 93% of all sexual offenders have displayed insecure attachment, defined as the bond between child and their primary caregiver, during childhood. These problems in attachment may have influenced coping, lack of empathy, and contributed to issues with intimacy with adults. Compared to nonoffenders, intrafamilial sexual offenders are more likely to have been exposed to, or victims of, sexual and physical abuse and other types of abnormal or atypical sexual experiences (e.g., child pornography) during childhood, including intrafamilial sexual abuse. These experiences during adolescence lead to mistrust of adults and the development of error in thinking about relationships (known as *cognitive distortions*), especially those with children. The offenders inevitably carry these distortions and experiences into their adult relationships, thus creating a generation-to-generation pattern of abuse.

Importantly, understanding the typologies of intrafamilial child molestation can lead to education and prevention of child sexual abuse. This entry reviews some of the common context and typologies of intrafamilial child sexual abusers.

Context of Intrafamilial Sexual Abuse

Intrafamilial child molestation, or incest abuse, is most often reported in the parent–child relationship, specifically the relationship between the

daughter and father. As it is far more likely that adult males will sexually abuse females to whom they are not biologically related, for this reason, adolescent girls are often more abused by their stepfathers than by their own fathers. It is also reported from survey research that grandfathers and uncles are likely to abuse as well. Although boys are less likely to be the victims of intrafamilial sexual abuse, when such abuse does occur, they are more likely to be both physically as well as sexually abused. In addition, most reports of intrafamilial sexual abuse come from lower socioeconomic status families; lower socioeconomic status typically correlates with higher levels of stress, which, as noted earlier, has been identified to be a contributing factor to regressed offenders' motivation for sexual abuse.

Parent-child incest is perhaps the most damaging to the victim because a parent's role as a caregiver is compromised. As the parent uses the child to fulfill their sexual needs, the child's perception of that role will become distorted, causing intense psychological distress. The child is dependent on his or her parent, thus allowing easy accessibility to the molester. The molestation may occur frequently over a long period of time and go unreported. Children who suffer from sexual abuse express it through their behaviors. For example, girls who are sexually abused often run away from home, attempt suicide, use drugs or alcohol, and sometimes become prostitutes. Some early psychiatric case studies of female prostitutes revealed a long history of early molestation and childhood rape by both family and nonfamily member individuals.

Often unreported, sibling sexual abuse may occur more than parent-child sexual abuse. It is harder to establish who the victim and offender are in sibling sexual abuse relationships where the ages of the children are similar. In parent-child sexual abuse cases, the offender breaks a generational boundary, but this is not the case with sibling intrafamilial molestation. In these types of cases, the offender may be modeling the parent abusing the child, thus identifying multiple sexual offenders. It becomes difficult to distinguish between parent-child sexual abuse and sibling sexual abuse when a parent inflicting the same or greater damage masks the damage inflicted by a sibling.

Sibling sexual abuse impacts the victim's self-esteem and overall well-being. A strong positive correlation exists between having positive sibling interactions and healthy romantic adult relationships, as well as positive self-esteem. Siblings often spend more time together and use each other as a buffer during times of parental conflict. For example, if sexual abuse is going on between a parent and a child, siblings seek out one another for comfort and understanding.

Many victims report poor adult relationships with their siblings when sibling relationships are compromised by sexual abuse and molestation during childhood. Some even expressed feeling like their siblings are distant relatives. This is unfortunate because sibling relationships can outlast the parent-child relationship as well as some friendships and marriages and are among the most beneficial adult relationships one can enjoy.

Intrafamilial Subtypes

Child sexual abuse offenders are often categorized into two major subtypes based on their motivations and characteristics: fixated and regressed. Regressed offenders tend to have *normal* sexual relationships and interests and are not typically sexually interested in children, while fixated offenders voice a preference for, and identify with, children. It has been argued in the literature that regressed individuals commit sexual offenses when they are experiencing stress and abuse children as a coping mechanism. For this reason, regressed offenders abuse children who are accessible to them such as family members or children of their support system. Unlike fixated offenders, however, they do not typically plan and go out of their way to commit these crimes. Instead, their behavior is impulsive, taking advantage of opportunity and situation. These abusers most typically victimize female adolescents. They are unlikely to have male victims or to display pedophilia, which is characterized as a fixation and sexual preference for children, often seen in extrafamilial child abusers. Moreover, those of the regressed typology tend to be less psychopathic or to exhibit violence toward their victims, in part given that they have usually spent a significant amount of time with the child before committing these acts. They also tend to have fewer victims and a lower rate of recidivism.

Subtypes of incest child offenders can be further differentiated by degree of aggression, underlying motivation of offender, presence of antisocial behaviors, and sexual versus nonsexual nature of assault and degree of control.

Sexually Preoccupied

The first subtype of incest offenders is the sexually preoccupied. These offenders demonstrate compulsive sexual behaviors that resemble an addictive disorder. That is, they may engage in these behaviors despite psychological or physical consequences, preoccupation with the behavior, and control of the behavior. These offenders often exhibit impulse control difficulties and have trouble suppressing urges and impulses. Incest offenders of the sexually preoccupied subtype may choose to molest children who are in the home due to accessibility and proximity. Incestuous fathers of the sexually preoccupied subtype demonstrate clear and conscious sexual interests in their daughters, often from an early age.

Adolescent Regressive

Offenders of the adolescent regressive subtype are fixated offenders who begin their preoccupation with children during adolescence. These offenders are typically emotionally immature, do not have healthy age-appropriate sexual relationships, and are preoccupied with children. Moreover, incestuous fathers have demonstrated conscious sexual interest in their daughters that only emerged following the daughters' onset of puberty. Adolescent regressive offenders may go to great lengths to establish relationships with children through excessive grooming or premeditation. Moreover, they may also dedicate their lives to be surrounded by children through their occupation or recreational time or hobbies (e.g., volunteering at church). These offenders may also target young males and are at increased risk of reoffending.

Instrumental Sexual Gratifiers

Instrumental sexual gratifiers are distinguished from the other subtypes because of their motivation. Unlike sexually preoccupied offenders who

have addictive patterns and poor impulse control, these offenders may use children for sexual gratification to complete fantasies about other partners. Specifically, for incestuous fathers, they did not experience sexual arousal for their daughters but rather used their daughters to fulfill their fantasies. These offenders often experience feelings of remorse and guilt for their actions, and their abusive activity tends to be less frequent than other typologies.

Emotionally Dependent

The fourth subtype is emotionally dependent offenders. These individuals are often lonely and depressed. These offenders romanticize the quality of relationship with the child victim and use the abuse to fulfill their needs for intimacy, closeness, and comfort. Therefore, the nature of the abuse is not specifically for sexual arousal but rather to elicit a significant bond with the child.

Angry Retaliators

Offenders of this subtype typically sexually abuse the child in response to anger toward their wife or the mother of the child for neglect, presumed or actual infidelity, and abandonment rather than for sexual arousal. These offenders may demonstrate long-standing problems with hostility and anger, low competence, and impulsive behaviors. They may also demonstrate antisocial and aggressive behaviors.

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See also Intrafamilial Child Molestation; Intrafamilial Child Molestation, Theories of; Sexual Offenders; Sexual Offending; Violence Against Children

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INVESTIGATIVE PSYCHOLOGY

Investigative psychology is a problem-solving psychology set up to deal with real-world crimes and other issues, beyond the abstractions of university laboratories. Investigative psychologists collect, assess, interpret, and organize the information available from an investigation. It is an emerging area of criminal psychology that utilizes psychology to bring together various data relevant to investigations to improve information on which an investigation is based, inferences related to that information (growing out of *offender profiling*), and the psychology of investigative decision-making. The findings, in turn, influence decisions that can be effectively supported. This field of psychology originates in studies of criminal activity, especially serious crimes, and has been utilized in a wide range of situations from examining the location of the improvised explosive devices in Iraq, identifying unqualified individuals attempting to gain welfare benefits, examining behavior in emergencies identifying the sources of anonymous offensive letters, to controlling crowds. This entry provides an account of the origins of investigative psychology and describes the frameworks drawn on to make inferences about an unknown offender or criminal group or network from how, where, and when crimes are committed. It also explores the ways that investigative approaches are changing as a result of input from investigative psychology.

Origins of Investigative Psychology

The idea that modern, scientific psychology can be of value to those investigating crimes has a long

history. One of the founders of modern psychology, Hugo Munsterberg, wrote *On the Witness Stand* in 1908 about psychology and crime over a century ago and Sigmund Freud gave advice to judges about distortions in memory. But the idea that psychologists can help solve crimes came into popular culture through fiction when Thomas Harris's book *The Silence of the Lambs* (1988) became a successful major film in the early 1990s. From that point forward, there has been an enormous amount of speculative writing that implies a clever psychologist can get into the mind of a violent criminal to solve crimes that flummox detectives. This has confused the reality of psychological contributions to investigations as these fictional accounts owe far more to the notion of fictional detectives such as Sherlock Holmes and many other subsequent fictional detectives than to any real scientific activity.

The real-life origins of current investigative psychology are usually linked to David Canter's contributions in 1986 to a major investigation in London related to a series of rapes and murders. Canter worked from simple principles drawn from social and environmental psychology that assisted the police to narrow down the range of possible suspects they had identified. However, many other researchers had been exploring interview procedures and the detection of deception prior to this as well as other areas of psychology relevant to the work of detectives. Consequently, in 1991, these various areas were brought together under the umbrella term *investigative psychology*.

Beyond Offender Profiling

Examples of making inferences about an offender on the basis of the actions related to a crime go back at least to biblical accounts and have always been present in law enforcement. However, the development of a formal framework that allows empirical testing of the validity of these inferences requires the elaboration of the inferences as a search for the relationships between the actions in a crime and the characteristics of the offender, often referred to as the $A \rightarrow C$ equation, or *profiling equation*. Solving this equation requires an identification of the salient actions in a crime, which can include time, date, and location, as well

as a clear definition and measurement of these. It also demands a focus on those features of the offender that are of utility to the investigation. Many studies have therefore been carried out to identify the co-occurrence of criminal actions within a subset of criminal activity. These studies have now covered the full gamut of crimes, including arson, burglary, hostage taking, murder (serial and single), rape, and terrorism. It is important to note that contrary to crime fiction, it is rare to find simple one-to-one relationships between actions and characteristics. The situation in which the crime occurs will have an influence on what the perpetrator does. Furthermore, offenders may learn from previous criminal experience and change their actions accordingly.

In general, a 4-fold framework has been established that covers, *mutatis mutandis*, all crime types explored so far. These have been linked to dominant narratives that underlie criminal actions, providing a theoretical basis for the inference process. These narratives are *professional*, *adventure*, *victim*, and *tragedy*. The emotional components of the criminal's experiences have also been correlated with these dominant narratives. Further, some crimes are more likely to be associated with one narrative than another; for example, many burglaries by young offenders are characterized as *adventure*, whereas many homicides are typically expressed as *tragedies* by their perpetrators.

The narrative framework allows the development and testing of hypotheses about the relationships between actions and characteristics. Although this research is in its early stages, results are emerging that provide the possibility of taking account of both the contingencies that influence an offender's actions and the likely development of those actions over criminal careers.

Geographical Offender Profiling

One area that has proven particularly susceptible to empirical scientific study has been the examination of the associations between where a crime is committed and where an offender is likely to be based. This is often referred to as *geographical offender profiling* and is of particular relevance to perpetrators who commit a number of crimes, often referred to as *serial* offenders. Although

many people are aware of the existence of people who murder a number of strangers over a period of time (i.e., serial killers), most perpetrators of crime commit more than one crime. Many burglars, for example, commit hundreds of burglaries. Geographical offender profiling is a special aspect of the aforementioned profiling equation. In this case, the actions are the crime locations and the characteristics are, typically, where the offender lives at the time of the offending. Studies of geographical offender profiling are revealing a considerable amount about the propensities of criminals as well as feeding directly into police investigations. The success of this research is due to the increasing availability of police geographical information systems in which the data are more precise than details of what actually happens in a crime. However, police geographical data are still far from wholly accurate, making many approximations necessary.

In general, two aspects of an offender's geographical activity have been identified. One is *propinquity*, which dictates that as the distance from the offender's home increases so the likelihood of a crime occurring decreases. This is known as a *decay function* because the reduction in the probability that a crime will be committed is more rapid the farther the crime location is from the home. However, this decay pattern is only found when examined across a number of different offenders, known as the *aggregate level*. It is rare to find that any one serial offender decreases the frequency of crimes at increasing distances from home.

The second is the *morphology* of the crime locations. In a large number of cases where offenders commit two or more crimes, and where the opportunities for crimes are evenly distributed around the home, the base of the criminal tends to be within the area circumscribed by those crimes. A simple way of modeling this is on a map, taking the two crimes farthest from each other and drawing a line connecting them that serves as the diameter of a circle. The hypothesis, often supported, is that the home will be within this notional circle. This is not to claim offenders think in terms of a circle of operation but rather to demonstrate a simple process for defining an area of criminality.

These two aspects of crime geography—*propinquity* and *morphology*—have been

combined into decision support systems, such as one called *Dragnet*, to carry out analyses on crime series as guidance to investigators. This contributes to the third component of investigative psychology mentioned in the opening paragraph—the psychology of investigative decision-making and how those decisions can be effectively supported. Rather than just generating interesting findings, investigative psychologists take the further step of converting those findings into processes and systems that can be directly used as part of a live investigation.

Linking Crimes to a Common Offender

All inference processes benefit from having information about more than one crime committed by the same perpetrator. The linking of crimes to the same person also assists law enforcement activities and obtaining a conviction in court. Therefore, a growing area of investigative psychology is exploring the possibility of linking crimes in the absence of forensic evidence, such as DNA, fibers, or witness descriptions.

In general, the proximity of crimes has been found to be the best predictor of crimes being linked. This follows from the propinquity principle because if crimes are close to the home they should be close to each other. This works well for rare, serious crimes, such as serial stranger rape and murder, but is less effective in areas that have a high density of frequent crimes such as burglary. Other markers, notably the similarity of actions in a crime, are therefore being investigated.

Effective Investigative Information

Without the initial stage of obtaining information about the crime being effective, no further aspects of finding culprits or proving their guilt are possible. Therefore, investigative psychologists contribute to the collection, assessment, and organization of the information available to an investigation. This includes improving the interview process, detecting deception, and considering such matters as false accusations and false confessions.

There have been great strides in recent years in understanding the investigative interview process. This has grown out of studies of memory and its

essentially constructive process as well as a more thorough understanding of the interpersonal transactions that are the essence of one person asking another questions. From these studies, an awareness of how malleable human memory is and the possibilities for genuine, inadvertent distortions have been revealed. These understandings have given rise to proposals for psychologically influenced interview procedures, notably the *cognitive interview* and the UK police forces Prepare, Engage, Account Clarification, Closure, Evaluation interview protocol. However, although these have strong theoretical roots, there are many challenges to carrying out these processes in practice.

The other area of information retrieval that has been extensively studied is eyewitness (and to a lesser extent *earwitness*) identification. The results of these studies challenge many popular assumptions about the ability of people to recognize a culprit after a crime has been committed. For example, the confidence eyewitnesses exhibit about their memory and/or identification of a culprit does not represent a simple relationship to the accuracy of that identification. Furthermore, a number of studies have shown that people can be led to genuinely think they remember something that has not happened. This investigative psychology research has helped cast doubt on many aspects of law enforcement procedures. The importance of this has been demonstrated in major revisions of many guilty verdicts that have become possible through developments in DNA identification. A high proportion of people convicted because of eyewitness testimony have been eventually found not guilty.

Supporting Effective Investigative Decision-Making

The mission of investigative psychology to contribute to law enforcement processes raises the requirement for psychological research results to be fashioned into decision support systems. As already mentioned, *Dragnet* and similar geographical profiling systems, while primarily research tools, are an example of a growing number of processes and computer-based systems developed to aid law enforcement. However, for these to be effective, an understanding of investigative decision-making

processes is necessary. Therefore, an increasing number of studies are exploring police decision-making.

Many of the studies focusing on the work of investigators draw on cognitive psychology, especially the study of decision heuristics. These have found, for example, that the *confirmation bias* is not uncommon in police investigations. This is the process of seeking information to support what is already believed to be the case rather than material that may disprove it. It has also become apparent that in those jurisdictions where police sometimes violate human rights, training in investigative psychology can provide an alternative, much more humane set of strategies and tactics for carrying out law enforcement. One powerful example is the demonstration that torture is of little value in obtaining useful information. Carefully prepared interviews built on developing relationships with suspects, victims, and witnesses are much more fruitful.

Investigative Psychology as a Coherent System

The three interrelated areas of information retrieval, inference, and decision support form a coherent investigative psychology system. Poor information cannot be used for effective inferences. Those inferences are no use if not formulated in a way in which investigators can act. Taken together, these open up a psychological approach to the consideration of criminality. Thinking of criminals as ordinary people doing illegal things provides a very different perspective from past dominant clinical psychology viewpoints that understood criminals to be odd, disturbed, or mentally ill. This was behind the Federal Bureau of Investigation claim that profiling was only relevant to *motiveless* crimes. In contrast, investigative psychology has been applied to common crimes like burglary and fraud not just the bizarre and extreme crimes. It is applicable to a wide range of investigations, far beyond crime, that is broadening all the time.

David Canter

See also Coerced Confessions; Criminal Profiling; Eyewitness Testimony; Occupational Crime: Prevalence and Statistics

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ISOLATION IN PRISONS

Although research is inconclusive, reports suggest that approximately 80,000–100,000 individuals are housed in isolation at any given time in the United States for 22–24 hr a day. Although this correctional measure is commonly reserved for inmates deemed the *worst of the worst*, findings reveal that inmates who are male, economically disadvantaged, and racial or ethnic minorities are disproportionately placed in solitary confinement. Further, it is necessary to acknowledge the harmful impact that segregation has on youth who are still developing physically, cognitively, and socially. Of particular concern is the fact that over a century of research indicates that the conditions of confinement exacerbate psychiatric disorders among inmates. Thus, given the exceptional risk associated with its use for this vulnerable prison population, this entry focuses on the isolation of inmates with preexisting mental illnesses, while also offering an overview of the practice of isolation and exploring its effects on mental health.

Isolation: An Overview

Although media coverage of the psychological harm stemming from solitary confinement in prisons has raised the public's awareness of this practice, its use can be traced to the very beginning of institutional corrections in the United States. Designed to promote obedience, order, and penitence, the early

19th-century Philadelphia and Auburn models entailed the use of solitary confinement. At Eastern State Penitentiary in Philadelphia, PA, which was completed in 1836, inmates were housed in single-cell isolation with only a Bible and handicrafts to occupy their time. In the penitentiary in Auburn, NY, which was completed in 1823, inmates performed congregate labor in silence and returned to solitary cells at night. While the guiding philosophy of the nation's first prisons seemed promising, housing offenders in isolation eventually garnered international criticism. The notably rapid deterioration of inmates' mental health, including those who had not previously exhibited symptoms of a psychiatric disorder, led to the dramatic decline in the use of segregation. As the *get tough* response to criminal offending gained traction in the 1980s and incarceration rates soared, correctional administrators once again turned to the use of solitary confinement as a means to manage burgeoning prison populations and contain and control those seemingly incapable of conforming to institutional rules of conduct and behavioral expectations. To accommodate the need for securing the *worst of the worst*, the nation witnessed the rise of the supermaximum security prison. More commonly referred to as the *super-max*, this new facility was designed to impose absolute solitude on individuals deemed a serious and chronic threat to the safety and order within traditional security level prisons.

Depending on the jurisdiction, isolation housing areas within prisons are referred to by a range of terms including *secure housing unit* and *intensive control unit*. While the degree to which solitude is exacted and the conditions in which inmates are confined vary among facilities, solitary confinement commonly entails placing an inmate in a single cell ranging on average 8 × 10 ft in size. Although the lights within the isolation pod may be dimmed during nighttime hours, they nevertheless remain on in order to facilitate monitoring of the segregated inmate's well-being and activities. Depending on the inmate's behavior, he or she may receive 1 hr for a shower and 1 hr of exercise time each day. The exercise cell is generally the size of the isolation pod and enclosed by barbed wire or concrete walls. As such, opportunities for any meaningful physical activity or exposure to natural sunlight and fresh air may be significantly limited. Mechanical restraints are utilized when moving inmates or to

further secure them in their cell should they become disruptive. To enforce greater isolation on inmates in solitary confinement, telemedicine procedures may be utilized in which medical and mental care is rendered by health professionals via videoconferencing. Any physical or psychiatric issue inmates are experiencing must be displayed or described in order to receive care. Thus, isolated inmates may have few to no meaningful daily interactions with correctional and medical staff who are responsible for their safety and well-being.

In general, two types of isolation are utilized in prisons. The first type, *administrative segregation*, houses inmates who are deemed to be a threat to the security of the institution by penal administrators. Individuals typically housed in this form of solitary confinement include high-profile inmates such as gang leaders, vulnerable prisoners such as sex offenders or juveniles, and those who are persistently violent or are categorized as a high risk of escape. Placement in administrative segregation is based solely on the discretion of correctional administrators and can extend indefinitely. Based on the inmate's behavior, he or she may receive privileges such as a television, literary materials, and opportunities to participate in treatment programs. Disciplinary segregation is reserved for inmates who receive rule infractions. With this type of solitary confinement, the inmate is afforded due process and an opportunity to appear before a disciplinary hearing officer. While this is a time-limited response intended to address violations of institutional conduct regulations, such as flooding one's cell or assaulting a correctional staff member or fellow inmate, this form of isolation may nevertheless extend for years. Compared to administrative segregation, conditions in disciplinary solitary confinement are more severe. Indeed, few, if any, of the aforementioned opportunities available to inmates in administrative segregation are offered to those placed in punitive isolation. Depending on prison policy and the segregated inmate's behavior, this denial of access to privileges may include critically needed mental health care.

Prisoners With Preexisting Mental Health Conditions

Research findings consistently indicate that approximately one third of inmates placed in

isolation struggle with a serious psychiatric disorder. Despite several key legal challenges in which the courts have ruled that placing a mentally ill prisoner in isolation is a violation of the Eighth Amendment to the U.S. Constitution's protection against cruel and unusual punishment clause, no current precedent-setting case law exists banning the practice across all jurisdictions. Citing safety concerns, correctional administrators typically assert that it is prudent to place inmates with mental health conditions in solitary confinement. Within the general prison population, those exhibiting symptoms of a psychiatric disorder are especially vulnerable to victimization. Indeed, some inmates may perceive those openly exhibiting symptoms of such illnesses to be incoherent and incapable of protecting themselves. Consequently, inmates with untreated or undertreated conditions are more likely to be victimized physically, sexually, and even economically. Thus, according to some penal administrators, removing these individuals from the general inmate population and securing them in isolation is the only effective means to ensure their safety and well-being.

While segregating inmates at high risk of victimization may be a prudent protective measure, the empirical evidence suggests that prisoners with a psychiatric illness are more often placed in solitary confinement based on their inability to conform to institutional rules and regulations. Indeed, despite the abundant body of literature documenting the detrimental effects of solitary confinement, the practice of placing these individuals in such conditions remains one of the leading default responses for addressing behavioral issues. Within prisons, custody prevails over treatment. Thus, penal administrators assert that isolation is a necessary option in order to promote safety and security for both inmates and staff. Given the limited budgets and resources with which many prisons must operate, the availability and quality of mental health care varies widely. Inmates with untreated or undertreated mental illnesses are more likely to exhibit unpredictable and violent behavior toward themselves, fellow inmates, and correctional staff. Indeed, research suggests that these individuals are commonly irascible and often refuse to follow directive commands, flood their cells, destroy property, set fires,

smear or throw urine and feces, and engage in a broad range of other disorderly behaviors than their counterparts without mental illness.

The Mental Health Effects of Isolation

As noted previously, over a century of research indicates that solitary confinement exacts a detrimental toll on the psychological well-being of prisoners with and without preexisting conditions. Nevertheless, it is imperative to acknowledge that some empirical evidence suggests that isolation for a period of 60 days or fewer does not promote or exacerbate mental illness among inmates. However, these studies have received criticism based on methodological robustness concerns and the inability to generalize the findings. Indeed, it is the preponderance of the body of literature revealing the egregiously harmful effects of solitary confinement that mental health professionals, researchers, human rights activists, and concerned others cite when advocating for the limited utilization of or abolishment of isolation in prisons for those who struggle with psychiatric disorders.

Given the sensory deprivation exacted in isolation, research indicates that segregated inmates experiencing a mental illness often rapidly become hypersensitive to external stimuli. For example, some report a patent awareness of the sound of lights buzzing overhead, correctional officers' keys rattling, or their own heartbeat. Further, inmates regularly assert that such ordinary noises are amplified to the degree that they are pain-inducing within the confines of an isolation pod. Those with preexisting conditions are especially vulnerable to experiencing florid hallucinations and periods of incoherence. Indeed, the empirical evidence suggests that these states of delirium are often followed by chronic depression, extreme agitation, and paranoia. While in solitary confinement, inmates who experience obsessive thoughts find it challenging to manage frightening or disturbing notions. The extraordinarily restrictive milieu in solitary confinement, particularly as imposed in long-term disciplinary segregation, often contributes to an inmate's inability to manage his or her anger and control his or her impulses.

What is most concerning regarding the impact of isolation that inmates commonly report is a lost

sense of self. Indeed, research suggests that humans are inherently social beings who rely on interactions with others to construct and manage their identity. Absent opportunities to do so, the problem is profoundly compounded for individuals with mental health conditions who may not have had a stable sense of self prior to their incarceration. Thus, absent routine engagement with others, these individuals are denied opportunities for self-development and for cultivating relationships critical to their overall well-being. Consequently, they may find reintegrating into the general prison population especially difficult. Thus, these inmates are acutely vulnerable to being returned to segregation. Further, inmates with preexisting mental health conditions may also confront assorted insurmountable challenges such as interacting with others in an appropriate and prosocial manner in order to reestablish relationships and secure employment. As such, these individuals are at a high risk of recidivating.

Suicide attempts and self-injurious behavior (e.g., banging one's head against cell walls, mutilating or cutting, applying ligatures, ingesting toxins, and swallowing sharp objects) are common among inmates in isolation. Efforts to harm one's self are frequently manifestations of an untreated or undertreated mental health condition such as dysthymia (i.e., chronic or persistent depressive disorder), bipolar disorder, or schizophrenia. Indeed, research findings suggest that inmates with preexisting mental health conditions are approximately 7 times more likely to engage in self-injurious behavior or attempt suicide than those without psychiatric disorders. While correctional administrators and staff may perceive such behavior as symptoms of an inmate's psychiatric disorder, the individual may nevertheless receive disciplinary infractions following episodes involving self-injury or suicide attempts. The rationale justifying this response is that, because inmates are in state custody, any harm that they exact on themselves may be deemed destruction of state property. As such, disciplinary infractions incurred based on self-harm may extend an inmate's time in the very isolation that may be contributing to the decline in his or her mental health. Suicide is a persistent concern for correctional administrators and staff. Research indicates that fatal self-harm is the leading cause

of death among those incarcerated. Although findings vary, some empirical evidence suggests that half of all completed suicides among inmates occur while they are consigned to solitary confinement.

Inmates with untreated or undertreated psychiatric disorders commonly struggle to conform to society's laws and behavior expectations, so perhaps it is unsurprising that they are frequently incapable of abiding by institutional rules and regulations within the often volatile milieu of a prison. While it is imperative to be mindful of the critical interest of penal administrators in providing and maintaining a safe and secure environment for inmates and staff, the extensively documented mental health effects associated with isolation, particularly for inmates with preexisting psychiatric issues, raise considerable concerns regarding this correctional measure. While calls for reform to limit or abolish isolation in America's prisons for these particularly vulnerable individuals grow, the challenge to identify and implement a more humane alternative practice that more readily meets the needs of all concerned remains.

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See also Offenders With Mental Illness in Prisons, Treatment for; Segregation in Prison, Psychological Consequences of; Segregation in Prisons, Administrative; Segregation in Prisons: Best Practices; Segregation in Prisons, Disciplinary

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JAIL DIVERSION

Jail diversion programs are prebooking or post-booking interventions aimed at decreasing the involvement of persons with serious mental illness (SMI) or co-occurring substance use disorders (COD) in the criminal justice system and channeling them into community-based treatment and other services. They are considered a *diversion from* typical criminal justice prosecution and sentencing and *into* community-based programs that can better meet the needs of offenders with complex behavioral health needs. Diversion may occur early in the justice processing, such as at arrest, or later by diverting an individual convicted of a crime from a jail or prison term and into a community program. This entry provides an overview of the development and expansion of jail diversion, examines the opportunities, or intercepts, for diversion, then explores research findings on the effectiveness of this practice.

Development of Diversion

Jail diversion programs arose from the recognition that typical criminal justice processing of persons with SMI or COD was unsuccessful in slowing the revolving door of offending, arrest, incarceration, release, and reoffending. Moreover, it was recognized that it led to avoidable costs for unnecessary jail days. Jail diversion programs were developed to address these challenges. Justice-involved individuals with SMI and COD require significant

services and supervision whether they are incarcerated or living in the community. Annually, over 2 million people, approximately 15% of men and 31% of women, entering U.S. jails have an SMI, between 50% and 100% of this group has a COD, and nearly all have significant trauma histories. Most jails are not equipped to provide intensive, individualized treatment for this population whose treatment needs include mental health, substance use, trauma, and more general habilitation such as housing and employment. While some jails in large metropolitan areas have extensive mental health services, most jail detainees are in small, local jails that do not have the staff or resources to provide appropriate evidence-based treatment. Jail diversion programs partner with community providers who are able to meet the significant treatment needs, while at the same time providing a reduction in criminal recidivism.

Expansion of Jail Diversion

The U.S. federal government has invested resources into jail diversion programs through the Department of Justice's Justice and Mental Health Collaboration Project. The Substance Abuse and Mental Health Services Administration promoted diversion through Targeted Expansion Jail Diversion, Jail Diversion Trauma Recovery, Early Diversion, Adult Treatment Court Collaborative, and the Behavioral Health Treatment Court Collaborative grant programs. These federal initiatives gave communities the funding to pilot programs to target the expansion of jail

behavioral health services, develop treatment courts, and establish reentry programs. Once communities established their new programs and were able to use evaluation data to confirm their success, they had leverage to obtain financial and political support to continue beyond the life of the federal funding.

Opportunities for Diversion

There are many points in traditional criminal justice processing where diversion opportunities occur. The Sequential Intercept Map provides a model for communities to target interventions to reduce the dual burden of difficult, resource-intensive detainees as well as the unnecessary justice involvement for this population. By examining where in the justice system there are evidence-based resources and significant gaps, communities can develop and implement successful jail diversion programs for people with SMI and COD. At each intercept, services must be available in the community for diversion to occur. Just as important, professionals working in the justice, treatment, and public health systems must know what programs exist and collaborate across the systems.

Intercept 1 is law enforcement and other first responders. Whether it is a result of proactive policing or in response to a call from the community, police and emergency services professionals can divert someone from the justice system into a community alternative in lieu of arrest. The purpose of these diversion programs is to disrupt deeper justice system penetration, protect the public, and funnel people into treatment. An example of an Intercept 1 diversion program is the police Crisis Intervention Team (CIT), which provides police with tools to identify persons in need of mental health or substance use treatment, de-escalate often tense situations, and transport individuals to a safe treatment alternative rather than arrest them and take them to jail. For CIT to work in a community, police must work with other emergency services professionals, including dispatch and EMTs, and with the community-based behavioral health service providers. Police must have an alternative available to them other than transporting an individual to the jail or simply releasing him or her.

Intercept 2 is the initial detention and hearing that follows an arrest but before a plea has been entered. Diversion programs at this intercept require considerable coordination across the justice system, including the jail staff, prosecutor, defense counsel, pretrial services, probation, and the courts. When a person with SMI or COD is booked into the jail, there is an opportunity to screen for mental health, substance use, trauma, and suicide risk. While the individual has been arrested and booked, a diversion intervention at this point is available in some communities. For example, specialized intensive probation is a type of diversion in which probation officers have specialized training in mental health and/or substance use disorders and a reduced caseload. The prosecutor, defense, and court must agree to set aside the typical next steps of plea and sentencing to allow the community-based program to take over the case. In many communities, this is an *adjournment in consideration of dismissal*. Probationers typically must report to their probation officer more often than in traditional probation, and treatment is frequently a requirement. If the individual completes the conditions, the charges are dismissed. If not, he or she is further processed in the justice system.

Intercept 3 jail diversion programs include problem-solving courts such as drug courts, mental health courts, family drug courts, DWI courts, youth courts, and veterans' courts. These court diversion programs intend to reduce further justice involvement through court-supervised community-based treatment; as a group, they are often referred to as *treatment courts* since mandated treatment is a common characteristic across all types. While there are some pre-plea treatment courts, most are post-plea in which the offender must enter a guilty plea to be eligible for the intensive supervision and community-based treatment that accompanies such programs.

Drug courts in particular have proliferated throughout the United States at the municipal and county level with substantial financial resources committed through both the federal and state governments. Mental health courts are not as widespread as drug courts, in part, because they have not received significant federal or state funding. While there is considerable variation across types of treatment courts and jurisdictions, they share

some common features: a separate court docket; a court team that includes a judge who presides over status hearings, a prosecutor and defense attorney, treatment providers, probation, and increasingly a peer; a collaborative versus an adversarial approach; judicial supervision through regular status hearings; voluntary participation from defendants; use of incentives and sanctions; and dismissal of charges upon successful completion of program requirements.

Intercept 4 diversion occurs at reentry from either prison or jail. Programs at this intercept provide intensive wrap-around services and supervision for persons with SMI and COD who are leaving jail or prison. This population is often at high risk of reoffending, and diversion programs aim to disrupt the recidivism process by identifying needed services and putting them in place prior to, or immediately following, release. The justice and treatment systems prevent reoffending and reincarceration through linkage to community-based treatment and intensive justice supervision. Intensive Case Management was the first reentry model developed; it was largely based in the behavioral health services system. It includes smaller than typical caseloads, more frequent contacts with the individual, and an array of treatment programs. Two additional diversion programs at this intercept are Assertive Community Treatment and Forensic Assertive Community Treatment. They are similar to Intensive Case Management in that they focus on small caseloads and collaboration among many community-based treatment providers along with crisis intervention. Intensive Case Management, Assertive Community Treatment, and Forensic Assertive Community Treatment are generally targeted for persons leaving jail, and in some communities, the community linkage is established as part of the prerelease planning, sometimes called *in reach*. Similarly, individuals with COD and SMI leaving prison may receive significant prerelease planning to assist their transition into the community.

Intercept 5 jail diversion is the most common type of jail or prison diversion in that it includes probation (i.e., jail diversion) and parole (i.e., prison diversion), often referred to as *community corrections*. More individuals are under community supervision in the United States than in jails and prisons combined, with approximately 5

million men and women on probation or parole. A significant portion of the community corrections population has SMI or COD. For the reentry of these individuals to be successful (i.e., they do not reoffend), communities need evidence-based programs ready and available. People with SMI and COD have behavioral difficulty while incarcerated, especially if their mental illness is undiagnosed or untreated. They often have many behavioral infractions that lead to additional incarceration time; they are rarely released early. In addition, they are more likely than others to have their probation and parole revoked for technical infractions rather than new offenses. A diversion program at the community corrections stage would include specialized probation and parole. Similar to other forms of community-based diversion programs, these include reduced caseloads, specially trained officers, and a focus on treatment compliance. Rather than revoke probation or parole for an individual on this type of diversion program, it is more likely that the officer would work with treatment providers and the court to increase compliance.

Research on Jail Diversion

Overall, research on jail diversion programs supports the claim that community-based programs are more successful at reducing continuing criminal justice involvement for persons with SMI and COD than traditional interventions. All jail diversion programs that partner with community-based behavioral health treatment providers have an increase in treatment involvement. The research is less convincing, however, that programs improve clinical outcomes, despite the increase in treatment services.

CIT policing is one of the most popular early diversion programs adopted by police departments. By providing officers with 40 hr of training, communities can expect a reduction in the number of persons with SMI and COD who are arrested for minor infractions such as disturbing the peace. Another outcome of CIT is that there are fewer police officer injuries and less aggressive policing toward SMI and COD populations. Effective CIT police departments are typically more aware of treatment resources and have partnered with providers to address the needs of the

justice-involved population with SMI and COD. Despite wide program variability, CIT is associated with overall positive outcomes.

Less is known about the impact of postarrest/prebooking diversion programs (perhaps because they are fewer in number). Because diversion at this point requires cross-system collaboration, such programs are more difficult to develop and implement, often due to inconsistency and change among key personnel. More research needs to be conducted on these programs to measure their effectiveness in meeting the diversion goals.

There is considerable evidence that treatment courts are effective in reducing criminal justice involvement of participants. Overall, drug courts and mental health courts show a reduction in jail days and arrest for participants, especially individuals who complete the court-mandated conditions and *graduate*. In addition, courts are successful in getting treatment for participants, with evidence showing that they are more likely to engage in treatment when supervised by the court. What has been challenging is establishing guidelines for what constitutes a treatment court and making sure that communities have available evidence-based services. Some states have created and monitor these programs to reduce variability from jurisdiction to jurisdiction, despite each having their own community and personnel characteristics. Community-based diversion programs (e.g., reentry, probation, parole) typically show improvements in criminal justice outcomes through fewer arrests, fewer jail days, and a longer time gap before reoffending.

Final Thoughts

Across the criminal justice system, diversion programs must be tailored for specific populations, including attention paid to individual characteristics. There is no *one-size fits all* approach. Also, communities may consider designing and implementing programs with collaboration across the spectrum of services that are necessary for success including justice, treatment, public health, social services, housing, employment, and more. Cost studies of diversion programs demonstrate that while there is a savings in reducing arrests and jail days, for example, there is a corresponding increase in treatment expenses. Diversion is a community

approach and requires cross-system commitment of resources.

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See also Co-Occurring Disorders in Incarcerated Offenders; Treatment of; Cost-Effectiveness of Rehabilitation Versus Incarceration; Jails; Offenders With Mental Illness; Police Response to People With Mental Illness; Police–Probation Partnerships; Sequential Intercept Model; Specialty Courts

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JAIL SCREENING ASSESSMENT TOOL (JSAT)

The Jail Screening Assessment Tool (JSAT) is a set of questions designed to determine mental health needs of newly admitted inmates and identify those prisoners who need mental health treatment or pose a risk to themselves or others. By identifying those individuals in need of mental health treatment upon intake, the JSAT can aid with efficiently determining appropriate placement and effective treatment locales and programs for entering inmates. First developed in Canada in 1991, this tool has been adopted successfully in correctional settings in such additional countries as the United States and Australia. This entry first provides an overview of mental disorders and mental health screenings in correctional settings; then, the entry focuses on the JSAT: its key characteristics and research evidence.

Mental Disorders in Correctional Settings

The overrepresentation of individuals with mental disorders in correctional settings is an international

public health problem. There are approximately 10 million prisoners worldwide and as many as one in seven inmates with psychosis or major depression. Moreover, up to three-quarters of inmates have primary or comorbid (in conjunction with other medical issues) substance use disorders. A systematic review of studies published between 1966 and 2010 (33,588 prisoners, 81 publications, 109 samples) across 24 countries concluded that the rates of psychosis (men = 3.6%; women = 3.9%) and major depression (men = 10.2%; women = 14.1%) have not changed substantially across the 40-year period, with the exception that the rate of depression has increased in U.S. prisons.

Many correctional facilities are ill-equipped to serve people with mental disorders. Inadequate care contributes to increased risk of institutional incidents that might put the safety of inmates and staff at risk of harm (e.g., inmates with mental disorders are at higher risk to violate rules, engage in self-harmful behavior, and are more vulnerable to physical and sexual abuse while incarcerated) and is known to lead to elevated staff stress, sick days, and turnover. In the absence of appropriate care and discharge planning, the transition back to the community is a particularly risky period for suicide, return to substance use with an increased possibility of overdose, recidivism, and other challenges common to marginalized populations (e.g., homelessness). Furthermore, most inmates are released to the community (50% within 3 years), and some estimates note that up to 50% return to correctional facilities within 3 years of release. Recidivism rates for offenders with mental disorders exceed those of individuals from the general prison population. Thus, addressing mental health needs may not only help ease the transition of prisoners to the community but also help reduce reoffending and associated economic burdens.

Substantial advances have been achieved in responding to the recognized need to advance standards of care in the provision of mental health services in jails and prisons. In North America, these developments have been spearheaded by the work of organizations such as the American Psychiatric Association, the Treatment Advocacy Center, National Commission on Correctional Health Care, and the Federal-Provincial-Territorial Heads of Corrections Working Group on Mental Health and Mental Health Commission of

Canada. These standards consistently recommend a continuum of care, of which mental health screening is considered a key element.

Mental Health Screening in Jails

Jails are generally the gateway into the criminal justice system. Although the distinctions are sometimes fuzzy, jails typically house individuals who have been arrested and are remanded to be held while awaiting a plea agreement, trial, or sentencing; jails also house individuals serving short sentences, whereas inmates who are convicted, generally sentenced to more than 1 year, are detained in prisons (also known as penitentiaries). Jails often are the initial point of contact with mental health providers for many mentally disordered inmates. A considerable number of people arriving at a jail are actively or recently intoxicated, arrive with injuries from fights or assaults, and/or are mentally ill with no other place for law enforcement to deliver them. This makes the intake process challenging for the jail's staff and its medical personnel. Jails thus provide an important public health opportunity for implementing innovative and comprehensive systems of care. Systematic screening for mental health needs in jails is the essential first step.

Mental health screening in jails can accomplish several core objectives: (a) redirect severely mentally ill individuals out of the criminal justice system and into more appropriate settings and diversion programs; (b) ensure that other less acutely ill individuals receive the care and services they require while they are housed in correctional settings; (c) prevent violence and other disruptive incidents which, in turn, would reduce stress and injuries for inmates and staff; and (d) support release planning with the goal of improved quality of life for the individuals, reduced recidivism, and substantial public health benefits, including reduced economic burdens.

Mental health screening should occur as early upon admission to a correctional facility as possible, typically within the first 24 hr. Ideally, the mental health screening process includes a brief review of any available file information, consideration of any collateral information (e.g., from correctional staff who interacted with the inmate during admission or transport), and a face-to-face

interview with the inmate. Where relevant and possible, mental health records should be accessed and the inmate's general practitioner should be consulted. Interviews should take place in a reasonably private interview room where the interviewer is also provided with safety measures.

Key Characteristics of the JSAT

A trained interviewer can complete a JSAT interview in approximately 15–20 min for male inmates and 25–30 min for female inmates (women tend to contextualize their circumstances and articulate the trajectory that brought them to their current circumstances) and those with more complex needs (e.g., a combination of current psychiatric symptoms and substance abuse withdrawal or risk of harm to self/others). The JSAT is not a standardized psychological test and thus can be administered by nonlicensed professionals provided they have the requisite expertise in mental health. Typically, sites have employed graduate students in clinical psychology, psychological interns or psychiatric nurses, forensic case workers, or social workers to complete the screening interviews.

Intake interviewers/screeners do not wear uniforms and clearly communicate that although there are limitations (e.g., threats of suicide or violence), the information they collect is kept confidential and not shared with correctional officers. Assurances about confidentiality and advising the inmate that the purpose of the interview and the collection of the information is to help make their admission and stay at the institution as smooth and safe as possible can help develop rapport and facilitate open and honest conversations.

The JSAT manual provides a semi-structured interview (e.g., Do you have a history of aggression/violence?) and additional prompts (e.g., Have you ever been told you have an anger management problem? Do you sometimes kick or hit things when you get frustrated or angry?). The information is collated on a double-sided, legal-sized, copyright-protected form (note, there are no fees to implement the form beyond the initial purchase of the manual) or can be integrated into the inmates' electronic health records, which can be useful for tracking population profiles and supporting quality research and evaluation initiatives.

The JSAT screening interview and summary form prompt screeners to collect data in the following categories:

- a. identifying information and demographics (e.g., age, language, ethnicity/cultural identity)
- b. social background (e.g., marital status, relationship stability, living situation, social support, financial support, family support, children, and education)
- c. previous and current legal status (e.g., prior incarcerations, current charges, current legal status)
- d. violence issues (e.g., past violent offenses, prior institutional charges, current anger level)
- e. substance use (e.g., tobacco, alcohol, drug(s), methods of use, treatment, including methadone/suboxone)
- f. recent or past mental health treatment (e.g., prior psychiatric hospitalization, current medication needs)
- g. current mental health status (supported by a modified version of the Brief Psychiatric Rating Scale)
- h. suicide/self-harm issues (e.g., prior attempts, including those while in custody, method/lethality, current ideation, current plans)

In addition to these domains, the screening procedure also includes completion of a revised version (4.0) of the Brief Psychiatric Rating Scale. This section consists of 14 items coded (i.e., assessed and recorded) on the basis of the patient's self-report (and behavior) during the interview (e.g., anxiety, depression, bizarre behavior, self-neglect) and 10 items coded on the basis of the individual's behavior and speech during the interview (e.g., grandiosity, uncooperativeness, motor hyperactivity). Based on early feedback, the JSAT authors revised the 7-point rating scale on the Brief Psychiatric Rating Scale to a 3-point scale (*present*, *possible*, *absent*) to support inter-rater reliability (i.e., the extent to which discrete interviewers come to consistent decisions) and to increase the efficiency of the interviews (i.e., reduce the per-inmate time required to complete the JSAT).

The screeners use this information to evaluate risk of adverse events common to correctional settings (e.g., suicide, self-harm, violence, and victimization), make management recommendations (e.g., mental health referrals, placement in a mental health unit, protective custody), or refer the inmate for a more comprehensive mental health assessment (typically with a mental health coordinator initially, or psychology, psychiatry). This requires clear communication and documentation protocols so that urgent safety and security needs are shared with correctional staff in a timely manner, recommendations for placement within the jail or other specific accommodations are considered by the appropriate personnel, and referrals for mental health follow-up are made efficiently (e.g., referral for medications). These decisions are made using structured professional judgment, a guided clinical approach to decision-making without fixed and explicit rules but which is based in part on the standardized information gathered from the JSAT interview.

Given that the JSAT is a screen for mental health and management needs, the preference is to err on the side of caution to ensure that individuals with mental health needs and/or individuals who might present a risk of harm to self or others, or victimization, are not overlooked. It can be difficult to evaluate risk and to discern serious mental health concerns from situational distress and/or substance use withdrawal in a brief interview, so the manual recommends that screeners be overly inclusive when uncertain (i.e., overrefer rather than underrefer). Optimally a brief check-in can be done the following day with inmates who were referred for mental health services. The objective is to touch base with inmates who may have settled well after the initial stress of admission; often inmates will drop off the referral list as a result.

Research Evidence

The JSAT has been evaluated in four studies in British Columbia, Canada, and one in Melbourne, Australia. An early study with male inmates revealed a high rate of agreement between intake interviewers' assessments and independent evaluations with the Structured Clinical Interview for DSM (SCID). The JSAT exhibited a sensitivity or true positive rate of 84%, meaning that 84% of

individuals identified as having mental health needs did, in fact, have a mental disorder. Conversely, 67% of individuals who did not have a mental disorder were correctly identified as such, also called the *specificity* or *true negative rate*.

When testing the JSAT in a sample of women admitted to a Canadian federal institution against comprehensive assessments completed using the SCID for *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* Axis-I Disorders—Non-Patient Edition, intake interviews had a sensitivity (i.e., true positive rate) of 70.6% and a specificity (i.e., true negative rate) of 75.0%. The false-positive rate was 29.4%, meaning that 29.4% of the individuals who had been assessed as having mental health needs with the JSAT were not diagnosed with a mental disorder when assessed with the more comprehensive SCID. The false-negative rate was 25.0%, meaning that one fourth of the individuals who were assessed as not having a mental disorder did, according to the SCID assessments. The positive predictive power was 64.3% (i.e., the proportion of positive test results that were actually from people who had a mental disorder according to the SCID) and the negative predictive power was 80.0% (the proportion of people with negative test results who actually did not have a mental disorder according to the SCID). Finally, as would be expected (given the low base rate of severe disorders such as schizophrenia), very few of the women were identified as *severely* mentally ill, with just 1% of female inmates identified as being in need of transfer to a secure mental health facility.

A third Canadian study, sampling 106 inmates in British Columbia screened randomly and in a counterbalanced fashion, demonstrated that the Brief Jail Mental Health Screen had better sensitivity, while the JSAT had better specificity across most definitions of mental disorder. Findings from an Australian study with 150 detainees in police cells demonstrated that the JSAT performance was similar to the Brief Jail Mental Health Screen in identifying seriously mentally ill individuals but superior in terms of identifying Axis-I disorders (i.e., all psychological diagnostic categories except mental retardation and personality disorder; however, the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, published in 2013, did away with the Axes) with the exception of substance use disorders. The JSAT identified all

inmates with a diagnosis of schizophrenia, bipolar disorder, depressive disorder, and almost all of those with an anxiety disorder (92.3%).

The evidence to date suggests that the JSAT is an efficient, valid, and reliable means of screening for mental disorder and making placement and treatment recommendations in correctional populations. Additional research is needed, however, to further examine clinical utility, particularly with respect to unique subgroups (e.g., women, ethnic minorities, and across cultures).

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See also Brief Jail Mental Health Screen (B-JMHS); Mental Health Assessment; Mental Health Assessment: Adult Screening Tools

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JAILS

Jails are municipal or county-level facilities designated for the confinement of individuals who have been arrested and, in most cases, are unable to afford bail and are awaiting trial or, less commonly, have already been sentenced to a term of imprisonment

and are actively serving that sentence. Although most people charged with a crime are booked in jail and released within hours or days, jails in most states allow for the confinement of those serving sentences of up to a year. Some states commonly house people serving state prison sentences in county jails through various work-release programs for terms of usually 1–5 years, and in rare cases, people awaiting trial for more serious charges may spend years in pretrial detention.

As the entryway to incarceration, jails are a critical juncture where key decisions are made that are likely to shape the trajectory for years to come for those who enter their doors. However, jails are often not equipped to appropriately deal with the myriad issues affecting people who reside in them. Likewise, those who are arrested often find their lives significantly disrupted and lack the capacity to make informed key decisions. Crises are common in jails, and most facilities are poorly equipped to provide adequate crisis intervention services. This entry provides an overview of the history of jails, a portrait of their populations, and concerns about the jail system.

History

The first use of a jail in the United States can be traced back to 1632 with the construction of a “People Pen” in prerevolutionary Boston. From this time until shortly after the American Revolution, jails served as a place for holding people awaiting trial, and for others, the meting out of punishments was already imposed. Punishments for serious crimes often resulted in hangings, whipping, branding, and maiming, while less serious crimes resulted in punishments aimed at humiliation, such as the use of stocks and pillories, or the use of the ducking stool (i.e., strapping a person to a chair fastened to the end of a pole and plunging that person [usually a woman] repeatedly into a pond or river). Incarceration in jail as a form of punishment itself—measured in days, months, or years—did not exist until the conversion of Philadelphia’s Walnut Street Jail in 1790. The addition of 16 solitary wings to the jail reflected the prevailing Quaker belief that solitary reflection would lead to remorse.

Throughout the 19th century, states and localities increasingly shifted more toward incarceration as the primary means of punishment and away

from corporal punishments. Not every jurisdiction had jails, however, so the type of punishment often depended on available measures. It wasn't until the early 20th century that jails began to proliferate across the country.

As of 2018, there are over 3,300 jails in the United States holding approximately 730,000 people. The number of people detained in jail at any given time, however, drastically underestimates the number of people revolving through its doors. In recent years, jails have recorded over 11 million jail admissions annually, with many people returning multiple times each year.

Portrait of the Population

Jails house some of society's most vulnerable groups. Although men make up almost 90% of all those in jail, the female jail population has, in recent years, been the fastest growing segment of the American jail population. Jails have a disproportionate effect on virtually every disadvantaged group in the United States.

Race and Ethnicity

African Americans and Latinos collectively make up more than half of all people in jail. Despite constituting only 13% of the U.S. population, African Americans make up about 35% of those incarcerated in U.S. jails, a rate 4 times that of Caucasian and 3 times the rate of Latinos. These disparities vary by jail size and geography with larger jail systems such as Rikers Island in New York City and jail systems in Los Angeles County and Cook County, IL, having much wider disparities between African Americans and Whites than smaller jails in more rural areas. The average stay in jail also varies greatly by race, particularly for African Americans who spend an average of 2 weeks longer in jail longer than Caucasian. Although Native Americans make up only a small portion of those in jail, they have rates of overrepresentation similar to those of African Americans. Asian Americans are underrepresented in jails.

Education, Employment, and Income

Almost half of all those in jail do not have a high school diploma or GED. Many did not finish

school either because of academic or behavior problems, because they were incarcerated, or for economic reasons. Given their low levels of educational attainment, it is not surprising that people in jail have a high prearrest unemployment rate. A little more than half of all those in jail were gainfully employed at the time of their arrest, with only a minority earning above-poverty-level wages. Those with low educational attainment and low (or no) incomes are also more likely to stay in jail longer since they are often unable to make bond.

Mental Illness

The prevalence of mental health problems has existed among people in jail since the deinstitutionalization of patients with mental illnesses from state psychiatric hospitals during the 1970s. Jails, by default, have become de facto mental health facilities. The three largest institutional providers of mental health services in the United States are, in fact, jails: Los Angeles County, Rikers Island in New York, and Cook County. About 14% of people in jail have a serious mental illness, a rate about 4–5 times higher than in the general population. Individuals with serious mental illnesses are much less likely to receive mental health screening or treatment once in jail and are also more likely to be punished and placed in solitary confinement. People with mental illnesses are also at significantly high risk of victimization and self-harm. Once placed in jail, those who were being treated for their mental illnesses before their arrest, at best, experience at least a temporary interruption in their care and, at worst, a complete discontinuation of their care and a worsening of their mental health conditions.

Substance Use

About two thirds of those in jail have a substance use disorder, while three quarters of those in jail with a serious mental illness have a co-occurring substance use disorder. Women in jail are far more likely to have a substance use disorder than men, although the rate is high for both genders. Alcohol, marijuana, and cocaine are the three most commonly abused substances among men and women who enter jail. Women in jail with substance dependency also have experienced higher rates of sexual abuse than women without

substance dependency. The relatively short periods of time people spend in jail combined with security-oriented staff not trained in providing therapeutic services do not make jails optimal facilities for mental health or substance abuse treatment.

Crimes

About three quarters of all people in jail are incarcerated for nonviolent drug, property, or public order offenses, such as driving while intoxicated or traffic offenses. Most people in jail—about half a million—are in pretrial detention but unable to pay their bail and thus are legally innocent. About a quarter of all those in jail are charged with violent offenses, with assault charges being by far the most common violent offense. Only a small percentage of people in jail are charged with more serious violent crimes such as murder, rape, or sexual assault. Since jails are localized facilities, they are often reflective of their surrounding communities' enforcement priorities and political dynamics, which can vary greatly by region.

Common Concerns

Criminal justice advocates, attorneys, and mental health experts are concerned about inhumane conditions and a lack of treatment services in jails, while politicians and government officials are concerned with the costs of detaining millions of people in jail each year with little to no positive outcomes. Although many people disagree with how best to address these concerns regarding jails, on a number of issues, a broad consensus exists that changes need to occur.

Overcrowding

A primary issue facing jails is overcrowding. People in jails throughout the country are often forced to sleep on floors due to a lack of available beds. Some jurisdictions have addressed overcrowding in their jails by lowering the bonds of many nonviolent offenders, hoping to decrease the number of people stuck in jail simply because they cannot afford bail. Others have sought to reduce penalties for offenses (e.g., California's Proposition 47 downgraded many drug and property crimes from felonies to misdemeanors). Led by California's criminal

justice realignment laws adopted in 2011, states have increased the use of split sentencing, allowing people to serve part of their sentence in jail and part under community supervision. Many counties are also increasingly experimenting with evidence-based problem-solving courts such as drug or mental health courts both as a jail diversion program and as a means of addressing the underlying issue that contributed to the criminal behavior in the first place. Although some jails appear to have had some success with these measures, jail overcrowding remains a problem in virtually every jail in the United States.

Suicide

Suicide is the leading cause of death among people in jail, accounting for about one third of all jail deaths annually. Smaller jails have higher suicide rates than larger jails, likely because larger jails are better equipped to be proactive with suicide prevention measures than smaller jails with fewer staff and resources. Scholars have called on jails to follow recommendations commonly set forth in psychiatric hospitals for suicide prevention, including training programs, screening procedures, communication, and documentation as a way to curb these high suicide rates. Still, around 300 people commit suicide in jail each year.

Solitary Confinement

Solitary confinement (i.e., the placement of individuals in isolation, devoid of human contact except with corrections staff) is perhaps the most extreme form of punishment in jails. While less than 3% of those in jail are housed in this manner on a given day, about 1 in 5 will spend some time in solitary before he or she leaves jail. A disproportionate number of people in solitary confinement have some form of mental illness, placing them at increased risk of worsening mental health symptoms, such as anxiety and post-traumatic symptoms. Many jails have come under heavy criticism for systemically housing gay and transgender people in solitary confinement, increasing their risk of self-harm.

Financial Costs

The cost of incarcerating 730,000 people each day in jail costs over US\$20 billion annually, or

about US\$31,000 per person. Personnel costs, contracts, and utilities make up the vast majority of jail expenditures with only a tiny fraction allotted for treatment services for people with mental health or substance use issues. The skyrocketing cost of jails can be attributed in large part to the average length of stay. Since 1983, the number of people in jail has tripled as the average stay has increased from 14 to 23 days, while the cost per inmate has stayed relatively the same.

Negative Consequences

Going to jail—even for a short period of time—has adverse consequences that extend well beyond release. Millions of people each year experience a combination of negative effects, including the interruption of mental health treatment, a disruption to their families resulting from their absence, the loss of jobs, and the associated stigma that often follows an arrest or conviction. These effects have a significant influence on those adjusting to the rigors of a highly structured jail environment, increasing their stress and anxiety and worsening preexisting mental health symptoms for many. Spending time in jail, especially an extended period of time, can also lead to a loss of Social Security Income or Social Security Disability Insurance, causing significant financial strain for those ordered to pay fines by the court. This often creates a revolving door of people who return to jail shortly after having left it since they are in worse mental and financial shape than when they entered the first time. This rapid turnover of people in jails makes any type of service provision or discharge planning incredibly difficult. Being detained in jail, regardless of the outcome of the charges, increases the risk of homelessness afterward.

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See also Crisis Intervention Teams; Incarceration, Effects of; Jail Diversion; Mental Illness as a Predictor of Crime and Recidivism; Offenders With Mental Illness; Prisons; Substance Abuse, Untreated Mental Illness, and Crime; Suicide During Incarceration

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JUVENILE DELINQUENCY AND ANTISOCIAL BEHAVIOR

Juvenile delinquency is the breaking of the criminal code by a person who is not an adult (an individual under the age of 17 or 18 years in most U.S. jurisdictions). Individuals qualifying as juveniles are processed in the juvenile court system. This can include offenses considered to be criminal offenses for adult offenders (e.g., theft, assault, murder) or behaviors prohibited for juveniles, known as *status offenses* (e.g., truancy, running away, breaking curfew, underage drinking). This entry provides a brief overview of relevant statistics on justice-involved youth and rates of recidivism (i.e., reoffending) and history of the juvenile justice system as well as developmental theories regarding antisocial behavior in adolescence and psychological disorders relevant to juvenile delinquency and antisocial behavior. Finally, this entry ends by briefly discussing the Risk-Need-Responsivity (RNR) model in justice-involved youth.

Relevant Statistics

According to the Federal Bureau of Investigation's 2017 Unified Crime Report, 545,420 persons

under 18 years were arrested in the United States in 2017; 71% of these arrests were male juveniles. Juvenile arrests made up approximately 8% of all arrests and approximately 11% of all violent crime arrests in 2017. Recidivism is a repeated criminal behavior and is used to track chronic offenders. There is no information on national rates of juvenile recidivism due to data not being available in all states, differences in how recidivism is defined, differences in length of follow-up, or failure to follow juveniles into the adult criminal justice system. However, information gained from various large-scale studies suggests that few juveniles who commit violent crimes recidivate and most justice-involved youth do not become adult offenders.

History of Juvenile Justice System

The juvenile court system in the United States as it is known today is relatively new. Prior to the 20th century, aberrant youth were tried and sentenced as adults. In the early 20th century, reformers called for a distinction between youth and adults in the criminal justice system, appealing to the *parens patriae* (Latin for *parent of the country*) model of criminal justice in which the government functions as a legal protector of those who cannot protect themselves. Under this approach, the government would separate juvenile offenders from adult offenders in order to allow youth offenders to receive treatment and rehabilitation instead of punishment. This rehabilitative approach to juvenile justice persisted until the 1960s when reformers called for significant changes to the juvenile justice policy. These were eventually ushered in by several seminal U.S. Supreme Court decisions.

Until this point, although the rehabilitative model of juvenile justice had emphasized care and treatment of juvenile offenders, the *parens patriae* approach led to discrepancies in juvenile and adult rights when undergoing court proceedings. For example, juveniles lacked due process rights, which provide equal protection under the Fifth and Fourteenth Amendments to the U.S. Constitution. These rights protect individuals from unfair or unjust treatment by the justice system by including safeguards for individuals involved in criminal or civil procedures.

In *Kent v. United States* (1966), Kent (a longtime juvenile offender) was certified to criminal court jurisdiction at the age of 16 years without a full investigation in juvenile court and despite the protests of his defense attorney. He was then sentenced to 30–90 years in prison. The defense attorney appealed the decision because his client had not been granted a formal hearing in juvenile court for waiver to criminal court. As a result, the Supreme Court ruled that juveniles are entitled to protection under due process while in juvenile court. A second Supreme Court decision, *In re Gault* (1967), expanded a juvenile's right to due process. Specifically, this case codified a juvenile's right to confront and cross-examine witnesses, right against self-incrimination, right to written notice of charges, and right to legal representation.

At the same time these landmark decisions were providing more equal protection under the law for juvenile offenders, public perception of juvenile crime was shifting. The 1970s and 1980s saw an increase in juvenile-perpetrated crime, and with it, public perception swayed to favor increased punishment (as opposed to rehabilitation) for juvenile offenders. Specifically, public policy shifted to lower the age at which juveniles could be transferred to adult court, broadened the types of offenses that could result in transfer, and created automatic transfer statutes for certain offenses. This resulted in more juvenile offenders being tried and sentenced as adults in the late 20th century.

Near the beginning of the 21st century, juvenile crime rates again began to fall, and the pendulum began to swing in favor of a more rehabilitative focus for juvenile justice proceedings. In addition, new findings from fields such as developmental psychology and cognitive neuroscience began to highlight fundamental differences in the adolescent brain in terms of decision-making capacity, peer influences, and emotion regulation and subsequently provided a scientific rationale for a rehabilitation-focused juvenile justice system including a renewed conviction that adolescents should be treated fundamentally different than adult offenders. For landmark cases involving research on developmental psychology and developmental neuroscience, see *Roper v. Simmons* (2005), *Graham v. Florida* (2010), *Miller v. Alabama* (2012), and *People v. Caballero* (2012).

Theories of Juvenile Delinquency and Antisocial Behavior

There are several major theories of juvenile delinquency and antisocial behavior, which are consistent with developmental psychology and supported by research. A theory proposed by Terrie Moffitt posits two distinct types of offenders: adolescent-limited and life-course persistent (LCP). For adolescent-limited offenders, delinquent behavior arises during the teenage years and is not present during childhood or adulthood. For LCP offenders, antisocial behavior can be seen at an early age (approximately aged 3 or 4) and evolves into delinquent behavior in adolescence; then, instead of diminishing in late adolescence, delinquent behavior evolves into criminal activity and persists throughout the life span. Prenatal and postnatal neurological problems (e.g., higher rates of attention-deficit/hyperactivity disorder and learning disorders) are more common within LCP offenders.

An important question regarding juvenile delinquency and antisocial behavior is: "How many juvenile offenders continue to commit crimes into adulthood"? Consistent with Moffitt's theory, most delinquent offenders discontinue antisocial behavior in their late adolescence or early adulthood. Although LCP offenders account for a disproportionate number of delinquent acts, adolescent-limited offenders represent the majority of juvenile offenders; LCP offenders likely make up only 5–10% of male and less than 2% of female juvenile offenders.

Another well-supported developmental theory of juvenile delinquency and antisocial behavior articulated by Laurence Steinberg is the Developmental Dual Systems Model. Steinberg cites neuroimaging studies of structural, functional, and neurochemical changes within the brain during adolescent development. Therefore, he proposes two systems of the brain to explain risk-taking increases between childhood and adolescence and decreases between adolescence and adulthood. The socioemotional system of the brain is related to increased risk-taking, sensation seeking (i.e., tendency to seek novel and sometimes risky experiences), impulsivity, and sensitivity to peer influences. The socioemotional system rapidly matures during early adolescence and is fully matured by late adolescence. The cognitive control system is involved in

self-regulation (i.e., the ability to stop and regulate impulsive behaviors) and future orientation (i.e., the ability to consider future outcomes in a way that impacts present decision-making). The cognitive control system begins to mature in late adolescence and is not fully mature into early adulthood. Thus, Steinberg proposes the *imbalance* between the brain's emotion and control systems' accounts for the increased rates of not only delinquency but also general risk-taking and the greater impulsive behaviors observed in many adolescents (e.g., risky substance use, sexual behaviors). The age-crime curve serves as a representation of this bell-shaped relationship between age and delinquent involvement and shows the progression of offending peaking around mid- to late adolescence. Because the role of the cognitive control system is to regulate the socioemotional system and because of the differences in maturation of these systems, Steinberg's theory matches well with the age-crime curve of adolescent offending. Consistent with both developmental theories, the Pathways to Desistance Study (a large longitudinal study of serious adolescent offenders) found that 91% of serious adolescent offenders had significant decreases in offending behaviors over 3 years.

Deficits observed in these developmental theories are also observed in psychiatric disorders characterized by antisocial behavior patterns, such as oppositional defiant disorder and conduct disorder (CD). Oppositional defiant disorder is characterized by a pattern of defiant behaviors and angry or irritable mood that results in significant distress in multiple settings (e.g., family, school, peers). CD is marked by a pattern of behavior that violates the rights of others or age-appropriate societal norms or rules. Because these disorders are categorized by the violation of rules, the rates in justice-involved populations are significantly higher than in the general population. Antisocial personality disorder (APD) is marked by an *enduring* pattern of disregard for the rights of others and violation of these rights or of societal norms. Although APD specifies that the pattern of behavior must have been present before age 15 years, personality disorders are not diagnosed until adulthood based on the presumption that personality is variable until this time.

A diagnosis of APD is sometimes conceptualized as a graduated diagnosis from CD. This pattern of

diagnosing CD in adolescence and then APD in adulthood if the pattern of antisocial behavior persists is in line with Moffitt's theory of LCP offending. Again, although prevalence of APD in the general population is low (between 0.2% and 3.3%), prevalence rates of APD in justice-involved populations are estimated at greater than 70%.

RNR Model

A challenge for many clinicians and juvenile justice professionals is how to predict those juveniles who will either reoffend or continue offending into adulthood. When examining how antisocial behavior in adolescence can be predicted, it is important to consider risk and needs factors. Risk factors are mostly stable variables that predict negative outcomes or cause negative outcomes. Conversely, needs factors are conceptualized as changeable risk factors that can be addressed through programmatic interventions or individualized treatments (e.g., impulsivity, thinking patterns).

The Central Eight risk factors are a hierarchical structure of majority dynamic (i.e., changeable) risk factors for recidivism in adult populations. They include what researchers call the *Big Four*—history of antisocial behavior, antisocial personality pattern, antisocial cognition (i.e., antisocial thought patterns), and antisocial associates—and the *Moderate Four*—family/marital circumstances, school/work, leisure/recreation, and substance abuse. The Big Four of the Central Eight are thought to strongly predict recidivism, whereas the Moderate Four are thought to provide incremental validity in the prediction of recidivism. The Central Eight are typically addressed through the RNR model of offender treatment. The RNR model states that offenders should be evaluated and treated based on their individual risk and needs factors as well as on their responsivity to treatment.

Although the Central Eight have been well researched in adult populations, the incorporation of the specific Central Eight is less widespread in juvenile justice research or practice. Nonetheless, the use of RNR assessment measures and treatment models have proliferated in juvenile justice populations. However, these RNR assessment methods typically utilize the Central Eight risk factors without calling them such or without taking into account risk factors potentially unique to

adolescents. For example, risk factors for juvenile justice populations typically categorize individual, family, educational/employment, and peer factors, which easily map onto the Central Eight factors. Other common risk factors frequently discussed among juvenile offenders include history of early aggression, age at first adjudication, and number of prior arrests (i.e., history of antisocial behavior); juvenile psychopathy (i.e., antisocial personality pattern); and antisocial beliefs and attitudes (i.e., antisocial cognitions). The RNR model has been captured in juvenile risk assessments such as the Structured Assessment of Violent Risk in Youth and the Youth Level of Service/Case Management Inventory, and responsivity decisions are often incorporated into mitigating circumstances and sentencing options in juvenile courts.

Final Thoughts

Understanding of juvenile delinquency and antisocial behavior is rapidly increasing at a time when rehabilitation is being emphasized in the juvenile justice system. Insights from cognitive neuroscience and developmental psychology have been incorporated into theories of delinquency and have directly impacted numerous court decisions involving juveniles. This continued evolution holds promise for improving risk prediction, personalizing psychosocial interventions, and informing public policy.

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See also Criminal Careers and Offending Trajectories; Criminal Risk Assessment, Juvenile Offending; Developmental Theories of Crime; Juvenile Offenders; Risk-Need-Responsivity, Principles of; Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI 2.0)

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JUVENILE DELINQUENTS, CALLOUS UNEMOTIONAL TRAITS OF

Callous unemotional (CU) traits is the term used to describe individuals showing a set of symptoms including low levels of empathy and guilt, uncaring attitudes about others' feelings and their own performance in structured activities, and shallow emotions. When they co-occur with antisocial behavior, CU traits are recognized to be a risk factor for early onset, pervasive, and aggressive criminal behavior and adult psychopathy. Psychopathy consists of two dimensions or factors: Factor 1 includes shallow and deficient affect and an arrogant and manipulative interpersonal style; Factor 2 includes an impulsive and irresponsible lifestyle and antisocial behavior. CU traits were first introduced to capture developmentally appropriate symptoms of the

deficient affect dimension of adult psychopathy (i.e., lack of remorse/guilt, shallow affect, callous/lack of empathy). Research shows that the presence of CU traits in childhood and adolescence predicts higher instances of aggression—both for personal gain (proactive) and in retaliation for real or perceived wrongdoing (reactive), and antisocial, delinquent, and criminal behavior, in comparison to antisocial youth with no CU traits who tend to show only reactive aggression. This entry focuses on a number of current methods for assessing CU traits and their correlates among juvenile adolescents but is not comprehensive in scope.

Identifying youth with and without CU traits who are on different developmental trajectories to antisocial, delinquent, and criminal behavior is useful for understanding the distinct causal factors involved. Specifically, youth with CU traits show low emotional reactivity to fear- and empathy-evoking stimuli, as well as low anxiety levels, which may underlie their antisocial and aggressive behaviors. Antisocial youth with high levels of CU traits less accurately recognize sad and fearful expressions, are less engaged by others' distress cues, startle less easily when viewing aversive images, and exhibit lower autonomic activity (e.g., heart rate) than those without CU traits. High CU scorers have shown less heart rate change from baseline while viewing emotionally evocative clips as well as reduced brain activation (i.e., in the amygdala) while processing fearful expressions, compared to youth with low CU scores. Theory suggests that this decreased arousal in youth with CU traits prevents the inhibition of antisocial behaviors, explaining chronic patterns of aggressive and violent behavior. These findings support the need for comprehensive and informed assessments of CU traits among antisocial youth to discern those at greatest risk of chronic aggression and violent delinquency and in need of individualized interventions that target their unique needs.

Assessment of CU Traits

In 2003, Adelle Forth and colleagues developed a youth version of Robert Hare's Psychopathy Checklist-Revised, titled the Psychopathy Checklist: Youth Version (PCL:YV). This professional

judgment tool with semistandardized administration procedures provides a dimensional assessment of psychopathic traits among institutionalized adolescents aged 12–18 years. It involves a 60- to 90-min, semi-structured interview supplemented with an extensive file review. Scored on a 3-point scale (0 = *item does not apply*; 1 = *item applies somewhat*; 2 = *item definitely applies*), PCL measures include descriptions for 20 psychopathic traits grouped into affective, interpersonal, and behavioral symptom sets. The PCL:YV differs from the Psychopathy Checklist–Revised by only a few minor modifications for developmental appropriateness reflecting adolescent experiences such as the greater influence of family and peers on adolescents' lives. However, the shallow affect dimension that most closely resembles CU traits can span developmental stages, manifesting similarly in both adolescents and adults.

Adolescents who scored high on the PCL:YV affective dimension showed greater symptoms of disruptive behavior disorders, developed poorer interpersonal relations, and displayed more proactive aggression than their low-scoring counterparts. Meta-analytic studies show that PCL:YV scores moderately predict general (Effect Size r , $ESr = .25$, $p < .001$) and violent reoffending (Effect Size r , $ESr = .21$, $p < .001$). PCL:YV total scores have demonstrated high inter-rater reliability (i.e., the level of agreement between raters; $r = .90$ to $.96$) and internal consistency (α for total = $.83$; interpersonal = $.90$; affective = $.86$; impulsive-behavioral = $.90$) across populations (i.e., institutional, probation, community) within research settings.

PCL measures are resource- and time-intensive to administer (up to 2–3 hr per individual) and require file information, rendering them impractical in many settings. Thus, self-report and informant rating inventories, with a 10- to 20-min completion time, were developed for examining CU traits in broader populations of youth. Meta-analytic studies demonstrate that self-report instruments significantly predict general ($ESr = .11$, $p < .001$) and violent ($ESr = .19$, $p < .001$) recidivism, although effects are somewhat weaker than for PCL measures.

The Antisocial Process Screening Device (APSD), developed by Paul Frick and Robert Hare in 2001, is a 20-item informant (e.g., parent/

caregiver, teacher) or youth self-reporting rating scale designed to measure CU traits, narcissism, and impulsive dimensions of psychopathy in children and adolescents. Items were adapted from the PCL to be more applicable to children and are phrased as statements requiring informants to rate the presence of traits on a 3-point scale (0 = *not at all true*; 1 = *sometimes true*; 2 = *definitely true*). Like the PCL:YV, APSD scores should not be used to make categorical diagnoses of psychopathy, as these traits exist along a continuum.

Children and adolescents scoring high on the APSD/APSD–Self-Report tend to be more aggressive and violent than low-scoring youth. Adolescent offenders with a history of multiple, proactive violent acts scored higher on the APSD than other violent offenders, demonstrating that this tool designates a serious type of juvenile offender with a high frequency of violent acts. APSD total ($r = .33$ to $.40$) and subscale (CU = $.24$ to $.36$; impulsivity = $.32$ to $.40$) scores were significantly correlated with rearrest over a 1-year period. While factor scores for the informant-only version have demonstrated marginal-to-good internal consistency (α for total score = $.85$; CU = $.70$; narcissism = $.76$; impulsivity = $.67$), the internal consistency of scores on the self-report version has ranged from acceptable to good ($\alpha = .72$ to $.82$) for the total score, with poor-to-adequate internal consistency for the subscales (α for CU = $.36$ to $.56$; narcissism = $.56$ to $.72$; impulsivity = $.44$ to $.60$).

After extensive development, Frick produced in 2004 the Inventory of Callous-Unemotional Traits (ICU), a 24-item questionnaire administered to offender and nonoffender samples to help provide a comprehensive assessment of the presence of CU traits. The ICU addresses some of the limitations of the APSD such as the small number of primarily negatively worded items assessing CU traits ($n = 6$). There are five versions of the inventory: parent- and teacher-rating versions for school-age children, parent and teacher versions for preschool children, and a self-report version for school-age children, adolescents, and young adults. A brief 12-item version of the parent/teacher-report ICU has also been developed. Youth with high ICU scores showed more frequent and varied conduct problems, greater

offense histories, and proactive and reactive aggression, compared to low-scoring youth. Incarcerated boys scoring high on the ICU were faster to reoffend postrelease both nonviolently and violently. ICU scores show adequate test–retest reliability and acceptable internal consistency ($\alpha = .77$ to $.89$) across a wide range of ages, sexes, types of samples (community and incarcerated), cultures, and different language translations.

The ICU and the CU Scales of the APSD were used to develop the 4-item symptom criteria set for the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* “with limited prosocial emotions” specifier to conduct disorder. Results of item response theory studies indicated that this 4-item criteria set (i.e., lack of remorse/guilt, callous lack of empathy, unconcerned about performance, and deficient affect) represented the construct of CU traits well, supporting its inclusion in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Using a stringent method of assessing CU symptoms from the ICU (i.e., taking only the most extreme responses on the scale) identified community adolescents who were highly antisocial, whereas a more lenient method (i.e., taking the higher two responses of four response options) best distinguished incarcerated antisocial youth.

Recommendations for Use

Accumulating research on the reliability and validity of CU/psychopathy measures provides support for the use of various assessments to examine risk of violence among youth; however, some important considerations are worth mentioning. First, it is well-documented among community and clinical samples of youth that the combination of CU traits and antisocial behavior is a stronger predictor of severe and violent behavior than either factor alone. Yet, the methods used to measure CU tend to focus solely on personality traits rather than including measures of antisocial behavior. This exclusion inevitably limits the utility of CU measures alone for the purposes of violence risk assessment. Second, as with any assessment of mental health in youth, using only self-report to assess CU traits can be problematic and examinees should rely on a multi-informant,

multimethod approach consistent with that used in best practice assessment of childhood behavioral and emotional disorders and as recommended for the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* with limited prosocial emotions specifier. Third, most CU assessments lack normative female samples as girls and women are less likely than male samples to show CU and psychopathic traits, necessitating further research into whether CU traits manifest similarly across sex. Fourth, youth CU/psychopathy assessments are not diagnostic tools. No instrument reviewed here has established cutoff scores for making categorical decisions about whether an individual is a psychopath.

One important issue is that because psychopathy is a personality disorder, there needs to be evidence of relatively stable scores over time and into adulthood. To date, such research is scant, with one notable long-term, follow-up study by Donald Lynam and colleagues measuring psychopathic traits at age 13 and again at age 24, which demonstrated moderate stability of score levels. Although only a minority (16%) of individuals who scored in the top 20% at age 13 went on to attain an adult diagnosis of psychopathy, and the vast majority (84%) did not, the 11-year correlation in this study indicates higher stability for CU traits than for other youth disorders. However, results also suggest considerable within-person variability in psychopathic traits across development.

The CU/psychopathy measures discussed in this entry can assist clinical and forensic professionals in assessing the presence of CU traits among children and adolescents; a construct resembling the deficient affect dimension of psychopathic personality disorder. CU traits appear to best distinguish, among other psychopathy dimensions, those youth on a particularly persistent path of aggressive, violent, antisocial, and criminal behavior. Antisocial youth with CU traits also benefit less from traditional interventions than their low CU counterparts and require targeted interventions that address their unique needs. To illustrate, Michael Caldwell and colleagues found that juvenile offenders scoring high on the PCL: YV were 2.7 times less likely to recidivate following institutional release when

they received a targeted treatment within a specialized juvenile treatment center that utilized reward-oriented approaches, taught empathy skills, and targeted youth's self-interests, relative to psychopathic youth receiving treatment as usual (i.e., services provided by standard juvenile corrections institutions that rely on a punitive approach to deter misbehavior). With enhanced methods of identifying those at greatest risk of aggressive and antisocial behavior, examiners will be better able to allocate resources and administer individualized interventions.

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See also Criminal Risk Assessment, Juvenile Offending; Criminal Risk Assessment, Psychopathy; Juvenile Delinquency and Antisocial Behavior; Psychopathy Checklist: Youth Version (PCL:YV); Self-Report Measures of Psychopathy

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JUVENILE DELINQUENTS, MENTAL HEALTH NEEDS OF

A significant number of justice-involved youth experience mental health disorders, including those related to trauma. Some youth are only mildly affected by their symptoms, and others experience major difficulties in day-to-day living. Not only do incarcerated youth have a constitutional right to mental health treatment but also effective treatment could help curb the high risk of suicide among this population, reduce their emotional/psychological suffering, and help them better utilize programs focused on reducing recidivism. Providing these services effectively, however, is one of the biggest challenges faced by facilities housing delinquent youth. Funding challenges, underqualified mental health professionals, and a more punitive culture can all make effective mental health assessment and treatment less likely. Furthermore, diagnoses and subsequent treatments tend to focus primarily on behaviors, rather than on *why* a youth is behaving a certain way. This is especially troubling with regard to youth dealing with the effects of one or more traumatic incidents who often are not provided trauma-based assessments or treatments. Ideally, justice-involved youth with mental health needs are assessed and provided with evidence-based treatments while residing in the community. If such youth must be placed in a juvenile justice facility, much can be done to reduce their emotional/psychological suffering and harm to self or others as well as increase the positive changes they can make in their own lives.

Mental Health Disorders Among Justice-Involved Youth

Studies have found that 63–92% of youth in juvenile justice facilities meet criteria for a mental health disorder (e.g., attention-deficit/hyperactivity disorder, conduct disorder, post-traumatic stress disorder [PTSD], bipolar disorder, depression) or a substance use disorder. *Co-occurring disorders* (presence of both a mental health and substance use disorder) are common in this population, increasing the complexity of youth assessment, treatment, and management needs.

Regardless of diagnosis, many justice-involved youth experience attention and concentration difficulties, mood swings, low intellectual functioning, irritability, aggression, self-injury/cutting, and suicidal behavior. Participation in outpatient mental health therapy is common, and close to one fifth has been hospitalized in inpatient mental health facilities, with some youth requiring multiple hospitalizations.

Although research on suicide among incarcerated youth is significantly lacking, we know that suicide is the leading cause of death among youth in juvenile justice facilities. One study found that one in 10 youth in juvenile detention thought about killing themselves in the previous 6 months, and a little over one in 10 had attempted suicide at some point in their lives, with many trying to kill themselves more than once. Fewer than half of the youth with suicidal thoughts told anyone about them. Many justice involved youth possess multiple suicide risk factors; those in custody have additional stressors and restricted access to typical coping skills.

Trauma Is the Rule, Not the Exception

Many justice involved youth have been exposed to serious, sometimes life-threatening trauma during childhood and adolescence. One study found that 93% of incarcerated youth had at least one traumatic incident; over half had experienced trauma 6 or more times. Interpersonal traumas such as abuse, neglect, witnessing domestic violence, and separation from parents are common and tend to have the most negative impact. These youth may have angry outbursts, feel numb inside, have a hard time with attention/concentration, and experience interpersonal difficulties. Polytraumatized youth (i.e., single child experiences multiple forms of trauma, often including multiple incidents by multiple individuals) are at double the risk of developing depression, 3 times more likely to develop PTSD, and 3–5 times more likely to abuse alcohol or other drugs. They are also at higher risk of delinquency, school struggles, running away, and suicide.

Studies of incarcerated youth find rates of PTSD ranging from 10% to 50%, with the majority having a substance use disorder and/or another mental health disorder *in addition* to PTSD. The

term *complex trauma* can be helpful for youth who have experienced several (sometimes many) traumatic events, with at least some of the traumatic incidents being interpersonal in nature (e.g., involving family members, trusted individuals, or adults they depend on in some way). With regard to complex trauma, the traumatic experiences typically begin during the younger years and can significantly affect how a child develops, views relationships, and interacts with others. Experiencing repeated and inescapable trauma can impact youths' brain development, resulting in them having more difficulty controlling their emotions, paying attention and learning in school, managing their behavior, and interacting appropriately with peers and/or adults. The way youth view themselves can also be greatly impacted after experiencing a multitude of traumatic events during the developmental years. Not surprisingly, youth with complex trauma are at higher risk of depression, anxiety, substance use, self-injury, and suicide.

Despite high rates of traumatic experiences, justice-involved youth are often *not* diagnosed with a trauma-related condition nor referred for trauma-related treatment. This is usually because symptoms of trauma are often misdiagnosed as another mental health disorder, or the repeated use of alcohol or drugs to cope with traumatic experiences may be solely diagnosed as a substance use disorder—and these then become the focus of treatment. Justice-involved boys tend to underreport physical and sexual abuse as well as suffering related to traumatic experiences, so they may not receive a trauma-related diagnosis. Plus, trauma responses and reactions are often expressed as anger, irritability, and aggression among justice involved youth, which frequently leads to both girls and boys being viewed as *bad* rather than *traumatized*.

When faced with threatening situations, the human brain releases certain chemicals as it goes into fight-or-flight mode. When these chemical responses in the brain are continually reactivated due to chronic trauma, it can lead to structural, molecular, and functional changes in the brain. For youth, these negative changes are associated with significant academic, social, and behavioral problems.

Some practices within the juvenile justice system can exacerbate youths' feelings of vulnerability and loss of control, which can trigger an automatic, biologically programmed fight-or-flight survival response in traumatized youth. This may manifest in oppositional, belligerent, aggressive, avoidant, or self-destructive behavior. When juvenile justice professionals respond with intense punishment or control, physical restraint, or some form of isolation, it may trigger and escalate traumatized youths' negative behavior even further—which typically leads to longer and/or harsher sanctions. As this cycle continues, positive outcomes are less likely and both youth and those who work with them are at increased risk of injury.

Some juvenile justice agencies are moving toward becoming *trauma-responsive*, meaning recognizing the impact of trauma on youth in their care; modifying policies and practices to support youth and help them heal; and integrating the impact of trauma into screening and assessment, case conceptualizations of youth, individualized treatment plans, interventions, and daily programming. Practices that may produce unnecessary stress or inadvertently retraumatize youth are avoided whenever possible. Some examples include not using shackles during courtroom proceedings, allowing multiple opportunities for youth and their parents/caregivers to have a voice in the decision-making process, and reducing (or attempting to eliminate) the use of isolation within juvenile justice facilities. In trauma-responsive care, adults do not ask the question “what’s wrong with you?” but instead focus on “what happened to you?”

Mental Health Screening and Assessment

Mental health *screening* is a brief procedure primarily used to detect youth with a mental health disorder who are in need of further evaluation. Youth identified as possibly having mental health symptoms receive a more extensive assessment to explore the nature and severity of the symptoms to help determine whether specialized treatment services are needed. Upon entry, youth in a juvenile justice program or facility should be screened for possible mental health symptoms; rescreening should occur if youth move to a new residential

placement, display dramatic changes in behavior, or are suspected of developing new mental health issues. Mental health *assessments* can take hours to complete, with results providing the foundation for treatment planning within a program or facility and as youth prepare for transition back to the community. In addition to going more in-depth on issues covered in mental health screening, clinicians assess youths' psychological, intellectual, emotional, and social functioning to better understand areas of challenge and success.

Justice involved youth are often over-, under-, and misdiagnosed with mental health disorders. Mental health diagnoses should only be assigned after a comprehensive and thorough assessment by clinicians who have the education, training, and experience to do so.

Youth from various racial and ethnic backgrounds can manifest mental health symptoms differently; some mental health instruments have been developed for middle-class White males, so results may not be valid when assessing youth of other races, backgrounds, or another gender. The Massachusetts Youth Screening Instrument—Version 2 is a mental health screening tool normed on justice-involved youth; however, most mental health instruments are not.

Screening and assessment is an ongoing process. Youth may be intoxicated when initially screened; serious mental health disorders may develop or increase in severity as youth move into late adolescence; and a youth's depressed mood, anxiety, or suicidal thoughts may disappear after a major stressor is removed.

Mental Health Treatment

Youth with mental health disorders, including those with head injuries and trauma-related brain changes, typically need interventions focused on thinking before acting, managing their anger, decreasing or discontinuing substance use, developing prosocial coping skills, reducing stress, decreasing trauma-triggered responses, correctly perceiving social cues, and empathizing with others.

The following treatment models have shown beneficial effects for justice-involved youth; however, research has primarily been done in the community: Cognitive Behavioral Therapy and Trauma-Focused Cognitive Behavioral Therapy,

Multisystemic Therapy, Multidimensional Treatment Foster Care, Dialectical Behavior Therapy, Motivational Interviewing, Functional Family Therapy, and Trauma Affect Regulation: Guide for Education and Therapy. Research on effective treatment methods for incarcerated youth with mental health needs (especially those who are aggressive and violent) is limited and desperately needed.

Home-based, family-oriented psychotherapy that is individualized to a youth and family's needs is typically more effective for low-risk youth and those charged with nonviolent offenses (e.g., non-violent probation violation) versus detaining or incarcerating them. Following release from a juvenile justice facility, this type of treatment can help reduce a youth's mental health symptoms, lessen family conflict, and decrease the likelihood of youth requiring residential treatment or returning to a juvenile justice facility.

Diversion programs are often available to help keep youth with mental health disorders out of the juvenile justice system, particularly if they have committed minor offenses and/or are not a threat to public safety. Youth who are diverted typically need to complete several requirements, including evidence-based individual and family treatment in the community. If diversion out of the juvenile justice system is not possible, youth should be placed in the least restrictive, most homelike setting that is safely possible and provided evidence-based treatment where they reside.

Justice involved youth with serious mental health disorders may require intensive intervention services or residential placements, including: intensive home-based treatment, therapeutic foster care, day treatment program, and/or an inpatient psychiatric hospital or residential treatment program. Parents or caregivers may need crisis intervention services or access to respite care.

Juvenile justice facilities vary considerably in physical design, quantity and quality of mental health resources, and provision of mental health treatment and programming. Goals of mental health treatment for incarcerated youth typically include stabilizing emotions and behavior, decreasing violence toward themselves and others, maintaining safe facilities and orderly living units, and reducing youth suffering and impairment in key areas (e.g., family, school, friendships). The most

helpful treatment strategies teach youth effective skills to better control their emotions and behavior, as well as necessary skills for functioning successfully in the facility, as well as the community upon release.

Successful treatment typically addresses multiple areas of youths' lives, including family, peers, school, community, and, when necessary, youth's physiology (through medication). Treatment services should be practical, skill-based, focused on developing and strengthening protective factors (vs. solely reducing mental health symptoms), and modified for youths' intellectual and developmental levels. Quality education and vocational programs are essential, as are a variety of recreation and leisure activities, meaningful programs, strength-based behavior management, and positive relationships with peers and adults. Youth are more likely to attend and participate in mental health services in lieu of, or after, release from a juvenile justice facility if services are mandated by probation or parole.

Key Treatment Issues

Specialized mental health courts have been developed in some jurisdictions across the United States to help meet the needs of justice-involved youth. They are voluntary, less adversarial than typical courts and ensure youth receive appropriate mental health assessments and treatment. A multidisciplinary team develops and monitors youths' treatment plans; utilization of existing community resources is emphasized; and juvenile detention is used as a last resort.

Not all clinicians assessing and treating justice-involved youth with mental health disorders have the education, training, and experience to work with this challenging and clinically complicated population. Many have not been trained on how to provide mental health assessments or evidence-based mental health treatment or they may not be well-versed in working with adolescents, particularly those who may be oppositional, angry, or even aggressive. In some juvenile justice programs and facilities, there are limited resources to fund one or more qualified mental health professionals or it may be challenging to attract qualified individuals who want to work with justice-involved youth. Utilizing unlicensed

or underqualified mental health professionals reduces the likelihood that justice-involved youth will receive the type and quality of treatment services they need. Juvenile justice facilities, especially in rural areas, may need to be creative and flexible (e.g., obtaining grant money to fund the positions, building relationships with community mental health centers, utilizing traveling mental health professionals who visit different facilities throughout the week, sharing mental health professionals with the local jail) in order to attract and retain qualified mental health professionals.

Engaging parents and caregivers in the assessment and treatment process, including educating them on the benefits and risks of each treatment option, is essential for positive outcomes. Informed consent is typically required if youth are prescribed medication to treat mental health symptoms.

Prior to or during justice involvement, many youth have been prescribed psychotropic medication to help control their moods or behaviors. For some, this medication is vital to their success (even lifesaving); however, the benefit and safety profiles of many of these medications are largely unknown for young people. Psychotropic medication is particularly complicated and potentially dangerous among justice-involved youth for several reasons: They often do not take psychotropic medication as prescribed, they may take several different types of medication simultaneously, and they frequently use alcohol/drugs at the same time.

If incarcerated youth with mental health disorders are not adequately prepared for the transition back to the community, they can become overwhelmed, frustrated, and discouraged. To prevent a loss in treatment gains, support and services from multiple systems (e.g., family, mental health, substance abuse, school/vocational, housing, child welfare, medical) should be in place upon release; family involvement is essential.

Given the high numbers of justice-involved youth with mental health disorders, mental health training (with an emphasis on trauma) is needed for all juvenile justice professionals. Working with this population can be stressful, and juvenile justice professionals who receive little or no mental health training can easily become frustrated and discouraged, leading to burnout and ineffective—and sometimes harmful—management and supervision strategies. Without training on how to effectively

interact with this group of young people, staff can unintentionally escalate a crisis situation, exacerbate youth distress, or trigger a deterioration of youth mental health symptoms.

Neither the juvenile justice system nor mental health system can effectively manage and treat justice-involved youth with mental health disorders single-handedly. Communication, coordination, and collaboration are necessary among and between mental health and justice system professionals, parents/caregivers, and the youth themselves. Ideally, interdisciplinary collaboration should begin as soon as a youth enters the juvenile justice system and continues throughout all mental health assessment, treatment, and transition services.

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See also Juvenile Offenders; Mental Health Assessment; Juvenile Screening Tools; Trauma-Informed Treatment

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JUVENILE OFFENDERS

The term *juvenile offenders*, or *juvenile delinquents*, refers, generally, to youth who commit a legal infraction; however, there are variations across jurisdictions in statutory age limits and the offenses considered legal infractions. Statutory ages defining a juvenile offender generally range between 12 and 18 years. In some jurisdictions,

though, youth as young as 6 years can be charged with a criminal offense. Similarly, in some jurisdictions, depending on the crime, a youth under the statutory age limit can be charged as an adult. Types of infractions meriting charging a youth as a criminal offender vary as well. In some cases, status offenses such as truancy or running away are considered criminal acts, whereas in other jurisdictions these are treated outside the juvenile justice system.

To further understand juvenile offenders, this entry begins with a discussion of the evolution of contemporary conceptions of childhood. It then discusses theories and factors associated with juvenile offending as well as implications for prediction, prevention, and treatment. The entry concludes with a discussion of various juvenile justice systems.

Contemporary Conceptions of Childhood

Current attitudes and practices regarding youth who engage in criminal activity have evolved over a long period of time. This evolutionary process has roughly paralleled the evolution of attitudes and practices regarding childhood and adolescence. Historians have traced a slow and uneven development of the concept of childhood and ideas about the appropriate treatment of youth. Earlier periods were characterized generally by the absence of a concept of childhood. Childhood was treated simply as a preparation for adulthood; as soon as youth reached some early milestones (e.g., puberty), they were considered part of the adult world. For example, youth as young as 12 years were recruited into the navy, and children as young as 8 years were taken to work in the coal mines. To an extent, this may have been a class and gender issue, but even males from the upper classes were not provided the same type of childhood experienced today.

The evolution of contemporary conceptions of childhood as a distinct phase of the life span emerged slowly during the early 19th and 20th centuries. Much of this evolution was sparked by philosophic and political developments associated with the Enlightenment, social issues arising from increasing urbanization, and developments in religious thought. This shift is also reflected in society's attitudes and practices regarding juvenile

offenders, whereby they are usually (although not always) provided separate treatment in the judicial system.

Analyzing the construct of juvenile offending is complicated by a number of considerations, such as the nature of the offense and pattern of offending. Most crimes committed by youth are relatively minor in nature, including actions such as shoplifting, damaging property, and engaging in minor fights. At the other end of this continuum are acts of serious violence such as murder and sexual assault. Frequency of offending is also relevant. In many cases, the youth offender has committed a single infraction, while in other cases chronic offending is present.

A related distinction is between adolescent-limited and life course–persistent delinquency. The former describes much juvenile crime, whereby a youth with no criminal history engages in some form of law breaking during adolescence. Usually, these crimes are not particularly serious and the youth does not persist in criminal activity. Life course–persistent delinquency, on the other hand, describes the pattern whereby antisocial behavior and conduct disorder appear very early and persist through adolescence and into adulthood. While these two patterns do not describe all patterns exhibited by youth, they do account for a high percentage of cases.

That the construct of juvenile offending can include youth exhibiting a wide range of patterns of criminal activity complicates analyses of the causes of delinquency as well as prediction and treatment strategies. These issues also complicate evaluations of the extent of juvenile crime. Data regarding the incidence of youth crime and percentage of youth engaging in criminal activity are often reported. Sometimes these data are traced over time, indicating, for example, that youth crime has increased or decreased in a particular region over some period of time. Comparisons are sometimes made among jurisdictions as well. However, these data are difficult to interpret because of the ambiguities regarding definitions of the construct just discussed. For example, calculating the percentage of youth in a community convicted for a crime does not convey necessarily specific information as this number may include youth exhibiting a range of infractions (from shoplifting to murder) as well as a range of patterns (from a youth convicted of one

offense to a youth with a long history of convictions). Moreover, deficiencies are sometimes present as well in the data on which these comparisons are based, including those derived from official sources.

In spite of these problems, some conclusions related to juvenile offending can be stated with confidence. First, the majority of youth do not engage in serious criminal activity or, at any rate, serious enough to come to the attention of the police. Second, a small number of youth do commit criminal acts serious enough for police and judicial involvement; however, the majority of these crimes are relatively minor, and the youth do not engage in continued criminal activity beyond adolescence. Finally, a very small number of youth engage in serious criminal activity, and in some cases, the criminal activity is chronic. The latter requires close attention in order to effectively predict and prevent juvenile offenders and devise appropriate treatment strategies.

Theory

Theoretical efforts to analyze the causes of juvenile offending have a long history. However, two complications should be noted at the outset. First, analyzing the causes of a complex human behavior such as criminal activity, subject as it is to a wide range of influences, is immensely complicated. Second, as already mentioned, the construct itself is complicated. Is it possible that a single cause can explain the actions of a youth with no criminal history engaging in the theft of a bicycle as well as a youth with a long criminal history engaging in a violent assault? Nevertheless, many have attempted to develop theories related to juvenile delinquency as a whole.

From these studies, four broad categories of theories for juvenile offending can be identified. Neoclassical theories emphasize rational choice as the basis for the criminal offending. Criminal behavior is viewed as willful; people engage in the criminal act because they choose to. A second category implicates biological processes. In some cases, deficits in neurological functioning are hypothesized, while in other cases genetically based determinants of temperament are implicated. Psychological explanations form a third category. This category actually includes a variety of explanatory

constructs, ranging from psychoanalytic processes, through social learning, to purely behavioral explanations. Finally, economic or sociological theories locate the causes of criminal behaviors in social or economic contexts. Marxist and anomie theories, for example, posit that criminal activities reflect responses to poverty and economic inequality.

While theories within each of the four categories contribute to the understanding of crime, it is recognized that none alone provides a complete explanation. For this reason, some contemporary scholars have eschewed a purely theoretical analysis and depend on research-based conclusions regarding the factors associated with youth crime. This also has the advantage of providing specific guidance regarding prediction and treatment strategies.

Factors Associated With Juvenile Crime

Considerable progress has been made through empirical research in identifying individual and situational factors associated with youth crime. Some of these factors or conditions are causal in nature. For example, associations with delinquent peers in a gang may contribute directly to the criminal act. In other cases, the factor may reflect a statistical association and indirect link with the criminal activity. For example, while poor school performance is associated with crime, this may reflect frequent absences associated with the criminal activity or may reflect differential treatment of the child in school because he or she has been identified as delinquent.

Whether or not a condition is causal, identifying the condition as significantly associated with criminal activity is important from the point of view of identifying a youth as at risk for criminal activity and for focusing intervention efforts. The presence of a risk factor does not mean that the youth will necessarily commit a delinquent act, but it indicates an increased probability relative to youth not exhibiting the condition. For example, a youth involved in a criminal gang may not engage in criminal activities, but he or she has a higher likelihood to do so than a youth not so engaged.

Scholars have identified eight categories of major risk factors. The first category includes historical factors, such as a history of conduct disorder and criminal activity. Other things being equal, a youth

with a history of antisocial behavior is at elevated risk of crime. A second category includes a range of family factors, particularly those relating to parenting. A lack of supervision, inappropriate disciplinary practices, and poor relations between parent and youth are prominent risk factors. Poor school adjustment and achievement have also been linked with youthful criminal activity, as has association with antisocial peers. Drug and alcohol addiction, poor use of leisure time, and a range of personality and behavioral traits (e.g., attention disorders, high levels of hostility and aggression, callous/unemotional perspective) have also been linked with antisocial behaviors. Finally, antisocial attitudes, values, and beliefs have demonstrated strong relations with youthful criminal acts. Again, the presence of these factors or conditions does not necessarily mean the youth will engage in criminal behaviors; rather, it increases the probability this will occur. Research also indicates that the greater the number of risk factors exhibited by a youth, the higher the probability of committing a criminal act.

A distinction is made between static and dynamic risk factors. The former are conditions that cannot be changed. These include historical factors such as age at first arrest and a history of criminal activity. Dynamic risk factors (also referred to as needs) constitute risk conditions that can be changed and, if changed, can reduce the likelihood of engaging in criminal activity. Most of the factors or conditions identified in this entry represent dynamic risk factors. While not easy, positive changes can be made in all of the areas except for the historical factors. Parental practices can be improved, youth moved away from negative peer influences, school performance and adjustment improved, drug and alcohol abuse addressed, improvements made in use of leisure time, personality and behavioral problems addressed, and attitudes and values moved in positive directions. Research has demonstrated that positive changes in these areas can reduce the likelihood of engaging in criminal activities.

The discussion to this point has focused on negative traits or conditions associated with criminal activity. However, it is also important to recognize that the youth, or his or her environment, may present strength or protective factors that could help to buffer or counter the effects of the negative factors. An example would be a cooperative and resourceful parent who may serve as a buffer to

negative neighborhood influences or a teacher willing to work with the youth on school problems. Characteristics of the youth may play important roles in fostering strength or protective factors: a high level of maturity in the youth, an interest in sports, or a recognition that changes in his or her life may create a positive impact. Identifying strength or protective factors is particularly important for developing effective interventions; thus, to the extent possible, intervention or treatment efforts should be strength based.

Implications for Identification and Prediction

Identifying youth at risk of criminal offending or continued offending is an important exercise since it can guide prevention and treatment strategies. In the present context, this involves identifying risk and need factors for the youth and using those as the basis for predictions about engaging in criminal acts.

A purely clinical approach is sometimes used for identification and prediction. A professional, possibly a probation or youth worker, with experience in the field interviews the youth, reviews any additional information about the youth, and forms judgments, including predictions about the risk of further criminal activity. However, research has shown that clinical assessments of this type are generally not particularly reliable or valid. That research has also shown that structured and standardized assessment procedures yield more valid predictions of future behavior. The preferred approach to forming profiles of risk or needs and predictions of risk of delinquency is based on the use of structured and standardized assessment instruments, such as the Structured Assessment of Violence Risk in Youth and Youth Level of Service/Case Management Inventory 2.0.

Implications for Prevention and Treatment

A common assumption among some professionals, politicians, and members of the public is that punitive sanctions, particularly in the form of incarceration, represent the most effective means for promoting individual and general deterrence. The argument is that the experience of such a

sanction or knowledge of the threat of a negative sanction will deter engaging in the criminal activity. However, contemporary research has shown that punitive sanctions are not particularly effective in promoting deterrence. In fact, under some circumstances subjecting a youth to coercive sanctions may actually increase the probability of reoffending. This same program evaluation research also suggests that rehabilitative strategies focusing on the factors placing the youth at risk of criminal activity can be the most effective intervention strategy. This does not mean that the youth should not be held accountable for a transgression, but it does shift the focus from the criminal act to the youth committing the act.

A number of intervention models have been developed to guide this type of strategy. One such framework, the Risk-Need-Responsivity (RNR) model, has received empirical support and is used here as an example of best practice in the treatment of the juvenile offender. This model asserts that careful assessments of the risk and need factors exhibited by the youth (*assessment principle*) help with determining effective interventions. According to the *risk principle* of the RNR model, the level or intensity of treatment should vary with the level of risk presented by the youth. In other words, intensive interventions should be reserved for the highest risk cases, while lower risk cases can be provided less intensive interventions. Intensive interventions for all at-risk youth would be cost prohibitive, so correlating risk and intervention levels offers a practical approach. Also, research has shown that involvement in the judicial or correctional systems can, under some circumstances, represent a risk factor. Disposition of a youth's case will always involve judicial considerations (e.g., based on severity of the offense or history of offending), but within those limits, system involvement with the youth should reflect the level of risk presented.

The second principle of the RNR is the *need principle*, which states that interventions should be directed toward the specific needs of a particular youth. If, for example, a youth exhibits risks related to the home environment, associations with delinquent peers, and drug abuse, then these should be the targets of service. On the other hand, if the risks appear to be associated primarily with adjustment problems in school, poor use of

leisure time, and antisocial attitudes, then those can be the objects of intervention.

A third principle of the RNR model, the *responsivity principle*, suggests that interventions should take into account other factors or conditions that may affect responses to the intervention. This includes negative factors such as conflicts between parents, cultural issues, emotional conditions of the youth, as well as strengths exhibited by the youth or family. Responsivity factors are not necessarily directly related to the criminal activity, but they should be identified in assessments and taken into account in case planning. Other principles within the RNR model stress the use of valid assessment procedures, the use of evidence-based treatments, the use of community-based interventions where possible, and the careful selection and training of personnel within the judicial or correctional system.

A growing body of empirical research is now providing support for the principles of the RNR model. Additionally, research is showing that systems following the principles of the RNR model present favorable cost/benefit ratios compared with alternatives, particularly those dependent on more punitive approaches such as incarceration. The latter tends to be very expensive and relatively ineffective in deterring criminal activity.

Systems of Juvenile Justice

Juvenile justice systems include police, courts, and correctional subsystems. The latter may comprise community-based intervention programs designed to deter criminal activity, probation services, and custody or other institutional facilities. Sanctions such as fines or community service orders may also be involved. The design of these systems varies widely across national boundaries and even within countries in some cases. For example, while the processing of youth within the courts in the United States is directed to some extent by higher court decisions, the legal processing of juveniles and the range of sanctions employed differs from state to state. The situation in Canada is somewhat different. Legal processing of juveniles and approved sanctions is under the control of the Youth Criminal Justice Act, an act of the federal parliament. However, the application of the act is

a provincial responsibility and some variability in application is observed among the provinces.

Differences among systems can be represented in terms of two dimensions, one relating to legal procedures and protections and the other to preferred sanctions. At one extreme are crime control systems in which the focus is on the crime rather than the offender. Here, the youth is processed through a formal legal system, with a heavy dependence on punitive sanctions such as incarceration. In extreme cases in this type of system, the youth may be accorded no legal rights, with the court holding all decision powers. These systems sometimes reflect a *parens patriae* philosophy, whereby the court is acting in the best interest of the child.

The other extreme is reflected in child welfare systems where the primary focus is on rehabilitating the youth rather than punishing the crime. Here, the youth is not exposed to a formal legal system but is processed through a social welfare or child protection system with the primary focus being rehabilitation instead of punishment.

Many juvenile justice systems fall somewhere between these two extremes. Many possess a separate court system for youth that contains most of the due process protections of the adult system. Although nearly all have a provision for punitive sanctions, many systems also incorporate some rehabilitative treatment programs. However, there are wide differences in the balance of punitive and rehabilitative strategies, particularly across the United States. Wide differences across jurisdictions are also observed in attempts to incorporate principles of best practice as represented in models such as RNR.

While the treatment of juvenile offenders is directed very much by political forces, it is hoped that continuing research on the effectiveness of various strategies for addressing youth crime will contribute to improvements in the future. Efforts to educate the public on the importance of using best practices in the treatment of juvenile offenders are also important.

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See also Juvenile Delinquents, Callous Unemotional Traits of; Risk-Need-Responsivity, Principles of; Structured Assessment of Violence Risk in Youth (SAVRY); Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI 2.0)

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JUVENILE OFFENDERS: DEVELOPMENTAL TREATMENT CONSIDERATIONS

Adolescence is a tumultuous time of profound development across neurocognitive, social, biological, self/identity, and moral domains. Some degree of rule breaking, conflict with authority (e.g., parental, school), and antisocial behavior (e.g., curfew violations) is considered normative during adolescence. However, for adolescents with juvenile justice involvement, the neurobiological, social, and identity-formation tasks of this developmental period may at least partially contribute to the onset and course of delinquent behavior. Therefore, it is imperative that treatment providers who assess and treat youthful offenders target dynamic, changeable risk factors such as antisocial behavior, which may stem from the developmental changes that take place during adolescence, to provide the best opportunity for reducing the likelihood of further antisocial behavior.

Adolescent Brain

The development of the adolescent brain has been the subject of much study and debate in reference to juvenile justice. This is a rich and complex area of research, but two neurobiological systems are generally acknowledged as particularly relevant to adolescent behavioral control and offending behavior: the cognitive control system, which is responsible for executive functioning, and the

socioemotional system, which is responsible for the processing and integration of interpersonal and affective stimuli. Although both the cognitive control system and socioemotional system develop substantially during adolescence, they do not mature at the same rate.

The socioemotional system matures quickly following puberty and is typically considered to be fully developed between the ages of 15 and 16 years. This system refers to brain structures and functions that allow for the processing and integration of relational and emotional stimuli. Included neural structures include the amygdala, orbitofrontal cortex, insula, medial prefrontal cortex, ventral striatum, and superior temporal sulcus (see Figure 1). The socioemotional system is also closely associated with the brain's reward pathways that are responsible for the motivation to seek pleasurable experiences and avoid

unpleasant ones. The rapid development of the socioemotional system may also help explain the intense affective states and lability (or rapidly changing emotional states) that are often observed during adolescence.

In contrast to the socioemotional system, the cognitive control system continues to mature throughout adolescence and into early adulthood, with some areas of the prefrontal cortex not reaching full maturity until between the ages of 20 and 25 years. Skills associated with the cognitive control system include those required to assess a situation, weigh potential response options, develop a plan of action, and act accordingly. Underdeveloped executive functioning skills are associated with deficits in mental flexibility, planning, attention, and the integration of feedback.

The observed pattern of impulsivity and risk-taking that is often present in adolescence may be

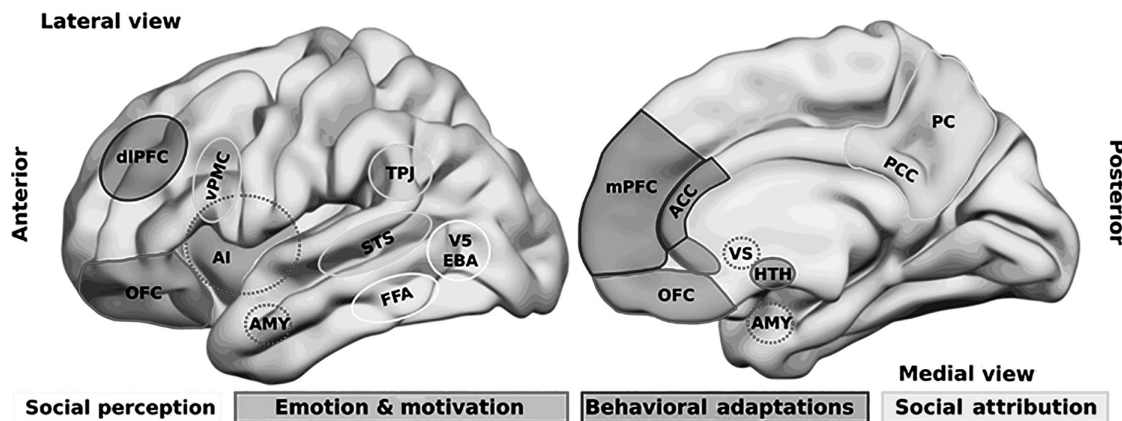


Figure 1 Brain areas that participate in social processing. A simple classification of brain areas involved in social processing differentiates regions that participate in four related processes. The first is the perception of basic social stimuli, such as biological motions (V5), part of the body (extrastriate body area, EBA), and faces (fusiform face area, FFA). Another process includes emotional and motivational appraisal, where the amygdala (AMY), the anterior insula (AI), the subgenual and perigenual anterior cingulate cortex (ACC), and the orbitofrontal cortex (OFC) participate. These cortical structures are in interaction with subcortical structures as the ventral striatum (VS) and the hypothalamus (HTH). These structures in turn interact with other regions that participate in the goal-directed, adaptive behaviors and the categorization processes, such as the dorsolateral and the medial prefrontal cortex (dlPFC, mPFC) and the ACC. Finally, for social attribution, areas such as the ventral premotor cortex (vPMC), the superior temporal sulcus (STS), the AI, the posterior cingulate cortex (PCC), and the precuneus (PC) participate in more automatic, bottom-up inferences of other people's mental states, whereas structures such as the medial prefrontal cortex and the temporoparietal junction (TPJ) are involved in more cognitive theory of mind skills.

Source: Wikimedia Commons/Billeke, P., & Aboitiz, F. (2013). Social cognition in schizophrenia: From social stimuli processing to social engagement. *Frontiers in Psychiatry*, 4(4). doi:10.3389/fpsy.2013.00004. Retrieved from <http://journal.frontiersin.org/article/10.3389/fpsy.2013.00004/ful>. Licensed under Creative Commons Attribution 3.0 Unported, <https://creativecommons.org/licenses/by/3.0/deed.en>

the result of the temporal lag between the maturation of the social–emotional processing system of the brain and that of the cognitive control system. Specifically, the absence of fully developed skills related to executive control (i.e., an underdeveloped cognitive control system) coupled with a strong orientation toward pleasurable and social influences (flowing from a fully developed socio-emotional system) can lead to deficits in judgment, planning, and decision-making, particularly in the context of highly socially or emotionally salient situations. These executive functioning deficits (relative to mature adults) and strong social–emotional impulses, which are hallmarks of adolescence, are associated with juvenile offending behavior. By contrast, among nonoffending adolescents, there is more congruence in the development of the emotional processing system and the cognitive control system, meaning that both systems tend to develop at approximately the same time.

Social Development and the Influence of Peers

Adolescence is a critical period of social development, and the active pursuit of peer approval and acceptance is a normative component of this development. Therefore, peer influence, including negative influence, is a particularly powerful factor during this developmental stage. Generally, the influence of peers manifests as two related processes: social comparison, which involves evaluating one's own behavior by observing the behavior of others, and social conformity, which is the tendency to emulate the behavior of certain peers. Social conformity is of particular importance to adolescent development because the tendency to conform behavior to match that of peers peaks in mid-adolescence (around 14 or 15 years of age) and then slowly declines during late adolescence.

Peer influence is related to juvenile-offending behavior in several important ways. First, perceived peer rejection during adolescence often results in increased risk-taking behavior in an effort to gain acceptance from peers. As such, youth who perceive themselves to be socially awkward, incompetent, marginalized, or excluded may be particularly vulnerable to involvement with the juvenile justice system. Second, in

comparison to adults, adolescents tend to commit more group-based offenses. This provides further support for the social (rather than individual) motivation for offending behavior often observed among juveniles. Third, antisocial peer influence is a powerful risk factor for antisocial behavior among adolescents, which suggests that treatment providers working with youthful offenders should assess and address antisocial peer contact. Fourth, the normative developmental need for affiliation may be particularly problematic for adolescents immersed in subcultures (e.g., gangs) where the so-called delinquent reputations are promoted as desirable. This highlights the importance of gang prevention efforts for at-risk youth in areas where gang activity is prevalent. Finally, the offending behaviors of adolescents who become involved in the juvenile justice system for a time but do not go on to exhibit persistent offending behavior into adulthood—referred to as *adolescence-limited antisocial behavior*—are frequently motivated by a desire to imitate antisocial peers who occupy a higher social status.

In light of the research related to social-peer influence during adolescence, the behavior of many juvenile offenders can be distinguished from that of typical adult offenders. In particular, adults who engage in offending behavior are more likely to behave in accordance with a subjectively defined personal value system, whereas adolescent-offending behavior is much more likely to be shaped by the developmentally appropriate (albeit sometimes problematic) social forces that are present during this stage of development.

Biological Development/Puberty

In addition to the substantial neurodevelopmental and social changes typical of adolescence, juveniles undergo significant physiological changes during puberty. This development is accompanied by hormonal fluctuations, including increases in testosterone in males and estradiol in females. The hormonal changes of puberty are strongly associated with aggression and irritability in both sexes. Adjusting to physical manifestations of puberty can be a stressful experience for adolescents, and it impacts how youth think, feel, and behave. Accordingly, personality functioning is often less stable (i.e., less consistent across contexts) before

and during puberty than it is during adulthood. Further, biological development may impact juvenile-offending behavior by increasing irritability and aggression.

Identity Development

Identity formation is the key developmental task of adolescence, and it is a process by which individuals strive to identify their personal, ethnic, gender, sexual, and social identity. The pursuit of a sense of self is commonly accompanied by a conflict between two opposing concepts: the need for independence and individuation versus the need for affiliation and social connectedness. This struggle can lead to behavioral difficulties and represents a challenge for adolescents. The development of maladaptive coping strategies, such as substance use, in response to identity-related struggles is closely linked to delinquent behaviors among youth.

The process of identity formation is typically characterized by extensive experimentation and exploration during the course of adolescence. Although this identity crisis typically occurs during middle adolescence, its resolution and the subsequent assimilation of personally relevant identity elements into a cohesive *developed self* does not typically occur until late adolescence or early adulthood. Often the experimentation process inherent to identity formation includes risk-taking behaviors such as substance use, sexual experimentation, and antisocial behavior. Stunted identity development, including when adolescents have difficulty exploring or committing to personal value systems, is associated with a variety of negative outcomes, including poor self-confidence, low levels of intrinsic motivation, younger age at first arrest, and higher rates of arrest.

Psychosocial Maturity

Forensic mental health professionals are commonly asked to opine about concepts such as *sophistication* and *maturity* in the context of juvenile forensic mental health evaluations. A consideration of a juvenile's sophistication and maturity may be relevant, for example, when forensic mental health professionals are assisting courts to determine whether a juvenile should be processed

in juvenile court or adult court. The constructs of sophistication and maturity are closely linked with the psychological concept of *psychosocial maturity*, which is the process of individual decision-making that is affected by a number of cognitive, emotional, and social factors. There are three functional capacities that contribute to the concept of psychosocial maturity: (1) *responsibility* (the ability to make independent decisions and remain relatively self-reliant in the face of external pressures); (2) *perspective* (the ability to identify and weigh short-term and long-term consequences of a decision [temporal perspective] and the ability to identify and understand another individual's position on an issue [interpersonal perspective]); and (3) *temperance* (the capacity to exhibit self-control and restrain impulses).

Typically developing juveniles tend to exhibit responsibility by late adolescence. Both temporal and interpersonal perspectives tend to improve throughout adolescence, so younger juveniles (i.e., aged 10–14 years) exhibit immature perspective-taking when compared to older adolescents (i.e., aged 16 and 17 years). When perspective is underdeveloped, adolescents tend to display poor judgment, in part because they assign greater value to short-term rather than long-term consequences. The discounting of longer-term consequences is a risk factor for adolescent-offending behavior. Youth tend to exhibit stable levels of temperance from childhood to approximately 16 years of age. Around age 16, impulsivity increases and temperance decreases for several years, until approximately 19 years of age. Thus, older adolescents can be expected to display less developed temperance than younger children in the context of juvenile forensic assessment and treatment.

Treatment Considerations

There are numerous internal and external factors that influence adolescent development. As part of the normative developmental process, adolescents experience significant and profound changes in several domains, including neurological, social, physiological, psychological, and emotional. The accompanying neurobiological and identity formation developmental tasks associated with adolescence are likely related to the observed patterns

of rule-breaking behavior, conflict with authority, and antisocial behavior seen in some adolescents.

From a treatment perspective, treatment providers working with juvenile offenders should be knowledgeable about the normative developmental changes that take place during adolescence. Understanding these processes is essential in the assessment process and when formulating an appropriate treatment plan. By understanding the normative process of adolescent development, treatment providers can better distinguish youth likely to desist offending behavior (i.e., adolescent limited) from the smaller portion of adolescents who are likely to continue engaging in antisocial behavior in adulthood (i.e., life course persistent).

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See also Juvenile Delinquency and Antisocial Behavior;
Juvenile Delinquents, Mental Health Needs of;
Juvenile Offenders: Treatment Models and
Approaches

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JUVENILE OFFENDERS: TREATMENT MODELS AND APPROACHES

Treatment models and approaches for juvenile offenders consist of a variety of theories and applications that aim to reduce juvenile delinquency. Within the general subject of criminal psychology, this topic concerns policies and services to both promote prosocial youthful development (e.g., regular school attendance, participation in structured activities) and rectify the antisocial circumstances (e.g., substance abuse) and manifestations of youths who become involved in the juvenile justice or criminal justice systems. The topic is relevant to professionals working within and outside of the formal juvenile justice system, including clinicians, educators, caseworkers, probation officers, attorneys, judges, and policy makers. Treatment models and approaches can be organized in terms of where they are positioned along the juvenile justice or criminal justice processing continuums, by the *name brand* of the service, by the generic principles or elements that make up the service, or by the subtype of juvenile offenders being targeted. At the present time, there is also much interest in evidence-based treatments, in particular, and how to appropriately and effectively balance punitive and rehabilitative responses to juvenile offending.

A System-Processing View

Primary or universal prevention programs aim to reduce the number of justice-involved youth, and the likelihood of status offenses (i.e., behaviors that are only offenses because of the youth's juvenile status; e.g., curfew violations) or delinquent offenses is to adopt policies (e.g., repeal of zero-tolerance laws, promotion of increased inter-agency and interorganizational collaboration among such entities as schools, child health-care providers, child welfare agencies, and community-outreach organizations) and provide services (e.g.,

home visitation programs that provide assistance with health care, infant care, and child development; public information campaigns; gang-focused initiatives) to prevent contact with the justice system. *Secondary or selective prevention* approaches attempt to *divert* youth who make contact with the juvenile justice system. School officials, police officers, juvenile court intake officers, prosecutors, and juvenile court judges can offer school-based discipline, informal warnings, referral for acute mental health or substance abuse services, or dismissals of juvenile court referrals and petitions. Youth participation in teen, peer, or drug courts is also included in the secondary or selective prevention approach.

Another approach to reducing the numbers of justice-involved youth—*treatment*, or *intervention*, *tertiary prevention*, and *aftercare*—is to provide community- or institution-based services to youths adjudicated of status or delinquent offenses in the juvenile court system or convicted of criminal offenses if processed in adult court. Community-based treatment options are numerous and include home-based supervision, case management, and treatment via probation or parole with house detention, electronic monitoring, or day reporting; mediation or victim reconciliation; restitution and community service; alternative education; job training and placement services; day treatment; substance use treatment; counseling; mentoring; family support services; independent living services; and reentry and aftercare (after incarceration) services. They also include out-of-home, but noninstitutional or postinstitutional placements, such as foster homes and specialized foster care programs, group homes and halfway houses, hybrid family-group homes, shelter-care programs, and residential wilderness or outdoor adventure programs. Juvenile correctional facilities can be categorized in different ways, including public versus private institutions, secure-closed versus open facilities, and preadjudicatory or detention (e.g., detention centers, adult jails) versus postadjudicatory or confinement facilities (e.g., diagnostic and reception centers; ranches, forestry camps, farms, and outdoor programs; boot camps; closed-environment state training schools and more open cottage institutions; and inpatient substance misuse and mental health facilities). The services provided in these institutions are diverse

and include behaviorally oriented milieus and token economies (i.e., a method of behavioral management based on rewarding positive behavior); educational and vocational training programs; physical–nutritional and mental health care; individual, group, family, and religious counseling; substance misuse treatment; sex offending treatment; and leisure and recreation programs.

Name-Brand Services

Listings of model-exemplary programs that have withstood rigorous empirical evaluation and replication (and less-supported but still promising programs) are available from the Blueprints for Healthy Youth Development database, the National Registry of Evidence-based Programs and Practices, the Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, and CrimeSolutions.gov, all of which describe U.S.-based model programs. Only eight evidence-based programs have passed the demanding inclusion criteria for designation as a model program in the Blueprints for Healthy Youth Development database. Of these, most environmentally oriented model programs focus on changing the home environment: Nurse-Family Partnership (home visits and early childhood education), parent management training (parent training), Functional Family Therapy (family therapy), and multisystemic therapy (family therapy). Although the central aspect of these four approaches may be attention to the family unit, environmentally focused programs like Functional Family Therapy and multisystemic therapy intervene across a youth's social ecology, at the level of the individual youth and his or her family, peers, school, and community, to address person- and social-level risk factors for antisocial behavior. One other environmentally focused model program—Positive Action—focuses on changing the school environment through the establishment of behavioral norms or expectations. The remaining model programs focus on the individual. Three involve social skills training, behavioral strategies, and cognitive behavioral techniques: LifeSkills Training, Project Towards No Drug Abuse, and Promoting Alternative Thinking Strategies. The other individual-oriented model program—Treatment Foster Care Oregon—involves community supervision and aftercare.

Although not included in the Blueprints for Healthy Youth Development database, it has been suggested that Aggression Replacement Training, an individual-focused intervention involving training in social skills, emotional control, and moral reasoning, has accrued sufficient empirical support to be classified as an exemplary program.

Generic Service Principles or Elements

In recent years, meta-analysis (empirically aggregating findings across studies) has served as the primary technique for appraising the effectiveness of different treatment models and approaches for juvenile offenders. Based on these methods, there is reliable evidence that juvenile treatment programs have, on average, a modest but meaningful effect on recidivism, and, moreover, that name-brand and generic programs can be more or less effective than one another. What seems to be more important than whether a program is a well-known model approach is the match of the program with juvenile offenders' criminogenic needs (i.e., risk factors for delinquency capable of change via intervention), the characteristics of the program, and the fidelity of the program delivery. Identified principles of effective prevention, court intervention, and correctional treatment for juvenile offenders include the following:

- primary service
- supplementary service (adding another service component tends to increase effectiveness; together with primary service type, accounts for 40% of positive effects)
- treatment amount (sufficient per the indicators of service frequency, program duration, and program quality; accounts for 25% of positive effects)
- risk level (programs are generally more effective with high-risk than low-risk juvenile offenders, and concerns about high-risk juvenile offenders having a negative influence on low-risk juvenile offenders appear related to unstructured time rather than time spent together in professionally run programming; accounts for 20% of positive effects)
- treatment quality (quality of implementation and delivery influence effectiveness; accounts for 15% of positive effects)

The elements of juvenile court programs associated with the smallest to largest positive effects are (in order from smallest to largest effects) (a) average supervision program, (b) above average effectiveness service, (c) above average effectiveness service and a best supplement service, (d) the two preceding plus an optimal service amount, and (e) the three preceding plus appropriate participants.

Above average effects can be observed for youth who have not been processed within the juvenile justice system but are placed in prevention programs that address interpersonal skills, parent training or counseling, and tutoring or remedial education; average effects are observed for drug and alcohol therapy or counseling and employment or job training; and below average but still positive effects are observed for individual counseling, family counseling, and mentoring.

Meta-analysis has also allowed for the ranking of various treatment types, with counseling seeing the strongest effects, followed by skill building (e.g., cognitive thinking skills, social skills, academic skills, vocational skills), multiple services (e.g., case management, service brokerage arrangements), restorative justice (e.g., community service or restitution, victim-offender mediation), and surveillance (e.g., intensive probation or parole supervision).

Within the counseling modality, effective approaches are rank-ordered from strongest to least strong: group, mentoring, mixed, family, family crisis, mixed with referrals, individual, and peer. Within the skill-building domain, the rank ordering of effective approaches from strongest to least strong is cognitive behavioral, behavioral, social skills, academic, and vocational.

Services for Specific Types of Juvenile Offenders

Owing to the effectiveness of intensive, individualized, multidimensional home- and community-based programs, interventions for juvenile sex offenders should advance beyond the traditional model of cognitive behavioral group therapy that focuses on sexual attitudes and beliefs, emotional knowledge and affect regulation (i.e., controlling emotions), and relationship building. Consistent with this suggestion, a program for juvenile sex offenders that has been designated as a model prevention program

by the Blueprints for Healthy Youth Development project is a variant of Multisystemic Therapy for Problem Sexual Behavior. Such approaches also hold promise for, or have demonstrated effectiveness with, other subtypes of juvenile offenders, such as very young juvenile offenders, high-risk juvenile offenders, and status offenders. For example, both multisystemic therapy and parent and teacher training approaches have demonstrated some success with status offenders. Other promising prevention approaches for status offenders include school truancy programs (e.g., career academies, schools within schools, graduated responses; i.e., the use of increasingly strong rewards and punishments) and multiservice diversion programs. There is also some evidence that programs used with boys are also effective for girls, whether they are treated separate from or alongside boys. However, more research is needed on gender-specific programming.

Meta-analysis can aid in determining programs and the extent of their effectiveness for juveniles already processed within the juvenile justice system, specifically probationers and confined juvenile offenders. For juvenile probationers, above average effects are observed with cognitive behavior therapy, group counseling, mentoring, vocational training, some drug abuse treatment, and some sex offender treatment; average effects are observed with individual counseling, family counseling or therapy, integrated multimodal services, remedial education or tutoring, life skills training, some drug abuse treatment, and some sex offender treatment; and below average but still positive effects are observed with recreation, restitution, challenge programs, intensive supervision, some drug abuse treatment, and some sex offender treatment. For confined juvenile offenders, above average effects are observed with behavior management, cognitive behavior therapy, interpersonal skills training, and employment or job training; average effects are observed with individual counseling, group counseling, and family counseling; and below average but still positive effects are observed with tutoring or remedial education, and career or vocational counseling.

Meta-analysis has also been used to determine the direction and reliability of effects achieved by different approaches for noninstitutionalized versus confined serious and violent juvenile offenders, respectively. For nonconfined serious and violent juvenile offenders, consistently positive

effects are observed with behavioral programs, individual counseling, and interpersonal skills training; less consistently positive effects are observed with multiple services and restitution with probation or parole; inconsistent and mixed, but generally positive effects are observed with family counseling, group counseling, advocacy or casework, academic programs, and employment-related services; inconsistently weak or no effects are observed with reduced probation or parole caseloads; and consistently weak or no effects are observed with deterrence programs, wilderness challenge programs, vocational programs, and early release from probation or parole.

For confined serious and violent juvenile offenders, consistently positive effects are observed with interpersonal skills and teaching family homes; less consistently positive effects are observed with behavioral programs, community residential programs, and multiple services; inconsistent and mixed, but generally positive effects are observed with individual counseling, group counseling, and guided group counseling; inconsistently weak or no effects are observed with employment-related services, drug abstinence programs, and wilderness challenge programs; and consistently weak or no effects are observed with milieu therapy.

In summary, contemporary prevention and intervention models for juvenile offenders adopt a developmentally informed, social-ecological, risk-needs perspective on juvenile delinquency and attend also to noncriminogenic (i.e., factors not related to the propensity to reoffend) mental health and welfare needs. They also propose how to reconcile calls for juvenile offenders to be held accountable for their behavior, to the extent that punitive responses are reasonable and appropriate. Treatment approaches can be classified as prevention, diversion, or intervention policies or services depending on the stage at which they are offered as a youth is processed through the social services, juvenile justice, or criminal justice systems. In addition, exemplary treatment approaches are often known by name, although services can be classified and evaluated according to generic principles or elements that make up the treatment approach. Furthermore, tailored treatment models and approaches exist for subtypes of juvenile offenders. The appeal of evidence-based services (including cost-effectiveness) and advocacy on behalf of

scientifically informed, comprehensive, coordinated, humane, and just responses to the problem of youth crime, are likely to drive continued advancements in treatment models and approaches for juvenile offenders in the coming years.

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See also Juvenile Delinquency and Antisocial Behavior;
Juvenile Delinquents, Mental Health Needs Of;
Juvenile Offenders: Developmental Treatment
Considerations

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JUVENILE SEX OFFENDER RECIDIVISM RISK ASSESSMENT TOOL-II (JSORRAT-II)

The Juvenile Sex Offender Recidivism Risk Assessment Tool-II (JSORRAT-II) was originally developed by Douglas Epperson in collaboration with

the Utah Juvenile Justice Services as an actuarial assessment of risk. Actuarial assessments aim to make risk assessments based on well-established statistical relationships (e.g., weather forecasting relies on statistical models to predict storms but cannot predict with 100% accuracy), as opposed to clinical assessments (e.g., making a judgment of risk based on information gained from the psychosocial interview). The JSORRAT-II was designed to evaluate the risk of sexual recidivism for male sex offenders whose sexual offenses occurred between the ages of 12 and 18 years. The tool provides an overall score (ranging from 0 to 21) that is comprised of scores on 12 static, or unchanging, variables: number of adjudications for sexual offenses, number of victims, the time span of the documented sexual offending, presence of court-ordered supervision while offense occurred, offense occurred in a public place, presence of grooming or deception, treatment history, physical abuse history, sexual abuse history, special education placement, discipline problems during education time periods, and adjudications for nonsexual offenses. The tool, if used properly, can provide a fairly reliable measure of sexual recidivism risk, although it is currently only validated for use in Utah, Iowa, California, and Georgia.

Scoring

A number of items on the assessment are scored as either 0 or 1, signifying the absence or presence of risk factors, respectively (e.g., presence of court-ordered supervision while offense was committed, offense committed in a public place). Other items indicate a range of scores from 0 to 2 or 0 to 3 to denote a level of severity for specific risk factors (e.g., number of different victims is scored as 0 for one victim, 1 for two victims, or 2 for three or more victims). Individuals who receive an overall score of 8 of 21 or higher are placed at a moderate-to-high risk of recidivism, those who receive a score of 4–7 are deemed at moderate risk, scores of 1–3 classify an individual at a low-to-moderate risk, and those with a score of 0 are viewed as low risk.

Prior to completing the assessment, it is crucial that evaluators review the entire file and only include information contained within the file. The assessment requires data from the offender's officially adjudicated offense case file; uncharged

offense information should not be included in the scoring of items. This is due to the fact that the items that were found to contribute to the predictive validity of the assessment were developed by using only officially adjudicated offense information, and thus, predictive validity is maintained when users follow the same standard. When information provided in the case file is insufficient, evaluators are instructed to make an estimate when possible. If the information in the file is deemed insufficient to make an estimate, the item should be coded as *U* (unable to score). Further, if the item is not relevant to the individual, it should be coded as *NA*. The unambiguous and objective nature of the items, along with the detailed scoring instructions, potentially allows for high reliability.

Psychometrics

Research has evaluated the basic psychometric properties of the JSORRAT-II including its validity and reliability as a risk assessment measure. It was originally developed through examination of possible predictor variables from a large sample of juvenile sex offenders in Utah. Statistical analyses were then utilized to identify pertinent variables most predictive of juvenile sexual recidivism. Overall, evaluations of the accuracy of the JSORRAT-II demonstrate that its effectiveness as a predictor of recidivism prior to age 18 significantly exceeds chance (Area Under the Curve, $AUC = 0.89$, $d = 1.74$). The JSORRAT-II was also subjected to cross-validation using another sample in Utah (Area Under the Curve, $AUC = 0.65$, $d = 0.53$) as well as a sample in Iowa (Area Under the Curve, $AUC = 0.65$, $d = 0.54$). Additionally, it has demonstrated high inter-rater reliability across users ($ICC = 0.96$ in one study and 0.89 in another). While the JSORRAT-II has demonstrated predictive utility and adequate psychometric properties, no actuarial assessments are 100% accurate; thus, the tool should be used in the context of a larger assessment procedure.

It should also be noted that in one study, when validated on a sample totally independent from which it was originally developed, the JSORRAT-II did not accurately predict sexual reoffending. Interestingly, it has also been found that the JSORRAT-II did not achieve the same levels of predictive accuracy for juveniles who had offended exclusively against their siblings ($ROC = 0.58$;

95% CI from 0.43 to 0.73), which may prompt clinicians to use caution when interpreting results with this population.

Since the initial study of the JSORRAT-II's accuracy, subsequent psychometric studies have revealed a decrease in the predictive accuracy of the assessment tool. Researchers have found that this diminished level of accuracy for the tool cannot be explained by missing data, severity of the index sexual offense, or age at risk assessment. However, it is still unclear exactly why the predictive accuracy decreased from the initial validation study compared to the subsequent studies.

Critiques

Despite the decreased accuracy over time with repeated validation studies, a strength of the JSORRAT-II is that it utilizes an actuarial approach to prediction. Given the many heuristical errors that can erode the accuracy of clinical predictions, it follows that actuarial prediction has generally been found to have increased accuracy compared to clinical prediction. However, this is not to say that any actuarial measure is satisfactory—its actual quality depends on the demonstrated accuracy of measurement, which in turn can only be interpreted in the context of what sort of *accuracy* is sought in the particular prediction task. For instance, a highly accurate prediction of cancer is more important than a highly accurate prediction of acne, and false negatives are more troublesome than false positives in cancer predictions, as providing treatment to someone who does not need it is less harmful than not treating someone with the disease. However, the examination of the rates and types of errors that are acceptable in the context of sex offending prediction have been insufficient. Further, as noted earlier, this instrument has significant limits on its predictive validity. There has been too little evaluation of the kinds and amounts of error that are acceptable in the context of sex offending predictions.

It is also important to note that many of the other psychometric properties (e.g. discriminate validity), as well as the degree to which the instrument generalizes beyond the validation sample, remain unknown. Specifically, it is unclear if this instrument can be used with special populations, such as those who are developmentally delayed, non-English speakers, females, and members of

minority groups. Clearly, there is a need for more studies evaluating the psychometric properties, particularly with diverse samples. Further, the JSORRAT-II is primarily used in conjunction with other measures including record reviews, other diagnostic testing, and clinical interviews. These additional assessments are important as they allow for a more inclusive consideration of dynamic factors. However, this is also problematic as those utilizing the JSORRAT-II are instructed to solely rely on the information contained in the file, and violating this may disrupt the instrument's predictive utility. A final issue to consider regards the *broken leg problem*—in which a dynamic factor (e.g., a recent broken leg) disrupts a well-established statistical relationship (e.g., playing basketball every Friday). Currently, there is a need for researchers to investigate how information from the JSORRAT-II ought to be synthesized with such additional dynamic information to produce more accurate conclusions (i.e., incremental validity).

Competitors

In addition to the JSORRAT-II, two of the other most widely used risk assessments for the prediction of juvenile sexual offenses are the Juvenile Sex Offender Risk Assessment Protocol-II (J-SOAP-II) and the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR). All three scales differ in several important ways, including their intended purpose, development, structure, and length. Additionally, moderators such as age and type of offense committed impact the validity of each scale. For instance, the J-SOAP-II and the ERASOR have been found to have higher levels of predictive validity for juveniles who have committed only sexual offenses compared to those who also had a history of non-sexual offending.

The J-SOAP-II is the most widely employed risk assessment tool and is designed to predict risk of sexual violence and general delinquency for adolescent males aged 12–18 years with a history of sexual aggression. The scale is composed of a 28-item checklist of risk factors that are clinically relevant and empirically supported. Items on the scale are scored on a three-point system, and like the JSORRAT-II, higher scores indicate increased

risk of recidivism. Despite its wide use, the J-SOAP-II has no classification related to the various scores, and thus this scale is not an actuarial assessment but rather functions as an *empirically informed guide*.

The ERASOR is composed of 25 items and was created based on structured professional judgments. Evaluators make their own judgments of low, moderate, or high risk based on the items, as well as other factors, such as the psychosocial interview, not included in the file that may be relevant. The ERASOR, like the J-SOAP-II, distinguishes between static or immutable risk factors and dynamic or contextual risk factors. While the ERASOR and J-SOAP-II consider contextual information, both fail to provide actuarial assessments. The JSORRAT-II, on the other hand, provides a brief actuarial measure but is not always attuned to other relevant information. Overall, the JSORRAT-II has some evidence that it provides a fairly accurate risk estimate for juvenile sex offenders, although its predictive validity has been strongest in samples from which it was validated, prompting its use only within a larger assessment context.

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See also Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR); Juvenile Sex Offender Risk Assessment Protocol-II (J-SOAP-II); Risk Assessment, Actuarial

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JUVENILE SEX OFFENDER RISK ASSESSMENT PROTOCOL-II (J-SOAP-II)

The J-SOAP-II is a structured risk assessment tool designed to evaluate risk of sexual violence and general offending in adolescent males (12–18 years) with a history of coercive sexual behavior. The J-SOAP-II is relevant to the field of criminal psychology given that it is one of the most commonly administered risk assessment tools designed for adolescent sexual offenders in the United States and Canada. Moreover, the J-SOAP-II was specifically designed to aid in treatment planning and in monitoring treatment-related change. After a description of the J-SOAP-II, this entry discusses its purpose and development and provides a brief overview of empirical findings regarding its reliability and validity.

Description and Purpose of the J-SOAP-II

The J-SOAP-II comprises a 28-item checklist designed to assess and manage risk of sexual violence and general delinquency and can be administered as part of a comprehensive assessment. The 28 items form four distinct scales, two of which are viewed as static or historical (i.e., Sexual Drive/Preoccupation Scale and Impulsive/Antisocial Scale) while the remaining two are

modifiable or dynamic (i.e., Intervention Scale and Community Stability/Adjustment Scale). All items are operationally defined with behavioral anchors and scored using a three-level rating system (i.e., 0, 1, and 2) with all items weighted equally. Table 1 displays the J-SOAP-II items by scale.

Although initially intended to be an actuarial assessment tool (i.e., a risk assessment tool that provides probabilistic estimates of sexual reoffending based on total scores or predetermined cutoffs), the J-SOAP-II does not provide cutoff scores or probability of risk. Rather, total scores may be calculated by summing the items for the J-SOAP-II and its individual scales. In addition, static and dynamic scores can be calculated by summing Items 1–16 and 17–28, respectively. To further aid in interpretation, the level of risk may be calculated for each score by dividing the summed value by the total possible score for the scale. Adjustments to the scoring criteria or total scores are not recommended; nevertheless, incorporating risk-relevant factors not otherwise reflected in the tool (i.e., case-specific risk/protective factors), and adjusting the adolescent's overall risk accordingly, is permitted on the basis of the clinical opinion of the assessor. Therefore, it is possible that an adolescent may be deemed high risk by an assessor despite scoring low on the J-SOAP-II (and vice versa). Moreover, should insufficient information be available for scoring items, assessors are encouraged to rate items favoring lower risk; however, the potential for the underestimation of risk in such instances should be acknowledged.

Because of rapid developmental changes occurring during adolescence, the authors of the J-SOAP-II recommend that regular reassessments occur during the course of treatment and prior to release from custody to monitor change in risk. Such reassessments should occur at a minimum of every 6 months, particularly if any risk-relevant changes occur (e.g., expulsion from school). However, if an adolescent is currently incarcerated in a correctional facility or residential treatment program, it is recommended that the Community Stability/Adjustment Scale not be rated unless the youth resided for a minimum of 2 months within the community prior to incarceration. Likewise, following release from custody, adolescents have to be in the community for

Table I Juvenile Sex Offender Risk Assessment Protocol-II (J-SOAP-II) Items by Scale

Sexual Drive/Preoccupation
1. Prior Legally Charged Sex Offenses
2. Number of Sexual Abuse Victims
3. Male Child Victim
4. Duration of Sex Offense History
5. Degree of Planning in Sexual Offense(s)
6. Sexualized Aggression
7. Sexual Drive and Preoccupation
8. Sexual Victimization History
Impulsive/Antisocial Behavior
9. Caregiver Consistency
10. Pervasive Anger
11. School Behavior Problems
12. History of Conduct Disorder
13. Juvenile Antisocial Behavior
14. Ever Charged or Arrested Before Age 16
15. Multiple Types of Offenses
16. History of Physical Assault and/or Exposure to Family Violence
Intervention
17. Accepting Responsibility for Offense(s)
18. Internal Motivation for Change
19. Understands Risk Factors
20. Empathy
21. Remorse and Guilt
22. Cognitive Distortions
23. Quality of Peer Relationships
Community Stability/Adjustment
24. Management of Sexual Urges and Desire
25. Management of Anger
26. Stability of Current Living Situation
27. Stability in School
28. Evidence of Positive Support Systems

a minimum of 3 months before the Community Stability/Adjustment Scale items may be scored.

Development of the J-SOAP-II

The J-SOAP-II is a revision of the 1994 tool, the J-SOAP. Initial item selection was based on an

extensive review of the empirical literature on adolescent and adult sexual offenders (e.g., clinical and risk assessment or outcome studies), which resulted in the development of 23 items that are divided into four subscales: Sexual Drive/Sexual Preoccupation; Impulsive, Antisocial Behavior; Clinical/Treatment; and Community Adjustment. In 1998, following an initial validation study, an additional 3 items were incorporated into the tool, and further clarification of item descriptions was provided. In the early 2000s, several studies were conducted to examine the factor structure, reliability, and validity (e.g., concurrent and predictive) of the J-SOAP. These studies informed the next round of revisions to the J-SOAP that would result in the development of the J-SOAP-II.

Based on the study results in the early 2000s, a number of significant changes were made to the items of the J-SOAP. First, several new items were introduced to the Sexual Drive/Preoccupation Scale (i.e., Number of Sexual Abuse Victims, Male Child Victim, Sexualized Aggression, and Sexual Victimization History), while the item High Degree of Sexualizing the Victim was removed and Sexual Drive and Preoccupation (formerly referred to as Evidence of Sexual Preoccupation/Obsessions) was revised. Second, 3 items were removed from the Impulsive/Antisocial Scale: History of Substance Abuse, History of Parental Substance Abuse, and Impulsivity. Furthermore, Physical Assault History/Exposure to Family Violence was added, Caregiver Consistency was revised, and School Suspensions or Expulsions was collapsed into School Behavior Problems to reduce overlap in item content. Third, items within the Intervention Scale were revised to reflect changes in behavior and attitudes related to both sexual and nonsexual offending, while the item Evidence of Empathy, Remorse, and Guilt was divided into 2 items (i.e., Empathy, and Remorse and Guilt). Last, Management of Sexual Urges and Desire was added to the Community Stability/Adjustment Scale, while Quality of Peer Relationships was moved to the Intervention Scale. Overall, these revisions culminated in the development of the 28-item J-SOAP-II in 2003.

Reliability and Validity of the J-SOAP-II

As the J-SOAP-II was designed for use with only male adolescents with a history of coercive sexual

behavior, research investigating its reliability and validity has been conducted with male adolescent sexual offenders. With respect to reliability (i.e., internal consistency and inter-rater reliability), the J-SOAP-II has demonstrated good internal consistency across total and scale scores, and inter-rater agreement has typically ranged from good to excellent, although there is some evidence to suggest that inter-rater agreement is slightly higher at discharge. Moreover, validity measures of the J-SOAP-II have been strong, especially when administered with other adolescent sexual offender risk assessment tools such as the Estimate of Risk of Adolescent Sexual Offense Recidivism and violence risk assessment tools such as the Structured Assessment of Violence Risk in Youth.

While the J-SOAP-II total score has been found to be a moderate (and significant) predictor of sexual and nonsexual reoffending at the aggregate level, variability in predictive accuracy has been observed across the scale scores with the Sex Drive/Preoccupation and Intervention Scales displaying lower predictive accuracy relative to the Impulsive/Antisocial Behavior and Community Stability/Adjustment Scales. Nonsignificant differences at the aggregate level have been found for the J-SOAP-II in predicting sexual and nonsexual offending when compared to other adolescent sexual offender risk assessment tools such as the Estimate of Risk of Adolescent Sexual Offense Recidivism. Furthermore, there is some evidence to suggest that the predictive validity of the J-SOAP-II is moderated by sex offender typology, with higher predictive accuracy for sexual reoffending being observed in youth who have engaged only in sexual offending (i.e., sexual offending without prior delinquent behavior) in comparison to youth who have engaged in sexual and nonsexual offending (i.e., sexual offending with prior delinquent behavior). However, the reverse has been found with higher predictive accuracy for nonsexual reoffending observed among youth with a history of sexual offending with prior delinquent behavior. Lastly, with respect to potential moderators, while comparable predictive validity has been demonstrated for the J-SOAP-II across settings (i.e., correctional vs. residential treatment), preliminary research examining its predictive accuracy among Singaporean male adolescent sexual offenders has demonstrated

somewhat mixed results; however, further research is required in this area as researchers have yet to examine whether cultural factors directly moderate the predictive validity of the J-SOAP-II.

Moreover, research examining change in dynamic risk on the Intervention and Community Stability/Adjustment Scales has been somewhat mixed. For instance, significantly greater reductions in dynamic risk (as a result of treatment) have been observed in youth rated as moderate risk relative to youth rated as high risk. Additionally, statistically significant reductions in dynamic risk factors on the J-SOAP-II have been observed among adolescent sexual offenders who have undergone a residential, cognitive behavioral treatment program. However, despite the magnitude of the change, and that just under half of the youth demonstrated reliable reductions in risk, neither the change scores nor the presence of reliable reductions in dynamic risk on the Intervention and Community Stability/Adjustment Scales is found to be consistently predictive of sexual, violent nonsexual, and general (i.e., any) reoffending. Surprisingly, after statistically controlling for the static scales of the J-SOAP-II, the presence of reliable change on the Community Stability/Adjustment Scale was associated with a significant increase in sexual and general reoffending. In contrast, however, reliable change on the Intervention Scale was associated with a significant decrease in reoffending, though only for sexual reoffending. While such results support the dynamic (i.e., modifiable) nature of the items on the Community Stability/Adjustment and Intervention Scales, further research is required to determine the impact of such changes on offending behavior.

Future Research

The J-SOAP-II is among the most widely used and researched risk assessment tools designed for use with adolescent sexual offenders. Development of the J-SOAP-II has been driven by empirical findings, and there is a growing body of evidence supporting its reliability and validity. Although the dynamic nature of the risk factors incorporated into the J-SOAP-II has been demonstrated, supporting its use for monitoring treatment-related change, further research is needed.

Moreover, due to a lack of research focusing on implementation outcomes and relevance to intervention planning/risk management, future research should examine the factors related to adherence and feasibility of implementing the J-SOAP-II and determine the effectiveness of tailoring risk management strategies based on the dynamic risk factors incorporated in the tool and whether such strategies result in reduced rates of sexual reoffending.

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See also Criminal Risk Assessment, Juvenile Offending; Criminal Risk Assessment, Sexual Offending; Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR); Juvenile Offenders; Juvenile Sex Offenders: Assessment; Structured Assessment of Violence Risk in Youth (SAVRY)

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JUVENILE SEX OFFENDERS: ASSESSMENT

According to the most recent estimates by the Office of Juvenile Justice and Delinquency Prevention, there were a total of 1.32 million juvenile arrests in 2012. Of these juveniles, 12,400 were arrested for sex offenses. The largest proportion of perpetrators of juvenile sex offenses reported each year are male (90%) and White (72%) adolescents. Although sex offenders represent a small proportion of offender populations, protecting individuals from sex crimes and providing early interventions for sex offenders have been an ongoing concern among the general public and policy makers.

A growing area of interests within the field of corrections is risk assessment. The goal of risk assessment is to provide correctional practitioners (e.g., probation officers, juvenile court officers) and judges with information concerning an offender's potential risk of committing future crimes. The adoption and use of proper risk assessments for juvenile sex offenders (JSOs) means that correctional practitioners will be informed about rehabilitation needs of JSOs, which in turn may reduce risk of reoffending through adulthood. Research suggests that JSOs are distinct from adult sex offenders. For example, JSOs have fewer victims, engage in less aggressive acts of violence, are less likely to have victims that are strangers, and are more likely to be involved in illegal sexual behavior as the result of curiosity and experimentation. Given that there are potentially different factors that predict sex crimes for adults, it is critical for juvenile courts to use risk assessments that address the unique needs of juveniles who engage in illegal sexual activity.

The Use of Risk Assessments for Juvenile Offenders

The use of risk assessments has a long history in justice system practice that started with the adult justice system. Risk assessments for juvenile offenders are one-way juvenile practitioners who systematically identify the presence and severity of key static (stable over time) and dynamic (changing) criminogenic risk factors that may lead to ongoing delinquent behavior. Examples of static criminogenic risk factors include criminal history, family criminality, and age at first offense, whereas examples of dynamic criminogenic risk factors include peer relationships, education, and involvement in antisocial activities. By examining static and dynamic risk factors using standardized measurements, juvenile courts can not only determine a juvenile's probability of reoffending but also identify specific programs that may reduce criminogenic risk. Further, these tools also provide courts with a system to track a youth's progress based on the services and treatment received.

Static and dynamic risk factors typically fall within one of eight central areas that predict general delinquency (i.e., assault, shoplifting, theft, breaking and entering). These central eight criminogenic risk areas measured by general risk assessments include antisocial behavior (e.g., aggression), antisocial personality (e.g., impulsive/lacks self-control), cognition (e.g., antisocial beliefs), antisocial peers (e.g., delinquent peers), family (e.g., lack of supervision or poor quality relationships with parents), school/work (e.g., problems at school), leisure/recreation (e.g., use of free time), and substance abuse (e.g., alcohol and drug use). While these eight areas have been useful for estimating a juvenile's risk of involvement in general delinquency, some criminologists and psychologists have questioned the utility of these risk areas for predicting future sex offenses. As a result, specific risk assessment tools have been developed to predict sex offenses to capture risk factors uniquely associated with illegal sexual behavior.

Specialized Risk Assessments for JSOs

Past research shows that general risk assessments are effective in determining whether or not non-JSOs or JSOs will be involved in general

delinquency; however, research is both scant and mixed concerning how well general assessments correctly identify juveniles at risk of a future sex offense. Although general risk assessments capture some factors that are relevant to JSOs (e.g., impulsive behaviors and antisocial attitudes), these assessments do not assess characteristics unique to sex offenders (e.g., deviant sexual interests, access to victims, and sexual preoccupation). As a result, general risk assessments fail to gather information necessary to guide treatment plans of JSOs.

Once a JSO is adjudicated/sentenced due to some illegal sexual behavior, a juvenile court officer (i.e., probation officers) and judge must identify which rehabilitation efforts will best benefit JSO. JSO risk assessments have provided decision makers with the opportunity to make standardized recommendations concerning treatment needs and level of services. To identify the risk and needs of a JSO and accurately predict persistence of sex offending, assessors should focus on a juvenile's past and current sexual behaviors, experiences, and belief systems. Commonly measured static risk factors on JSO assessments include history of sexual abuse and victimization, history of sexual violence against others, history of antisocial behavioral problems, and history of sex offender treatment program experiences. Dynamic factors commonly measured by JSO risk assessments include the following: sexual attitudes and deviant sexual interest, poor social connections with others and underdeveloped social skills, low levels of empathy for others, antisocial personality, negative psychosocial functioning, negative family functioning, negative environmental conditions, social isolation, and poor parent-child relationships. Given the link between these aforementioned risk factors and sexual deviance observed among JSOs, these risk factors have been the starting place for many sex offender assessments used by courts today. As more research is conducted in this area, there will be increased opportunities for courts to better understand which static and dynamic factors are most meaningful in the assessment of JSOs.

Commonly Used JSO Risk Assessments

The two most common JSO risk assessments with promising ability to predict a future sex offense and highlight target risk areas critical for reducing

sexual recidivism include the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) and the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR). The J-SOAP-II, the most popular JSO assessment, is comprised of 28 items that are divided into four subcategories: sexual drive preoccupation, impulsive/antisocial behaviors, interventions, and community stability/adjustment. The ERASOR includes 25 items that fall within five subcategories: sexual interests, attitudes and behaviors, historical sexual assaults, psychosocial functioning, family/environmental functioning, and treatment. Although there is great overlap between the subcategories of the J-SOAP-II and ERASOR, empirical evidence concerning validity and utility of these measures is mixed.

Research concerning the accuracy and validity of JSO assessments shows some promise in predicting sexual recidivism. In the case of a JSO, the goal of juvenile court probation officers and judges is to determine how well an assessment can predict future crime. The ability for an assessment to perform over and above chance suggest that the standardized measure outperforms *professional decision-making* or a *hunch*. The use of validation studies provides practitioners with information concerning how valid risk assessment tools are in predicting future crime.

One of the largest validation studies on the J-SOAP-II suggests that this instrument has good internal consistency, meaning the measurement items are closely related to the same phenomenon (i.e., sexual recidivism). The J-SOAP-II has also been identified as a measure that has both construct validity (i.e., the extent to which items measure what they claim to measure) and predictive validity (i.e., the extent to which scores predict future behavior) for future sex offenses. Further, one validation study found that the J-SOAP-II total score was also a significant predictor of general recidivism. This means that J-SOAP-II was able to identify those juveniles who had an increased likelihood of coming in contact with the juvenile justice system for general offenders as well as sex offenders about 33% above chance. While the J-SOAP-II shows some promise, some studies found that the J-SOAP-II barely performs as well as chance.

Similarly, research is promising yet mixed with regard to the validity of the ERASOR. Research

studies on the ERASOR also have inconsistent reviews. While some studies indicate that the ERASOR has shown some promise in predicting sexual recidivism (14% above chance), other studies have reported estimating future recidivism as low as 4% above chance. These findings suggest that there is still room for improvement in identifying the factors most relevant to predicting future sex offending among juvenile populations. Given studies concerning the validity of these assessments are limited, increasing research in this area will allow courts to increase their ability to identify risk and intervention needs for JSOs.

Shortcomings of JSO Risk Assessments

One limitation of studies that have tested if JSO risk assessment instruments are valid predictors of future sex crimes is that these studies are conducted on very small samples of juveniles. For instance, current validation studies have examined the predictive validity of sex offender risk assessment among small samples of juveniles of mostly male offenders. In addition to small sample sizes, there is also a low base rate by which sex crimes are committed and reported. Low base rates in occurrence and reporting make it difficult to determine the factors that matter most in predicting future sex crimes. As a result, there is still much to learn concerning the factors that predict sex offending.

Further, of the validation studies that exist, many risk assessment tools are tested with juveniles who have been found guilty by the court and placed in a residential treatment program. This is problematic because excluding community-supervised JSOs who may not share the same characteristics as those in residential facilities may lead to a misunderstanding of risk factors that predict future sex offenses. Given that the initial purpose of risk assessments is to use risk factor information to guide treatment plans prior to placement, more studies are needed that examine all juveniles who are involved in the juvenile court due to a sex offense charge prior to adjudication (i.e., sentencing).

Finally, other studies show variation in predictive validity across demographic characteristics such as gender and age. For example, there is evidence to suggest that these tools are better predictors for

older offenders and male offenders. These observations are likely due to the small number of girls and younger juveniles involved in and/or being reported for a sex crime. While low rates of involvement in sex crimes are good, identifying appropriate measures for JSOs will take more time. For JSO risk assessments to be seen as accurate mechanisms to predict future sex offenses, it is important that these instruments be validated on larger and more diverse populations (e.g., girls, different age groups, residential and nonresidential samples).

Conclusion

In all, while the utility of these assessment tools appears promising, more evidence is needed to say with confidence that these tools should be used in practice for various subpopulations of JSOs (e.g., by gender, race/ethnicity, and incarcerated vs. community supervised JSOs). The policy implications concerning assessing JSOs are vast, and adopting risk assessment practices for decision-making about JSOs should be informed by empirically validated research. If courts adopt JSO assessment tools, they must correctly assess level of risk of recidivism and intervention needs and validate the assessments for their population to ensure accuracy.

The use of risk assessments for JSOs is just one step toward addressing the unique needs of juveniles engaged in illegal sexual behaviors. If courts are able to identify key static and dynamic risk factors that impact JSOs, the likelihood of reoffending, and particularly sex crimes, can be substantially decreased. Further, courts would have the opportunity to create new prevention and intervention programs that may best reduce the likelihood a sex offense would occur by targeting dynamic needs unique to JSO populations.

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See also Juvenile Sex Offender Recidivism Risk Assessment Tool-II (JSORRAT-II); Juvenile Sex Offender Risk Assessment Protocol-II (J-SOAP-II)

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JUVENILE TRANSFER LAWS

See Deterrence Effects of Adjudicating and Sentencing Juvenile Offenders as Adults

K

KNOWLEDGE DESTRUCTION VERSUS KNOWLEDGE CUMULATION

A disturbing trend in the field of corrections has been the appearance of pseudoscientific arguments, otherwise known as *knowledge destruction*, to discount policies affecting the lives of offenders and the protection of the public. This entry begins with a definition of knowledge destruction, traces its philosophical roots, describes its key elements, and then explores examples of how knowledge destruction has generated erroneous conclusions in three areas of corrections research: the prediction and the treatment of criminal behavior and the effects of prison life. Then, the entry closes with an antidote to knowledge destruction by outlining a constructive approach to the cumulation of scientific knowledge and contrasts the results from this approach in the three aforementioned research domains.

Knowledge Destruction

The philosophical roots of knowledge destruction can be traced back to the 17th century. Francis Bacon was of the view that oftentimes people's beliefs were based on their prejudices and the sociopolitical cultural fashions of the day. These beliefs were maintained by selecting only the information that reinforced one's views that were defended by resorting to magical thinking. Bacon claimed that this reasoning led to superstitious beliefs (e.g., astrology, omens).

Subsequently, a school of philosophy arose in the late 18th century that challenged the skepticism of Bacon and others (e.g., Hume). The Scottish philosopher Thomas Reid proposed a commonsense theory, later popularized by James Beattie, which had an appealing innate quality to it. That is, everyman was imbued with commonsense intuitions derived from his or her everyday experiences. These experiences, moreover, were trustworthy and never in error. This method of reasoning had a persuasive appeal as wisdom was now conferred upon all classes of people, rich and poor, the learned and unlearned. One did not need to be a so-called expert to voice an informed opinion on an issue.

The basic elements of commonsense thinking functions have evolved since Reid's time; in the 21st century, scholars have fleshed out the constituents of common sense into three essential components:

1. *Sources of knowledge.* The sources are qualitative based on the authority, intuition, and the morally superior vision of the observer. Furthermore, there is no one truth on a topic that is under investigation since all knowledge is partial, relative, socially constructed, and political (a process known as *theoreticism*).

2. *Analytical processes.* Evidence is based on vivid and unusual single cases rather than probabilities derived from large samples; causality is ascribed in a black-and-white fashion to behavior from either dispositional or situational factors, and the fact that things may occur by chance is

ignored. This style of reasoning overestimates the popularity of one's opinions and attacks the integrity of opposing views and the scientific method in general (i.e., there is no perfect study and there are many sciences).

3. *Integration of evidence.* Evidence is integrated by declaring "what everybody knows," "I am telling you like it is," explanation by naming, exceptions prove the rule, theory is neglected to guide explanations, and adhering to an idiographic focus (i.e., relying on one case).

Fast-forward to the 21st century, and it is evident that common sense is in vogue to attack scientific knowledge especially in the social sciences (e.g., criminology, economics, education, psychology) and sometimes even in the *hard* sciences such as the environment (e.g., climate change) and medicine (e.g., immunization).

Our concern here is with the corrections field where psychological approaches have been the primary victim of knowledge destruction arguments. For example, psychological factors that can change over time (e.g., offender's attitudes, beliefs, personality) are alleged to be not important predictors of criminal behavior. Only static factors (e.g., criminal history) are useful; therefore, it is a waste of time to measure change in offenders for the purposes of rehabilitation since their behaviors are impervious to change. In addition, prediction of behavior may apply to groups but not individuals. Moreover, diagnostics based on actuarial measures (i.e., personality and risk measures) is a mechanistic process and dehumanizes the offender and the common-sense wisdom of the person assessing the offender.

Second, psychological treatment programs based on behavioral approaches are due to factors other than the treatment itself. Or, if they are positive results from treatment, the effects are deemed trivial as they have no impact on aggregate crime rates. Treatment studies have also been disparaged on methodological grounds: All treatment programs are fatally flawed because every study has unreliability in measurement of the independent and dependent variables and no treatment itself is implemented perfectly. Or worse, it is suggested that studies that claim

treatment programs are effective are biased since the authors who performed the studies also wrote the articles.

Third, the most effective means to reduce criminal behavior should promote fear in offenders by imposing longer and harsher prison sentences, more punitive sanctions on probation/parole violations and utilizing humiliation techniques (e.g., cross-dressing, wearing dunce caps). Another recommended strategy is *feel good* lifestyle activities (e.g., dog sledding, drama therapy, drum circles, horticulture, pet therapy, yoga).

Knowledge Construction

A knowledge construction approach contends that common sense can be mistaken even when applied to the routine activities people face during their everyday lives but is frequently in error when applied for want of a better term, to *complex* issues often found in the scientific domain. In this latter case, a pragmatic common sense is required to reach a conclusion that better reflects the truth of the matter. Individuals employing this form of common sense appreciate the need to acquire a thorough working knowledge of the methods of science and an in-depth understanding of the subject under discussion before offering an opinion. This attitude leads to knowledge construction—a process that best achieves the goals of science (i.e., knowledge, prediction, control, and replication of results).

The fundamentals of knowledge construction are as follows:

1. *Sources of knowledge:* Quantitative; derived from primary studies in the scientific literature.

2. *Analytical processes:* Surveys, correlational studies, quasi-experimental designs, and experimental designs with more confidence placed on results from studies that control threats to validity (i.e., history, maturation, selection bias, response bias, regression to the mean, instrumentation artifacts); meta-analysis for summarizing groups of studies with particular attention paid to providing an exact and precise estimate of the size of the effect; uncovering the influence of any moderator variables (e.g., design strength, treatment fidelity, individual differences) on the results.

3. *Integration of evidence:* Causality is complex, results are presented in probabilistic terms, expectations are that theory will be revised as more research uncovers new findings and are founded on large samples that are much more representative.

Knowledge cumulation efforts in corrections have spawned an impressive research literature, much of it employing meta-analysis, a statistical approach to reviewing research studies to reach general conclusions about *what works*. As a result, a theory has evolved that demonstrates treatments based on behavioral therapies that target the criminogenic needs (e.g., antisocial attitudes to a wide variety of human endeavors) of higher-risk offenders who are most at risk of committing crimes. The identification of risk is accomplished by using risk prediction instruments, which contain items that identify psychological behaviors of offenders that require intervention. And, since these behaviors are malleable, it is possible to monitor changes in risk over time for effective supervision of the offender.

Research on prisons has dispelled overly dramatic views about the effects of prisons and clarified the utility of the three theories of prison life. The evidence is persuasive that prisons do not serve as a deterrent to criminal behavior; in fact, prisons may increase it for certain types of offenders. The evidence also provides guidelines to manage prisons in a more safe and humane manner.

Finally, the use of meta-analysis, rather than qualitative approaches described previously, has identified a number of research design and statistical issues that need to be addressed (e.g., replication issues) to ensure a science of corrections grows in a constructive manner and is sustainable.

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See also Experimental Criminology, Research Methods in; Measurements and Scales, Use in Research; Research in Criminal Psychology; Personality Disorders in Incarcerated Offenders, Treatment of; Psychology of Criminal Conduct

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LARCENY/THEFT

Larceny/theft is a type of economic crime that involves the intentional taking of personal, tangible property from the lawful possessor with the intention of keeping the goods. The terms *larceny* and *theft* are generally used synonymously to refer broadly to the taking of an item from another with the intent to permanently deprive the owner of the item. Larceny/theft is commonly distinguished from robbery, which involves theft by force in a personal contact situation, and from burglary, which involves theft from a dwelling through unlawful entry. Larceny/theft makes up about 60% of all reported crimes in the United States with more than 7 million cases reported each year. This entry focuses on typologies and a criminological theory associated with larceny/theft.

Overview

Larceny/theft is one of the most common forms of crime. Broadly defined, larceny/theft refers to any form of unlawful deprivation of an item from its lawful possessor. However, larceny/theft is defined narrowly in official crime statistics, and by criminologists and crime typology scholars, as a distinct type of economic crime that involves theft without use of force, violence, or fraud. Larceny/theft is defined by the Federal Bureau of Investigation's Uniform Crime Reports

as the "unlawful taking, carrying, leading, or riding away of property from the possession of constructive possession of another," and the Bureau of Justice Statistics National Crime Victimization Survey defines larceny/theft as the "completed or attempted theft of property or cash without personal contact." Larceny/theft includes crimes such as shoplifting, pickpocketing, and purse-snatching. In official crime statistics, data on larceny/theft are often collected in a crime category separate from other types of economically motivated crimes such as motor vehicle theft, fraud, embezzlement, forgery, and robbery.

History of Larceny

Larceny/theft has been legally defined as a *crime* since common law times. Larceny follows suit after many other laws in America with its origins stemming back to the common law rule in England. The idea of larceny as a stand-alone offense category came after the establishment of robbery as a crime. Larceny was established as its own law given the nature of personal property that could be taken from individuals that may not fall into the category of robbery. There are varying types of larceny that can be committed that fall into categories of degrees in which punishments vary.

Aggravated larceny can be understood as the crime of larceny with the added use of an aggravating factor such as the use or threat of force

in the taking of an item from its lawful owner. *Simple larceny* is the term assigned to the commission of larceny without the use or threat of force to deprive the owner of their property. This would include the taking of goods that were unattended at the moment of their departure from the lawful owner's possession. *Grand larceny* is the term given to the crime of larceny that results in the taking of a certain dollar amount or higher. The value typically associated with grand larceny is anything over US\$100 but can be set as high as US\$1,000 depending on the state. The term *grand larceny* indicates that a felony has occurred, which indicates more severe punishments are warranted. On the other end of the spectrum is *petit larceny*, commonly known as *petty larceny*, in which the value of goods taken does not exceed US\$100, or depending on the state, up to US\$1,000. Petit larceny is indicative of a misdemeanor offense that will carry a significantly reduced sentence when compared to the felonious offense of grand larceny.

Punishments of Larceny

Punishments for larceny vary depending on state as well as federal laws. For example, some states classify grand larceny as the taking of items valued over US\$300, while petty larceny is valued under US\$300. The penalties for committing grand larceny in some states involve a felony conviction, a monetary fine of up to US\$5,000 and/or up to 5 years in prison. Penalties for petty larceny are less severe with fines up to US\$500 and/or up to 60 days in jail. These penalties can vary in sentencing but are the consistent parameters for each new offense regardless of the number of times such an offense has occurred. Other states, and the federal government, have varying penalties for larceny/theft crimes though punishments nationwide are generally similar in nature. Aggravating and mitigating factors are taken into consideration during the sentencing portion of any conviction. This would include, but is not limited to, the offender's mental capacity and criminal history as well as the level of force used to obtain the items.

Typology of Larceny

Larceny is a crime that is committed with the intention of gaining value by means of depriving the lawful owner of the items used. The person-on-property obtainment crimes establish themselves in their own homogenous category given the nature of their intended goal. Obtainment crimes are crimes committed by individuals who are seeking to take goods or property from other individuals or locations. Individuals who seek to achieve status in life or among their peer group characterize crimes of obtainment.

In comprehensive typologies of crime that conceptually categorize types of crime across a broad range of crime types (e.g., violent crime, sex crime, economic crime, political crime, copy-cat crime), larceny/theft is generally considered an economic crime. Most individuals who engage in larceny/theft are instrumentally motivated with the goal of economic gain. However, some types of larceny/theft such as shoplifting, while primarily economically driven, have been found to be associated with additional motives such as mental illness or emotional need such as stealing to support a substance abuse, compulsive stealing as a result of emotional disturbance, or impulsive stealing as a result of being under the influence of drugs or alcohol. Larceny/theft is an instrumental-economically motivated crime with secondary expressive motivation for some offenders.

Larceny/theft has been conceptualized differently by varying typology scholars, for example, Clinard, Quinney, and Wildeman (1994), with some classifying larceny under the broad category of *conventional criminal behavior*. Under this view, the crime of larceny is a heterogeneous crime category categorized with burglary and robbery as a crime against personal property. This category exists with the belief that offenders are rational decision makers given that their behaviors are consistent with the economic goals of society; however, their medium for obtaining their ends is socially unacceptable. Offenders who commit crimes of larceny/theft are typically subjected to rehabilitative programs that maintain the status quo rather than promoting actual change. Other typology scholars, for example, Miethe, McCorkle, and Listwan (2007), classify

larceny/theft as the “unlawful taking, carrying, leading, or riding away by stealth of property, other than a motor vehicle, from the possession of another” (p. 2). Rather than classifying larceny as a distinct crime type, these authors argue that the broad term of burglary covers all matters related to theft with the exception of motor vehicle theft.

The typology of an individual who might commit the crime of larceny can generally be described in two broad categories. The first category is the opportunistic individual, as many crimes of larceny are committed when the personal property of another becomes visibly available and the offender is able to quickly conduct a cost–benefit analysis that leans in favor of committing the crime, as a watchful guardian is not present. The second category of offenders can be understood as the manipulative individual who may work to obtain the personal property of another by way of conning, manipulation, or dishonesty. The target of an offender committing the crime of larceny is the property itself. An individual who participates in this category of crime might seek out a target that is deemed to be low risk or high value, or both.

Given the risks associated with the crime of larceny, there are two main categories of offenders who commit this type of crime. The first is the one-time offender who obtained an item illegally but is not likely to recidivate. Offenders within this category may be able to achieve rehabilitation and participate in society on an acceptable level. The other type of offender commonly seen in this category is the repeat offender, that is, the individual who continuously commits crimes of larceny with little regard as to the consequences. Repeat offenders often start committing crimes of larceny at young ages, often with their peer group associations. Peer group associations, such as gangs or a group of societal outcasts, often support the behavior observed with the crime of larceny as other members of the peer group may be committing crimes. Individuals within this peer group are also likely to engage in other forms of criminal behavior both at a young age and throughout their lifetime. The young, male offenders common in this category often experience arrests and convictions

throughout their lifetime and as such often find themselves on the lower end of the socioeconomic spectrum, thus perpetuating the cycle of repeated behavior given the inability to achieve a socially acceptable status through legitimate means. In addition, the crime of larceny may not be viewed as negatively on the spectrum of criminalized actions as the victim of this category of crime receives no physical, bodily harm in the commission of this crime.

Criminological Theory of Larceny

Routine activities theory finds its roots in deterrence or rational choice theory as its premise argues that criminal actions occur when the person, victim, and object of crime come together at one time. According to this theory, in order for crime to occur, three groups must align: the motivated offender group, the suitable targets of victimization group, and absent guardians of the personal property. In this case, a suitable guardian is required to be present in order to aid in deterrence efforts in this theory, and given the association with gangs that are also common with the crime of larceny, a guardian is unlikely to be present. Larceny/theft is most commonly found in areas where young, ethnic, and racial minorities, the poor, urban dwellers, and those who have recently moved to an area are likely to congregate.

Routine activities theory is but one of many theories that can be applied to the crime of larceny/theft, and though not exhaustive in nature, this theory is helpful for understanding the potential motivations for the specified offender class. This theory also provides insight as to what can be done to aid those individuals who may be more at risk than others. Individuals at risk are generally thought of as those who leave their home or belongings unattended during the evening hours when prowlers are likely to be present as well as those who own expensive, portable, belongings. In addition, a suitable target is likely to be one that can be easily observed by those wishing to commit this crime. Given the nature of the crime of larceny/theft typically being associated with valuable items in sight or in a vacant dwelling, some prevention tips include increased

lighting, vehicles at the residence, and sounds emanating from the home.

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See also Burglary; Fraud; Robbery; Shoplifting

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LAW ENFORCEMENT AGENCIES

Providing public safety and enforcing laws require more than one agency. Although lawmakers have created specific law enforcement organizations for different jurisdictions and offenses, criminal investigations and those responsible for conducting them are not always easily delineated. In those cases, agencies often work together as they protect the country and its citizens. This entry describes several U.S. law enforcement agencies by providing a brief organizational history including key figures, presenting the agency's current responsibilities, and describing typical work opportunities including qualifications necessary for employment.

Federal Law Enforcement

On September 11, 2001, two planes struck the World Trade Center in New York City, another plane crashed into the Pentagon, and a fourth

flight crashed into a Pennsylvania field. These attacks killed or injured thousands of American office workers, airline passengers, law enforcement personnel, and fire fighters. Many people wondered how this could have happened. With the intelligence resources available to the federal government, individual law enforcement agencies knew warning signs existed. However, many of these agencies underestimated the threat and failed to share information with each other. Eleven days after the attack, Pennsylvania governor Tom ridge, became the first director of the Office of Homeland Security. Since its inception, Homeland Security has focused on improving agency communications by housing 22 diverse agencies within its department. Although a few of these offices work as partners with law enforcement (e.g., Office of Intelligence and Analysis, the Federal Law Enforcement Training Center), only the U.S. Customs and Border Protection (CBP), U.S. Immigration and Customs Enforcement (ICE), and the U.S. Secret Service are responsible for law enforcement.

U.S. CBP

Like many federal law enforcement agencies, the current U.S. CBP division of Homeland Security has evolved since its creation in the late 1700s to regulate tax laws on imported products. According to its website, the Customs Division became primarily responsible for arresting tax evaders. In 1973, the Customs Division combined with the Special Agency Service creating the U.S. Customs Service. During the same time frame, Congress created the Border Patrol to guard inspection stations located on the land borders between the United States and Canada as well as the United States and Mexico. In 1932, the Border Patrol also started monitoring water ways, and by 1952, agents could search vehicles for undocumented individuals and illegal substances.

Transferred to Homeland Security in 2003, the CBP has worked to safeguard national security with its efforts in reducing the trafficking of illegal substances, weapons, and people and preventing undocumented individuals from entering the United States. At the same time, this agency tries to afford citizens and other documented individuals traveling in and out of the country with

minimal restrictions. In addition to employees, U.S. CBP also relies on technology (e.g., computer surveillance, unmanned aircraft systems) and physical infrastructure (e.g., gates, fences, and walls) to reduce the amount of drugs, weapons, money, and individuals being transported across the country's borders. As of 2017, the CBP employed 21,000 border agents with most of these agents assigned to the southwest border. In addition to searching for contraband, Border Patrol Agents are expected to identify terroristic threats and activities. At checkpoints, CBP officers search vehicles for human traffickers, contraband such as unlicensed products, drugs, weapons, and explosives.

In order to work for the CBP either as an agent or a border patrol officer, candidates must be in excellent health and pass a background check, drug test, and polygraph exam. Although not required, the CBP values applicants with previous military and law enforcement experience and bilingual skills. The CBP also hires experienced pilots as Air Interdiction Agents and experienced military boat captains as Marine Interdiction Agents. Their jobs are to monitor individual or group behaviors from the air and the water, respectively.

ICE

Although ICE has multiple responsibilities, the agency's major focus is on enforcing immigration laws related to travel to the United States. As discussed earlier, the Border Patrol apprehends undocumented immigrants and illegal materials at the border. In contrast, ICE agents usually apprehend undocumented individuals (as well as illegal merchandise) within the United States. ICE is also responsible for ensuring that companies are following legal employment guidelines for their workers and that undocumented individuals are not counterfeiting documentation such as social security cards and driver's licenses in order to gain employment. Within the agency, there is an investigative division (Homeland Security Investigations [HSI]) and an Enforcement and Removal Operations Division.

The HSI division identifies individuals, companies, and organizations believed to either support terrorism or engage in other criminal behaviors that can threaten national security. Other HSI

cases may include drug smuggling, child exploitation, and identity fraud. In addition to reviewing records, accounting data, and collecting information from some of the constituents described previously, the investigator may need to serve as an undercover operative.

Enforcement and Removal Operations is the division within ICE responsible for three steps of the immigration investigation process. First, agents identify individuals considered dangerous to either the general public or national security. Second, agents create a plan to detain those individuals in the United States that may include additional investigations and court proceedings. Finally, they organize the removal of undocumented individuals from the United States.

In addition to other agencies within Homeland Security, ICE identifies and prevents travelers with ties to terrorism from entering the country. Finally, ICE works with other agencies in preventing other countries from improper access to U.S. scientific and information technologies.

Applicants interested in becoming a criminal investigator need to be between the ages of 21 and 37 and have been a resident of the United States for at least 3 of the last 5 years. An exception to this last requirement exists for former government workers, veterans, and dependents of veterans stationed abroad. Because investigators are required to carry firearms, applicants cannot have been convicted of a misdemeanor crime of domestic violence nor can they have been convicted of a felony. If selected, all applicants must then complete basic training at the Federal Law Enforcement Training Center. In addition to being physically fit and willing to move to any location offered, investigators need to be able to travel.

One career opportunity in the Enforcement and Removal Operations division, an Immigration Enforcement Agent, is responsible for the removal and relocation of an identified person to his or her country of citizenship. Other agency positions within ICE include Criminal Research Specialists, Investigative Assistants, and Mission Support Specialists. These employees are responsible for providing information gained either through public or covert court-ordered access so that HSI agents can conduct their work. Many of the same requirements listed for the HSI Investigator also apply to these positions.

The Secret Service

Homeland Security also incorporated the Secret Service into its division that had previously been housed in the Treasury Department. Originally developed in 1865 to enforce the new laws related to counterfeiting, the Secret Service's responsibilities expanded to provide part-time protection for the president. The agency's role as a presidential defense team eventually increased to full time and included coverage of the vice president, president-elect and their families, visiting heads of foreign states. Congress allocated to the Secret Service the power to investigate threats as well as develop safety plans for gatherings involving protected members of government.

The Secret Service Counterfeit Division investigates and seeks to prevent the mass reproduction of the U.S. dollar. Technology (e.g., advanced computer printers, copiers, scanners, and specialty paper) and an increased use of the U.S. dollar in more foreign countries increase the likelihood of counterfeiting. Therefore, the Secret Service has worked with other countries to ensure that the detection of counterfeiting is consistent worldwide.

Also related to advances in and concerns with technology, the Secret Service has an internationally accredited advanced forensics laboratory. Law enforcement agencies can request information about inks, handwriting analysis, polygraph examinations, and fingerprints to name a few. Since 1994, the Secret Service has shared both forensic and technical information to any agency investigating missing or exploited children.

Several requirements exist for those individuals applying to be a Secret Service Agent of a Uniformed Division of the Secret Service. For non-veterans, applicants should be at least 21 and younger than 37 and have a current driver's license. Uncorrected vision must be better than or equal to 20/60 with correctable vision at 20/20. The Secret Service requires excellent health and physical fitness, and all applicants must pass a written examination. To gain Top Secret clearance, applicants have to pass a background check, a polygraph exam, an interview, and a drug screening. No visible tattoos are allowed on the head, face, neck, hands, and fingers. Other positions such as analysts, physical scientists, or public affair specialists require applicants to have 20/20

corrected vision and to pass background checks and, depending on the position, a medical exam and a polygraph test.

Federal Bureau of Investigation (FBI)

Of the agencies discussed, the FBI investigates the broadest selection of crimes. Examples include but are not limited to economic espionage (i.e., the stealing of corporate secrets or designs), corruption (e.g., law enforcement, campaign finance, and antitrust), and civil rights. However, the FBI was not always multidimensional.

In 1908, Attorney General Charles Bonaparte created the FBI within the Department of Justice. Unfortunately, the FBI was subject to the same corruption as other agencies at the time. In the 1920s, Assistant Director J. Edgar Hoover removed the unethical agents and increased the necessary requirements for employment in the FBI.

In addition to raising standards, Hoover's other goal involved using science in the investigative process. He combined fingerprint data from national and international law enforcement agencies into one searchable database and created a scientific laboratory. As early as 1932, technicians could use ultraviolet light, impression kits for creating molds, and cameras for examining physical evidence.

According to the FBI website, applicants need 3 years of full-time work experience and be willing to work anywhere in the world. Those with Certified Public Accounting certification or advanced degrees in law or other fields may be exempt from the first requirement. Preferences exist for applicants with certain degrees and experiences. Examples include but are not limited to scientists, military members with weapons or intelligence specialties, those with foreign language skills, and engineers. Applicants are also required to have excellent communication, leadership, and collaborative skills; be adaptable; and have good judgment. They are also expected to pass standardized physical fitness, vision, and hearing requirements. Once these minimum requirements are met, applicants begin a multi-phase process that includes cognitive and case analysis tests, multiple interviews, and background checks (including medical exams, drug testing, and polygraph exams). Candidates successfully completing these phases must then

graduate from the FBI Academy and serve a 2-year probationary term training in various specialty areas.

Other agencywide career opportunities involve degrees in the science, technology, engineering, and math fields. Examples include aerospace, biology, data science, geology, and network engineering. These opportunities include, but are not limited to, computer scientists, biologists, information technology specialists, and electronics technicians, and each position has its own requirements.

Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF)

In 1862, the Treasury Department's Bureau of Internal Revenue began collecting taxes and enforcing laws related to alcohol and tobacco sales. Once Congress passed the 18th Amendment to the U.S. Constitution prohibiting alcohol in 1919, this Bureau of Internal Revenue became responsible for enforcing prohibition. As did the previously discussed agencies, in 1930, the Prohibition Reorganization Act relocated the Bureau from the Treasury Department to the Department of Justice. At the same time, President Herbert Hoover announced an initiative to rid Chicago of Al Capone. This new Bureau of Prohibition and its well-known agent Eliot Ness worked with fellow agents in the FBI as well as the IRS to attack the growing crime in Chicago. After succeeding in arresting Capone, Ness continued his work by removing corrupt law enforcement agencies in Cincinnati and Cleveland.

Currently, the responsibilities of the Bureau of ATF involve investigating individuals and/or companies who illegally manufacture, distribute, or use alcohol, and/or tobacco products, firearms, and explosives. For products legally available to the public, the ATF licenses the distributors and, in the case of firearms and explosives, licenses the purchaser. The ATF also monitors the illegal sales of alcohol and tobacco to prevent a loss in income for those companies that are licensed.

Finally, because the ATF is also responsible for cases involving explosives, it also handle arson cases. Although arson fires are not always the result of explosives, many of the explosive experts use their knowledge and experiences to thoroughly investigate arson cases.

In addition to similar citizenship and age requirements of other law enforcement agencies, an ATF special agent applicant must complete an interview and pass an agent exam, a physical fitness test, and a drug test. A medical exam by an authorized physician verifies that the applicant has proportionate weight and height and is able to complete demanding physical duties without harming self or others. Applicants also have to pass a polygraph exam and be in compliance with the ATF drug policy (i.e., no current substance abuse or activities; prior experiences considered on a case-by-case basis). Other available careers include law, intelligence, research, administrative positions, and industry operations investigators. These investigators inspect company buildings, manufacturing procedures, sales records, and licensures within an industry (e.g., alcohol or firearms) to determine whether they meet ATF standards. Many of the hiring criteria are the same as the ATF agent; however, there are no age limitations, and investigators should expect frequent overnight trips each month.

U.S. Marshals Service

In 2016, the U.S. Marshals Service had over 5,000 employees across the United States. They arrest fugitives who are wanted for federal crimes, sexual offenses, murder, and organized crime. In addition, U.S. Marshals are responsible for many other duties. Former law enforcement officers are now employed in the U.S. Marshals service guard judges and court houses, federal prosecutors, and federal public defenders. These agents also evaluate construction plans and process to protect legal personnel once buildings are complete. Agents in Asset Forfeiture collect money and items from individuals and/or companies who have committed fraud. In the Justice Prisoner and Alien Transportation System, agents are responsible for moving prisoners between districts, prisons, and countries. Agents in the Prisoner Operations division contract with state and local prisons to house and monitor federal prisoners. Individuals who participate in special missions for the U.S. Marshals serve in the Tactical Operation Unit and often travel across the United States. Finally, U.S. Marshals within the Witness Security division are responsible for protecting government witnesses and their families as well as cooperating defendants.

To be a U.S. Marshal in any of its divisions, an individual must be a U.S. citizen between the ages of 21 and 36 and be appointed before his or her 37th birthday. Candidates are expected to have either a bachelor's degree or 1 year of experience or a combination of both that equates with a GL-07 (Government Level status). Experiences equivalent to this level include (a) good communication skills with individuals including prisoners; (b) criminal investigation skills including, for example, arrests and firearm use; (c) report writing; and (d) executing warrants. Individuals qualifying for this level also have at least some graduate-level education related to law enforcement or a field that would improve work performance and have exemplary grades in those courses. Applicants have to pass all required physical tests, written tests, and interviews and meet agency medical qualifications. Finally, individuals who pass all of the previously mentioned requirements must pass a 21-week course at the U.S. Marshal's Academy.

State and Local Law Enforcement

Although these are separate entities, the Bureau of Justice Statistics has combined state and local agencies for the purpose of statistical reporting. Therefore, the information across the agencies is presented similarly here.

While some may consider a job as a state or local police officer the *safest* law enforcement career to have, in reality, these individuals are often on the frontlines when it comes to drug use and distribution. This is especially important when local, state, and federal officers are working together to attack crimes related to organized crime such as human trafficking. Local police are often the ones who investigate domestic violence or crimes committed by individuals who are mentally ill. Although departments with 100 or more employees have multiple departments dedicated to particular crimes such as homicide, most agencies have 10 or fewer officers in their stations.

At the same time, they are often expected to create liaisons with community members in order to increase citizens' trust in the police. This is especially important because local officers are not immune to changes in the public's perceptions of the police. To increase safety for suspects as well as officers, many agencies have turned to technology. Cell phone video of law enforcement officers' arrests has

led to accusations of unnecessary force. As a result, the number of officers using TASERs or stun guns and wearing body cameras has increased. The use of this technology allows officers to (a) use less lethal force and (b) show another camera viewpoint during an arrest. Other technology available to police includes public surveillance cameras and automatic license plate readers. Finally, local officers are more likely to wear protective body armor and use in-field computers for creating incident reports.

Law enforcement training is often categorized as either stress based (i.e., a military style training with extreme physical and psychological components) or a nonstress based (i.e., an academically focused and mentor supported approach that still includes physical training). Most facilities offer basic training that falls somewhere between these extremes. Lasting 21 weeks, training modules include patrolling, investigations, emergency vehicle operations, and case reporting. Training for officer candidates also includes weaponry and defensive strategies.

Many state and local departments have similar age, physical fitness, driver's license, and polygraph testing requirements. Candidates should have good character and must not have a driving while intoxicated or driving under the influence within 2 years before beginning training. Applicants must have a high school diploma or a GED. In addition to passing both medical and mental exams, candidates must have good enough vision and hearing to perform duties satisfactorily.

Cybercrime: Law Enforcement Collaboration

The Department of Homeland Security has published several resources that emphasize the importance of law enforcement agencies working collaboratively. Subdivisions within Homeland Security also offer funding to those local law enforcement agencies that need extra personnel for either temporary or long-term investigations. For example, CBP does not work alone but often shares information, resources, and the work with state patrols and local police, especially from the border states. In addition, the CBP works with ICE to share information, resources, and strategies concerning border activities. Multiple agencies have analysts, computer programmers, and technicians who are

able to work together using the very Internet systems they are trying to protect.

In response to the 2001 PATRIOT Act, the Secret Service director developed the Electronic Crimes Task Force. The Electronic Crimes Task Force investigates frauds and cybercrime that may be related to illegal banking or terrorist activity. The Cyber Operations division investigates instances of computer viruses and hacking.

The FBI also participates in statewide, national, and international cyber task forces. In addition to fixing the effects of ransomware and computer and network hacking, the FBI also creates sting operations for identifying and arresting individuals involved with child pornography, human trafficking, child sex tourism, and terrorism.

There will always be a need for law enforcement specialties as well as the ability for agencies to collaborate across state lines and borders. As the needs of the country and world have changed, so have law enforcement agencies.

Krista Forrest and Theresa A. Wadkins

See also Cybercrime; Federal Bureau of Investigation; Human Trafficking; Immigration and Customs Detention; Law Enforcement Employment Screening

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LAW ENFORCEMENT EMPLOYMENT SCREENING

Screening candidates for law enforcement employment is a matter of risk assessment. The agency views risk from the lens of vicarious liability (i.e., the legal responsibility one has for the hiring of unqualified personnel). Were the applicant to be hired and a civil suit result from an officer's intentional or negligent action, the agency, and its executive director, would likely be named as parties in that suit. In a much broader sense, there is inherent risk associated with hiring an individual who is inept at protecting the public. Any mistakes the officer makes reflect on the integrity of the agency. In order to try to find the best applicants, law enforcement agencies often employ a *multiple hurdles* selection process.

A multiple hurdles approach is a conventional preemployment practice used by most agencies; it requires applicants to pass each stage of the hiring process to advance to final consideration for employment. Failure to satisfactorily clear any hurdle will generally remove the candidate from further consideration. While some agency policies differ in their manner of execution, there are established norms within the profession. This entry describes each stage of the multiple hurdles approach in the law enforcement screening process, then concludes with an examination of public policy recommendations that might allow agencies to further evaluate their preemployment process.

Multiple Hurdles Approach

Most police agencies utilize the multiple hurdles approach as a risk assessment mechanism, thus

increasing the likelihood of selecting the best candidate for police work. Ultimately, each element of the hiring process has a hurdle the candidate must clear to advance. Thus, the collective criteria that comprise the multiple hurdles hiring process are their own individual risk assessment. Each hurdle or stage provides actuarial information about the risk or benefit posed by each candidate and assists police executives in predicting whether the candidate will be successful in a law enforcement setting. Each stage should be a fair assessment of the type of skills necessary to be successful in today's law enforcement setting.

The individual hurdles function as mini-risk assessment tools, and the entire set of hurdles should inform the overall hiring decision. Collectively, this risk assessment tool has been used to narrow the focus of desired police officer characteristics and has been shown to reduce discrimination claims. Each subsequent hurdle in the process is designed to be more intrusive, more time-consuming, and thus, more expensive. In contrast to a multiple hurdles approach, a compensatory approach would allow a high score on one hurdle to compensate for a low score on another.

As previously mentioned, there are numerous items that agencies utilize in the selection process. Although not exhaustive, established norms of multiple hurdles for selection include (a) personality inventories, (b) physical tests, (c) targeted interviews, (d) unstructured interviews, (e) paper-and-pencil honesty tests, (f) cognitive ability tests, (g) weighted application blanks, (h) polygraph and other credibility assessment tests, (i) personal and work references, (j) drug tests, and (k) medical examinations. These elements must be fair, valid, and relevant to police work and must contain some measure of reliability to enhance an agency's hiring process.

Employment Advertisement

Law enforcement agencies announce hiring in a variety of ways. Some advertise in digital and print media, whereas others post vacancies on their government entity website. Recruiters attend police association meetings and visit universities that offer criminal justice, law, and psychology majors. With the U.S. involvement with the war on terrorism, numerous agencies have placed high

demand on recently discharged veterans. Meta-analysis results suggest that prior military experience is unrelated to subsequent law enforcement performance. However, civil service systems in many jurisdictions give veterans *bonus* points on written exams. Large agencies have recruiting divisions dedicated to attracting qualified personnel to the police profession and to their agency. Within this context, agencies often engage in affirmative action efforts to encourage female and minority applicants to consider a career in law enforcement. These efforts can greatly contribute to the development of a diverse workforce.

Screening Interview and Records Queries

Once an applicant and an agency connect about a job opening, the candidate usually completes an initial application. Some applications are completed online, but more often they are conducted at the hiring agency's recruiting office. This provides the recruiter a chance to meet the applicant, and the interview is complemented with a quick *go-no go* query as to whether the candidate has engaged in disqualifying behaviors. Most hiring agencies have a list of behaviors they consider disqualifying, including recent or excessive illegal drug use, felony arrests or felony crime involvement, driving while intoxicated convictions, domestic violence convictions, and certain civil judgments (e.g., bankruptcy). If an applicant admits to engaging in a disqualifying behavior, he or she is generally disqualified without further consideration. Some disqualifiers are permanent (e.g., certain felony crimes, certain types of drugs used). Many, however, are time-delimited, only temporarily barring the applicant from consideration (e.g., driver license suspensions, minor recent drug experimentation). If the candidate denies engaging in disqualifying behaviors, he or she moves on in the hiring process.

Extensive research goes into investigating and reviewing the driving and criminal history of each applicant. This is accompanied by criminal and civil records checks. The purpose of these inquiries is to determine whether the applicant has been arrested for, or convicted of, any crime, including certain traffic-related violations. Many misdemeanor crimes are not immediately disqualifying, while certain others are. For example, it is

common practice to immediately disqualify an applicant for any domestic violence conviction because persons convicted of such crimes cannot carry a firearm. Civil records checks allow employers to identify early on if there are areas for potential concern (e.g., past or pending bankruptcy, delinquent child support payments, pending civil lawsuits). Along with protecting the agency and society, police executives save time and money by identifying unqualified applicants early in the process.

Written Aptitude Testing

Police screening research has shown that scores on cognitive ability tests are a good predictor of future job performance, especially performance in the academy. Coping with stressful situations is one of many facets of law enforcement. In today's evolving society, agencies seek and pursue individuals capable of not only handling the physical demands of police work but also those who possess the intellect to learn the law, navigate technology, and solve complex issues. Core competencies such as mathematical and verbal reasoning are integral skill sets to the police profession and can be tested in a variety of formats. For example, the National Criminal Justice Officer Selection Inventory is a common aptitude test that can be used to predict candidate success in law enforcement settings. The National Criminal Justice Officer Selection Inventory tests areas such as problem-solving, reading comprehension, mathematics, and writing ability. These skills are essential to successfully completing most police academies and are needed to be successful in the law enforcement profession.

Conventional modalities for testing include paper and pencil, pen essay, and computerized assessment. Cognitive ability tests are used because most police officers enter the profession as *street cops*, and reading and math acuity become valuable skills in such areas as report writing and accident reconstruction. Language reasoning should also be assessed, as it contributes to the effectiveness of interpersonal communication and courtroom testimony. Defense attorneys are quick to point out the inaccuracies of a weak investigation, while prosecutors desire an officer that possesses a strong command of job knowledge.

As officers gain tenure, they often desire to specialize in select areas of criminal investigations. Larger agencies offer disciplines in crime scene investigations, narcotics investigations, computer forensics, financial crimes, and many other specialties. As a risk assessment tool, base-level performance protects both officer and agency from vicarious liability. Academic screening tests also ensure the public that the officer possesses the necessary faculties to function adequately and safely in the job.

Physical Agility

One critical aspect of police applicant screening is the physical agility test. Pushing cars from intersections and chasing fleeing criminals on foot are not unusual endeavors for the average police officer. When it comes to physical agility testing, the choice of methods is agency-specific. Some agencies use standardized calisthenics and running tests to assess an applicant's minimum competency level. Obstacle courses may be implemented, with the addition of work-related scenarios the agency considers relevant to the job function. These work-related tasks include such things as jumping out of the seated position in a police car and sprinting; climbing walls, ladders, or steps; and crawling under low walls.

Concerns have been raised about the fairness of physical agility testing, particularly in the realm of female screening. Some law enforcement agencies have even suspended physical agility testing while engaged in federal lawsuits over the equality of such requirements. These lawsuits contend the test is biased against female applicants, with a lesser percentage of females passing than their male counterparts. To better assess agility, many police agencies send proctors through rigorous programs (e.g., the Cooper Institute) that certify officers as *law enforcement fitness specialists*. The programs enhance the testing by identifying standardized agility protocols, therefore allowing the agency to better mitigate risk-related issues such as injury prevention. Advanced courses teach instructors to measure the body mass index of a candidate and implement nutritional strategies designed to prepare the candidate for the physical challenges of the test.

A key issue in physical agility testing is whether the agency is trying to measure physical ability versus physical fitness. The use of physical ability tests assumes that there are certain minimal standards that an officer has to meet to properly perform the job. For example, an officer who can't drag a 150-pound dummy 20 ft might not be able to save a person trapped in a burning car. With physical ability tests, separate sex or age norms are not used because there is a minimum standard that must be met.

In contrast, physical fitness tests determine things such as the cardiovascular fitness. In such cases, it is not unusual for an agency to use separate sex and age standards.

Firearms Proficiency Training

Some agencies hire *lateral transfer* candidates from other law enforcement agencies. These are people already trained and certified as police officers in the state in which they are applying. At this point in the hiring process, many agencies will require the lateral applicant to qualify with his or her service weapon. Firearms qualification courses often include shooting at varying distances (e.g., 3, 5, 7, 15, and 25 yards) with additional combat courses that address *shoot-no shoot* scenarios. Some agencies may require the lateral transfer candidates to demonstrate familiarity and proficiency with a standard police issue shotgun.

Personal History Questionnaire/Background Booklet

During the initial testing phase, the candidate will be asked to complete a personal history questionnaire. These are lengthy booklets that cover many aspects of the candidate's life and commonly begin with listing the applicant's immediate family members and their contact information. Background investigators will normally contact these family members and ask specific questions about the candidate's upbringing, his or her associates, and habits—both good and bad. To further the scope and depth of the background investigation, many agencies will conduct criminal history checks on immediate family members. The candidate will usually need to list all addresses where they have lived, including academic institutions and military

installations. Background investigators will interview the applicant's friends, neighbors, even teachers at institutions where he or she went to school. Previous work history will be verified as well as any work-related disciplinary actions the applicant received while at the place of employment. The background questionnaire usually asks about current debt and asks the candidate to obtain a recent credit check from one of the large credit reporting companies. Applicants with large debt may be disqualified, particularly if he or she has a history of delinquency in repayment.

The background questionnaire will often have the applicant list all illegal drug contact, experimentation, and use. The applicant will be asked to list all criminal acts they have committed. Potential law enforcement employers often ask about alcohol use and gambling frequency. Both of these can be predictive of future problems. The applicant will usually have to sign a waiver and release of information form that allows investigators access to his or her personal education and employment records. These are often notarized for legal reasons.

Personal History Booklet (PHB) Review

A recruiter or background investigator will schedule an appointment where the candidate will return the PHB and allied documentation. Often this documentation includes a copy of his or her high school diploma, official transcripts from colleges attended, a credit history check, military service verification such as a DD-214, financial loan paperwork, and any civil court records (e.g., name changes, marriage certificates, divorce documentation, liens, judgments, and civil suits). The agency representative will review the PHB with the applicant and ensure all required documentation accompanies the package. Most agencies will not accept incomplete packages and will return the PHB to the applicant, oftentimes suspending the process until the documents are complete.

Background Investigation

Once the agency has accepted the application package, it schedules a background investigation, depending on the hiring needs. The depth and breadth of the background investigation can vary

considerably. Larger law enforcement agencies, including federal, state, and large municipalities may employ full-time background investigators. These officers specialize in conducting background investigations, and this is their primary duty. Because they are familiar with these specialized investigations, they are efficient at getting them completed in a timely manner.

The background investigator will often start by conducting a more in-depth criminal records check, including records on national and local databases. The investigator will contact the local law enforcement agencies in jurisdictions where the applicant has lived, worked, or attended school and ask these agencies to check local *in-house* databases for any contact with the applicant. One of the reasons for conducting a credit check is that it often provides clues as to where a person has lived or worked. Background investigators then use the credit history to help locate law enforcement agencies, friends, neighbors, and teachers to interview.

The investigator will also conduct extensive driving history checks. Driving records inform agencies about past driving citations, accidents, and arrests. One of the predictors of potential problem performers in law enforcement is a past history of rule breaking, and having numerous driving citations is considered as such. Most hiring agencies will be allowing employees to operate agency-owned motor vehicles, and a history of being aggressive- or citation-prone will drive up the cost of insurance. Many agencies are not willing to accept the risk of someone with a poor driving history nor are they willing to pay additional insurance premiums because of bad driving habits.

The investigator will contact as many former employers as possible to verify what the candidate listed in the PHB and is usually most interested in reviewing employment applications for additional leads: length of employment, promotions, performance evaluations, and disciplinary actions. The investigator will compare this information to what the subject listed in the PHB. All of these will help the investigator assess the applicant's work performance and work attitude, as well as his or her honesty. Applicants have been known to omit prior places of employment where they received negative disciplinary actions or from which they were terminated.

Once the records check portion of the background investigation is complete, the investigator often plans field and telephonic interviews using what he or she learned through the records check. The investigator may start with immediate family members including spouses, parents, and siblings as well as people with whom the applicant has lived, including roommates and former military coworkers. They schedule appointments with friends, prior employers, coaches, teachers, guidance counselors, and sometimes former coworkers. They seek to verify what the applicant has stated in the PHB and identify any possible areas of concern. Ultimately, the psychologist conducting the suitability assessment will use information gleaned in this stage to help guide the clinical interview and inform the assessment. Background investigators may travel to other cities to meet with these potential sources of information, depending on the recruiting budget.

Once the records check and personnel interviews are complete, the background investigator will start to finalize the report. It is not unusual for the investigator to contact the applicant for clarification and additional information. It is helpful to the investigator, and the investigation, for the applicant to take an active role in getting the information the background investigator needs to complete his or her task. If the applicant does not help, the background report may not get completed. Once the background report is complete, the investigator usually gives it to his or her supervisor to review. Supervisors will *sign off* on the report and forward it to the recruiting office where they often then schedule a follow-up interview and credibility assessment test.

Credibility Assessment Interview

The hurdle many applicants find most concerning is the credibility assessment interview and test. This stage usually consists of some form of veracity verification test. These tests, which include polygraph and EyeDetect (i.e., ocular-motor detection of deception), are not without controversy. Their utility and validity have been, and continue to be, the subject of polemic arguments. Proponents extol the benefits of increased disclosure, deterrence, and diagnostic value. Opponents claim the false-positive rates (i.e., where a truthful

subject fails the test) are unacceptable. Still, many agencies will require an applicant to submit to some form of credibility assessment test that he or she must *pass*.

The polygraph is the oldest of the validated credibility assessment tools in current use. Polygraph screening has been used to screen law enforcement officers since around 1945. Modern polygraph instruments measure movement associated with breathing, relative blood pressure changes, sweat gland activity, and blood pulse volume changes. They include other sensors to help gauge level of cooperation. The underlying theory of the polygraph is that physiological changes happen in response to test questions, and the magnitude of those changes is commensurate with the salience of the test question. The salience of the question depends on the degree to which the question challenges the subject's goal of passing the test. The physiologic responses load differentially on groups of questions, as a function of truth-telling or deception.

There are several variants of polygraph testing, but the most common version is called the *Comparison Question Testing* format. Within the family of the Comparison Question Testing, there are several polygraph techniques and differences between the variants are often minor. A polygraph technique consists of two parts: the data collection portion and the test data analysis phase. Validity studies have to report both phases of the technique to properly identify it. The data collection phases for techniques can differ in terms of the number and scope of the test questions. From a validation perspective, better tests generally result from fewer, more distinct questions. The test data analysis phase is the part where the collected data get analyzed. This can be done by the human polygraph examiner as well as by a computer algorithm. While there are a number of test data analysis models in use, the better performing models tend to be less subjective and thus have greater interrater reliability.

Polygraph screening test questions should target actuarial behaviors (i.e., those behaviors that are related to good or poor police performance). However, some agencies try to address *values-based* behaviors that are not predictive of performance. Police administrators and decision makers should endeavor to identify past behaviors

that predict performance and develop their polygraph questions that address each behavior. For example, questions targeting work-related disciplines and acts of physical domestic violence would seem appropriate performance predictors.

Comparison Question Testing format screening polygraph techniques have peer-reviewed reported accuracy in the 80% range. They are well above chance at detecting deception, though far from perfect. End users should be cautious about making hiring decisions based on the results of a polygraph test alone since there are many variables that affect the ultimate accuracy of any particular test. Positive results (i.e., failed test) should be followed up with additional discussion, investigation, and testing, ideally with a different credibility assessment tool.

The base rate of deception is often an overlooked consideration in credibility assessment testing. Base rate is the probability any given individual in a testing population will be positive for the issue of concern. In credibility assessment testing contexts, this means the number of people in the testing population who are lying with regard to the target issues. As referenced in numerous studies, target issues can vary considerably. If young U.S. adults are being tested for drug experimentation in their lifetime, a higher base rate of that activity would be expected, compared to engaging in espionage or terrorist activities, for example. If that group is then applying for a job with very strict guidelines for lifetime drug experimentation, a higher base rate of deception could be expected. If espionage or sabotage among that same group was being tested, a much lower base rate of engaging in those behaviors would be expected and thus a lower base rate of deception with regard to those targets. Since all credibility assessment testing is imperfect, base rates can play a big role in the types of errors made. If testing a low base rate behavior, such as espionage or sabotage, the majority of the positive (i.e., failed) results should be false positive. Operationally defined, this means people who had not engaged in the behavior still failed the test. Alternatively, if a high base rate behavior was tested, such as denial of alcohol use by U.S. college students, most of the errors would be false negative, indicting the lies passed undetected.

Using an alternative technology in a *successive-hurdles* model can help adjust the base rates to improve subsequent credibility assessment testing. EyeDetect is one proven technology that can be used in the early stages of the hiring process as a stand-alone credibility assessment tool. EyeDetect can also be used to adjust the base rates for subsequent testing, for example, with polygraph. Adjusting the base rates of subsequent testing reduces the types of errors made, depending on the testing goal. EyeDetect works by having the subject read a series of questions; the subject then answers *yes* or *no* by pressing a button or computer key. During the reading exercise, the EyeDetect measures a number of reading behaviors, physiologic measures, and answering behaviors. The software combines these measures and produces a credibility score ranging from 0 to 99, with increasing values being more indicative of truth-telling. Peer-reviewed studies of EyeDetect show accuracy in the mid-80% range. Research also suggests that combining two different screening technologies, such as polygraph and EyeDetect, can reduce desired errors to around 2%.

Follow-Up Interviews

Once the credibility assessment testing phase is complete, a recruiter meets with the candidate to discuss any issues that arose during the background investigation or credibility assessment testing. Sometimes the background investigator or recruiter may have to conduct additional interviews to assess the issues raised. This often means the candidate is invited back for follow-up credibility assessment testing. If there are outstanding issues and concerns, most supervisors will not allow a candidate to move forward unless all information gathering avenues have been exhausted. That means the background package will sit in *limbo* until the issue is resolved.

Conditional Offer of Employment

At this phase, someone senior within the hiring authority will usually review the entire application package. If this person feels the candidate is acceptable, a *conditional* offer of employment will be made (i.e., the offer depends upon successful completion of the medical and psychological

assessment phases). This is done in order to be compliant with the Americans With Disabilities Act of 1990, which provides protection against discrimination for people with disabilities. The act applies to federal, state, and private employers with 15 or more employees; it expressly prohibits employers from asking applicants about medical history during the preoffer stage in order to prevent potential employers from asking questions that might reveal a disability that could be used to disqualify the applicant from the hiring process. The Americans With Disabilities Act also prohibits potential employers from requiring applicants to undergo medical examinations and from asking questions that could disclose a disability before offering them a job. Employers usually wait until they are ready to extend a bona fide employment offer before asking the candidate to submit to medical and psychological queries.

Psychological Suitability Assessment

The hiring agency is likely to have the candidate assessed for psychological suitability for law enforcement work. Police work can be extremely stressful and requires good interpersonal relation skills. The work can place the officer in highly dangerous situations that require fast and correct decision-making skills. This psychological evaluation can also be a very stressful stage of the hiring for the applicant due to the potentially subjective nature of the decision-making process. The psychologist should be familiar with police work, have expertise in assessing maladaptive behaviors, and be proficient with the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5). Examinations should be designed to identify psychopathology and personality disorders that would be incompatible with law enforcement work. Items such as impulse control, ability to deal with supervision, and motivation to choose law enforcement as a career are core features on most psychological suitability inventories. The examinations usually consist of a series of standardized psychological tests and a clinical interview. The psychologist will usually review the background investigation, the PHB, the credibility assessment testing reports, standardized psychological test results, and notes from the clinical interview when writing the report. The

psychologist oftentimes works in conjunction with the polygraph examiner and background investigator to ensure a unity of effort and proof of screening concept.

Numerous psychological tests have been developed in an effort to screen out candidates with psychological issues that could make them a danger to themselves or others. Although many assessments are available to test psychopathology, two commonly used inventories in law enforcement selection are the Minnesota Multi-Phasic Personality Inventory-2 and California Personality Inventory. The Minnesota Multi-Phasic Personality Inventory-2 consists of 567 true/false items and is commonly used to test an individual's suitability for high-risk public safety positions. Although widely utilized, concerns have surfaced regarding the validity of specific scales relating to the Minnesota Multi-Phasic Personality Inventory-2. Elements that enhance psychological inventories continue to evolve, yet the primary agent of responsibility lies with the mental health professional. Along with credibility assessment, psychological suitability remains an integral area of screening that police administrators rely on for final hiring decisions.

Medical Suitability Assessment and Drug Testing

At this stage, a medical professional usually conducts an examination to determine whether the applicant is medically suitable for the job. Typically, a detailed job description is provided to the medical professional so that he or she can determine whether the applicant is capable of performing the critical job tasks. These physical examinations can be quite extensive and often include vision and hearing testing, cardiovascular assessment, including an electrocardiogram, dermatological examinations, endocrine system assessments, hematology–oncology screening, musculoskeletal assessments, respiratory system assessment, infectious disease assessment, and a neurologic evaluation. In addition, candidates typically are required to undergo drug testing.

Approved for Hire: Selected/Not Selected

At this point, all aspects of the candidate's background investigation are assembled and reviewed. Some agency executives choose to take on this task

themselves, while others delegate it to a trusted subordinate. If the candidate is deemed sufficiently trustworthy, he or she will be considered *approved for hire*. Often agencies will develop lists of qualified candidates they keep for a specified period of time and will often approve more people than they need. As availabilities arise throughout the life of the list, the agency can contact an approved person to make a job offer. Some agencies will conduct *mini-background* investigations to fill in the time between when the person was approved and when that person gets his or her job offer.

Final Thoughts

Executives within police agencies are continually seeking the best methodology for screening candidates. Now policy makers face difficult issues surrounding vicarious liability and negligent hiring, often affecting external stakeholders. Translated, this means each element in the preemployment process must remain valid, fair, and impartial to each applicant, while enhancing the utility of screening methods.

Mark Handler and Adam Park

See also Correctional Agencies; Law Enforcement Agencies; Structured Interviews in Law Enforcement Selection Process

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LEVEL OF SERVICE INVENTORY (LSI)

The LSI is a risk assessment instrument that was designed to identify adult offenders' likelihood of reoffending. As such, it is one of a number of

offender risk assessment tools that are now used by a wide range of correctional, forensic, and mental health professionals who are given the difficult task of predicting offender recidivism. Various versions of the LSI are now used extensively in Canada, the United States, and various countries in Europe, Asia, and Oceania, in large part because they have demonstrated their capacity to predict offender recidivism among a wide range of offenders and they shed light on areas that correctional officials should target with the offender to reduce his or her likelihood of recidivating. Consequently, the LSI is described as a *risk/need scale* in that it assesses both the overall risk that an offender presents in terms of likelihood to recidivate and the *criminogenic needs* that might be addressed to reduce that risk. This entry describes the origins and history of the LSI, its theoretical and empirical basis, its design and content, and its research support.

Origins and History

The original LSI was developed in the early 1980s by Donald Andrews, in Ottawa, Canada, with the cooperation of the Ontario Ministry of Correctional Services. Andrews was originally interested in assisting the Ministry to establish supervision standards for probation officers. He was intrigued by the work of Sally Rogers, a Ministry researcher, who came up with a simplified instrument that effectively identified offenders who recidivated at both above average and below average rates of recidivism. Rogers's 6-item scale asked yes–no questions about offenders' demographics and criminal history (i.e., male, under 24 years of age, have criminal record, have delinquent associates, aimless use of leisure time, have family on social assistance). But Andrews was aware of more complex tools that had been developed in the United States, including the Salient Factor Score. He also believed that an instrument that was grounded in a sound theory of criminal behavior could do a better job of prediction. This led to his first effort, known originally as the *Level of Supervision Inventory*, an offender risk assessment tool that was guided by various theories about criminal behavior and empirical evidence.

The Theoretical and Empirical Foundations

Andrews was strongly influenced by the differential association theory of Edwin Sutherland and Donald Cressey and its more behavioral reformulations and by Albert Bandura's more general social learning theory. Differential association purported that criminal behavior was a learned behavior and that such learning took place primarily among intimate personal groups. Donald Akers then applied more Skinnerian terminology emphasizing the rewards and punishments that occurred as consequences of antisocial behavior, while Bandura introduced the concept of modeling (i.e., behavior, including antisocial behavior, can be learned by simply observing others and is strengthened when the model is rewarded).

This led to Andrews considering not only delinquent and criminal history as factors in a risk assessment tool but also an offender's history of support and punishment for both prosocial and antisocial behavior. He envisioned the brain as an unconscious computer, which routinely tallies all of the rewards and punishments (i.e., positive and negative consequences) for different kinds of behavior. However, the nature of the recent or current environment in which the offender is living is most important as it constantly provides a wide variety of rewards and punishment to a wide range of behavior. He reasoned that these rewards and punishments come in the form of material gain or loss, social or interpersonal support or criticism, and intrapersonal thoughts (congratulatory or critical) about the offender's behavior after the behavior has been performed. Andrews formalized this conceptualization as the Personal, Interpersonal Community–Reinforcement (PIC-R) perspective of criminal behavior. Years later, based on their appreciation of personality and attitudes, Andrews and James Bonta expanded the PIC-R concept by including it in a more integrated theoretical model of criminal behavior called a *general personality and cognitive social learning* perspective of human behavior including criminal behavior, which helped to frame the LSI and its successors.

Another important development by Andrews and Bonta, along with Robert Hoge, that spoke directly to the development and evolution of the LSI was the empirically derived principles of risk, need, and responsivity. The risk principle directs

correctional workers to focus their supervision and attention on moderate- and high-risk offenders. The need principle directs correctional workers to target the identified criminogenic needs of an offender in his or her rehabilitation process. The responsivity principle directs workers to adjust their style of interaction with offenders according to the offenders' cognitive, personality, motivational, and demographic characteristics so as to optimize supervision and intervention efforts. GPSLC and risk, need, and responsivity also comprise the backbone of what Andrews and Bonta have referred to as the *psychology of criminal conduct*. The development of these concepts occurred hand in glove with the LSI and its subsequent revisions. Therefore, a good understanding of the PIC-R model, the risk-need-responsivity principles, and the general personality and cognitive social learning perspective is needed in order to appreciate the LSI, its content, and its evolution over time.

It is important to note that PIC-R and the general personality and cognitive social learning were strongly supported by empirical research, most of which was psychological, sociological, and criminological in nature. Some of this work harkened back to classical, cross-sectional comparison of delinquents and nondelinquents conducted by Sheldon and Eleanor Glueck in the 1940s and 1950s, in which the two groups were found to be different on a wide array of dimensions, including attitude, disposition or personality, school behavior and performance, relationship with and supervision by parents, and peer relations. In 1969, a second major empirical study by Travis Hirschi revealed a similar list of characteristics that differentiated delinquents from nondelinquents and guided Andrews in his initial effort to develop a risk assessment tool. Numerous similar studies followed, allowing Andrews and others, including Paul Gendreau, to conduct meta-analyses of the predictors of criminal behavior and recidivism that continued to guide subsequent versions of the LSI through the 1990s and 2000s.

Rationale for Development

With the rise of offenders requiring community supervision and growing caseloads for probation officers, it had become clear that some means

were required to direct the increasingly scarce supervision resources to offenders who were at highest risk of recidivating. Moreover, evidence was emerging that the kind of service and the specific focus of intervention was important to the success of offenders in the community. In other words, to which offenders should probation officers devote their attention (risk principle) and on what issues should that attention focus (need principle)?

Until the early 1980s, those questions were addressed neither by theoretically sound or empirically driven practices. Instead, offender risk assessments were of two types: either they were based on subjective professional judgment, which, it was being learned, were little better than chance and were described as the *first generation* of risk assessment by Bonta or they were based on historical or demographic characteristics that were not subject to change and were described as *second generation* risk assessments. Although second generation risk assessments did offer assistance in terms of suggesting the amount of supervision (i.e., more supervision for high-risk offenders), such as the Salient Factor Score in the United States or Joan Nuffield's Statistical Information on Recidivism Scale in Canada, they did not offer any direction to the correctional worker in terms of the content of supervision simply because they consisted only of nonchangeable, static risk factors. Meanwhile, traditional psychological offender assessments were based on personality characteristics that had little or nothing to do with criminal behavior. The LSI was designed to rectify these shortcomings by offering a tool with practical value to correctional workers and their agencies.

The LSI is described as a *third generation* or risk/need assessment tool since it includes both static risk items and dynamic (i.e., changeable) criminogenic need items. There are two particular advantages to including dynamic risk items in an offender recidivism prediction. First, as the situation and conditions of the offender change over time, an accurate reassessment will reflect these changes in risk that are occurring either naturally or by means of some kind of treatment or intervention. Secondly, dynamic criminogenic needs are, by definition, the characteristics of an individual, which, when changed, translate to changes

in offender recidivism, thus giving the probation officer or other correctional worker or service provider direction as to how to facilitate the rehabilitation of the offender.

Design and Content

Andrews's goal was to develop a wide array of predictor items that could capture the diversity of risk factors that contribute to offender recidivism. To achieve that goal, he conducted a thorough review of offender documents on file and consulted with collateral individuals who could provide insight about offenders. Andrews then realized that more detailed information than what was routinely available in offender files was required so he developed an interview guide to unearth some of the more nuanced aspects of offender risk. He also worked with data sets of probationers and their outcomes that were provided by the Ontario Ministry of Correctional Services. Items were added and deleted in a series of revisions in an effort to capture not only the best combination of predictors but also ones that could be used to guide probation officers' supervision of their clients. Probation officers and their managers were also consulted in the choice of items and the design of the instrument. The result was the Level of Supervision Inventory VI.

The LSI-VI consisted of 58 items that were grouped into 11 sections. These sections and the number of items in each section (in brackets) included the following: Criminal History (10), Education/Employment (10), Financial (2), Family/Marital (3), Accommodation (3), Leisure/Recreation (2), Companions (5), Alcohol/Drug Problems (9), Emotional/Personal (5), Probation/Parole Conditions (4), and Attitudes/Orientation (4). It is readily apparent that some domains included many more items than others. As each item counted as a single point, varying the number of items in a domain allowed Andrews to weight the different domains in accordance with their perceived importance as determined by the research at the time. Specifically, criminal history, education and employment, and alcohol and drug problems were perceived as being most strongly related to criminal recidivism, while financial issues, leisure and recreation activities, and accommodation were relegated to minor risk domains. The total score was the sum of all items

endorsed and was used to determine a level of supervision for the probationer.

But the LSI-VI also included a scoring quirk. Realizing that many of the criminogenic need factors existed on a continuum, Andrews established a 0–3 rating scale to describe the degree to which a *positive* attribute, or strength, is present. For example, a maximum rating of 3 on the Employment item, Participation/Performance, occurs when the offender expresses a strong interest in job, takes pride in abilities/performance, has reliable attendance, is willing to work overtime, and wants to stay in the same line of work. A minimum rating of 0 occurs when the offender says he or she hates work, can't perform well, has unreliable attendance, and is often late. This finer level of detailed scoring can be used to track minor adjustments, improvement or deterioration, and can assist with the case management of the offender. However, these items are reduced to a binary (0 or 1 = 1 and 2 or 3 = 0) for the purpose of calculating the total risk/need score. This format has been retained in all subsequent versions of the LSI.

The preceding description of the Employment item, Participation/Performance, illustrates three important aspects of the LSI items. First, it taps into dynamic aspects of offender risk that exist along a continuum and are subject to change, sometimes rather quickly. Second, items are true to social learning theory and the PIC-R principles in that they are based on the *eligibility* for different kinds of rewards and punishments for prosocial and antisocial behavior in the offender's environment. (Note that the next 2 items in the LSI-VI capture the nature of the offender's relationship with peers and with authority figures in the workplace.) Third, the LSI-VI considers both the presence of risk items and strengths (i.e., protective items) with the absence of a strength being scored as 1. Critics of the LSI often fail to appreciate this means of considering offender strengths.

Another feature introduced in the LSI-VI (and maintained through all subsequent versions of the LSI) included an opportunity for the assessor, typically a probation officer, to *override* the score-derived level of supervision. A text box was included for assessors to note both positive and negative circumstances that may not have been

given sufficient attention in the established LSI-VI items. Pending charges, extreme violence, or particularly notorious actions might be used to elevate the degree of supervision, while positive circumstances might include prosocial supportive factors that would enable the assessor to reduce the level of supervision suggested by the LSI-VI score.

Andrews then wrestled with the number of risk levels into which the raw score could be collapsed, both for statistical analysis and for correctional workers to describe the degree of risk presented by an offender. An initial scheme created four levels of risk: 0–7, 8–11, 12–23, and 24–58. But this allocation was quickly reduced to three risk groups to correspond with the three traditional levels of supervision in community corrections (i.e., minimum, medium, and maximum). This was achieved by combining the two highest risk groups in part because only about 4% of the probationers in the early research scored over 24 in spite of the fact that this was a 58-point scale. Subsequent versions of the LSI have used four and even five levels of risk.

Initial Research

Research on the LSI looked promising right from the start. Beginning in the early 1980s, two important reports to the Ontario government summarized an impressive list of results. To begin with, agreement between raters was considered high and was generally consistent with probation officer judgments pertaining to the required supervision of offenders at the outset of their probation and later, midway through the supervision process, both in the order of 90% agreement. Moreover, LSI scores were consistent with the actual number of supervision hours as documented in case records. Low LSI scores corresponded with probationers who were granted an early case closure, while high LSI scores corresponded with in-program recidivism (i.e., charges and reconvictions), multiple reconvictions, reincarceration, and self-reported criminal behavior. The LSI also predicted postprobation recidivism over a 3-year period, with increased accuracy as follow-up time increased. Working in a detention facility, Bonta found that the LSI predicted failure among prisoners who were referred to a halfway house.

Moreover, a number of LSI sections were related to other self-reported measures of related constructs. For example, criminal history was related to self-reported crime, education/employment was related to inadequacy–immaturity, alcohol/drugs was related to self-reported drug offenses, and personal/emotional was related to sensation seeking and negatively to self-control.

The second review not only replicated many of the original findings but also expanded on them. LSI subsection scores correlated with a host of well-established paper-and-pencil psychometric measures of related constructs. Probation intake LSIs were strongly correlated with in-program recidivism. LSI scores correlated with both official and self-reported (i.e., undetected) crime. Importantly, probationer progress signaled changes in their outcome in that retest LSIs were more predictive of recidivism than intake LSIs, and changes on an LSI progress assessment were associated with corresponding changes in the chances of recidivism. The allocation of more intensive services to high-risk offenders was rewarded with disproportionately lower recidivism rates than when intensive services were allocated to low-risk offenders.

In Australia, when LSIs were conducted in conjunction, but not submitted, with presentence reports, the presentence LSI was associated with the disposition of the court: Those who received fines or acquittals received the lowest scores, followed by short-term probation, long-term probation, and finally a prison term. These results led to an obvious question: Are less serious offenders at lower risk or are offenders who are lower risk more likely to get less severe sentences? This and other findings have generated continued discussions about conducting an LSI prior to sentencing, or even conviction, and the role of the LSI in the sentencing process.

Final Thoughts

By the end of the 1980s, the LSI had established a solid research-based, respected position in Ontario and garnered a selective following beyond. Its reputation was based on the following:

- (1) It provided a standardized record to guide the discretionary controls and services offered by the correctional agency.

- (2) It corresponded with actual levels of supervision that were being applied at the time and correlated with correctional outcomes to an acceptable degree of accuracy.
- (3) It demonstrated what became known as the risk principle by showing that augmented services were *wasted* on low-risk offenders but reduced recidivism when used on high-risk offenders.
- (4) The LSI captured numerous empirically demonstrated factors related to criminal behavior.
- (5) Its demonstration that assessments of change corresponded to changes in outcome encouraged more efficient and effective allocation of correctional resources.
- (6) Finally, these studies offered robust evidence for the predictive validity of the LSI across a wide range of circumstances, including various types of offenders, several probation offices, various measures of offender outcome, and in different criminal justice contexts, including court, probation, and prison.

J. Stephen Wormith

See also Level of Service Inventory–Revised (LSI-R); Level of Service Inventory–Self Report (LSI-SR); Level of Service/Case Management Inventory (LS/CMi); Offender Risk Assessment: Use of the Professional Override; Risk-Need-Responsivity, Principles of

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LEVEL OF SERVICE INVENTORY– REVISED (LSI-R)

The LSI-R is a risk assessment instrument designed to identify adult offenders' likelihood of reoffending and is widely used in corrections. The instrument has been built on extensive empirical evidence about offender risk factors and pilot-tested extensively prior to its formal release. The LSI-R is part of a new, third generation of offender risk instruments known as risk/need assessments, because its items include a balance of historical and demographic static risk factors and an array of dynamic criminogenic need factors. This entry describes the LSI-R, its place among LSI instruments, its content and widespread use, its training protocol, and its validity.

Background of the LSI-R

The LSI-R is an adaptation of Donald Andrews's original LSI Level of Supervision Inventory, (LSI-VI). In fact, the LSI was administered and researched for more than a decade before its release as the LSI-R. By the time the LSI-R was published in 1995, there were at least 25 research papers on the LSI-VI that established its psychometric properties, including its inter-rater and test-retest reliability, internal consistency, construct validity (i.e., the extent that it correlated with other measures of constructs such as propensity for rule violation), and its predictive validity (i.e., its correlation with subsequent recidivism and other antisocial behavior such as rule violation). However, with the exception of a few studies, mostly with Canadian federal offenders, this research was conducted on offenders who were on probation or in provincial facilities in Ontario, Canada. Regardless, the LSI-VI served, in essence, as a pilot instrument affording many opportunities for risk/need assessment

research prior to the formal release of the LSI-R by Andrews and his colleague, James Bonta, in 1995.

Content and Organization of the LSI-R

The LSI-R is very similar to the LSI-VI in content. It includes the same 54 items grouped into the same 10 domains or sections: Criminal History (10), Education/Employment (10), Financial (2), Family/Marital (3), Accommodation (3), Leisure/Recreation (2), Companions (5), Alcohol/Drug Problems (9), Emotional/Personal (5), and Attitudes/Orientation (4). (The LSI-VI test option to include write-in items listing specific conditions for probation or parole has been eliminated.) The LSI-R is available in a paper-and-pencil format on a carbon paper QuickScore Form that allows for expedient manual scoring. The publisher, Multi-Health Systems, also offers a Windows-based computer program that generates a profile report, a comparative report, and a group report.

Norms were developed for male and female offenders, listing the percentile ranking of offenders throughout the range of possible scores on the instrument. In addition, five risk levels were created for male inmates with labels and 1-year recidivism rates (return to custody) as follows: high (72%), medium/high (57.3%), moderate (48.1%), low/moderate (31.1%), and low (11.7%). The authors also suggested guidelines for the classification of offenders in various contexts including guidelines for the amount of supervision of probationers (minimum, medium, and maximum); placement to a halfway house (appropriate, appropriate with close supervision, and inappropriate); and inmate classification to security level, with separate cutoff scores for recommendations for male and female prisoners.

An easily overlooked but important symbolic difference between the LSI-IV and LSI-R was its change in name. With the development of the original LSI, the objective was to determine the *level of supervision* that should be afforded to each probationer. But that was seen as limiting since, as a dynamic risk/need assessment tool, the LSI-R offered direction for a full range of services to offenders by identifying an offender's particular criminogenic needs. Moreover, as research was developing on the importance of having a full

range of services to offer offenders in the community, the function of probation officers was evolving from traditional supervision to direct service provision and brokering or advocating for services to address offenders' specific criminogenic needs. Hence the original term, *level of supervision*, was replaced by the more inclusive *level of service* terminology.

Rise in the Popularity of the LSI-R

The commercial release of the LSI-R brought the tool to criminal justice agencies (primarily corrections), academics, and clinicians worldwide. Growing use of the LSI-R occurred both geographically and across multiple correctional contexts. This included prisons where it was introduced to predict recidivism, to select offenders for release, and to classify offenders according to security level. Some agencies also began to conduct LSI-Rs as part of the presentence investigation. Although the instrument was never designed to offer advice to the court about the severity of the sentence, it can be used to inform conditions of the sentence, including orders for treatment or programming or behavioral conditions (e.g., the offender would be instructed not to consume alcohol or to associate with certain individuals).

Because of its growing popularity in large correctional agencies, some with tens of thousands of offenders to assess per year, and its lengthy time to complete, often a number of hours for an offender interview, a thorough review of various documents, and collateral checks, a short version of the LSI-R, the LSI-R: Screening Version, was released in 1998. It consists of 8 items and can be used to determine which offenders are most likely to be high risk and therefore deserve a complete LSI-R assessment.

The decade following the publication of the LSI-R saw a dramatic increase in its use in the field and in research pertaining primarily to assessing its predictive validity with respect to recidivism. By 2010, LSI assessors logged more than 1 million administrations of the LSI-R, its youth version/Case Management Inventory (YLS/CMI), and its successor (LS/CMI), in a single year. But, this popularity also led to new concerns. Any risk assessment tool, regardless of its inherent value, is only as good as the assessor who administers it.

LSI-R Training

In order to accommodate the LSI-R's growth and popularity and at the same time protect its integrity, standard training packages were developed and a system of user certification was created. A "train the trainer" approach was introduced to address the sizable, widespread demand for training from North America, Europe, and more recently, Pacific Rim countries.

To begin, the authors built a training curriculum that included theory and research on criminal behavior, detailed instructions on administration of the tool, practice exercises that increased in complexity, and testing of both the content and the administration of the instrument. Typically, trainers are handpicked members of a correctional organization, who demonstrate a deep understanding of and appreciation for the LSI-R and its underpinnings, as well as having other kinds of social skills that enable them to work effectively with their colleagues. Upon successful completion of training, trainers are certified by the publisher as LSI-R trainers and mandated to offer high-quality training to field staff.

A mechanism was established to create *master trainers*, individuals who were authorized to train trainers to give LSI-R training. Most master trainers are experts in the field, typically having a combination of research experience, professional training, expertise in the field of corrections, and experience administering LSI-Rs and conducting LSI-R training. Master trainers also include criminal justice professionals who do LSI user and trainer training as part of their own practice or consulting service. With the proliferation of the LSI-R, it quickly became apparent that having master trainers was essential to meet the need for trainers in large correctional agencies, some of which have hundreds of probation officers.

Research on the LSI-R

Upon its publication, the LSI-R generated a great deal of offender risk/need research by academics and correctional agencies in Canada, the United States, and beyond. Although it was succeeded by a subsequent version (LS/CMI) in 2004, in 2013, it was the most widely researched version of the LSI, with more than 50 predictive validity studies.

These studies examined the capacity of the instrument to predict antisocial behavior. General recidivism was the most common outcome criterion but others included violent recidivism and failure on supervision in various community contexts including probation, parole, and community residential settings or halfway houses.

The LSI-R research firmly established the instrument's predictive validity. It did so with various offender groups, including women and ethnic minorities, in various jurisdictions, particularly Canada and the United States, in custody and community. However, there remains some debate about the *equivalence* of the LSI-R across gender, race, ethnicity, and jurisdiction, particularly countries. Andrews's initial position was that risk factors, including criminal history, criminal attitudes, criminal associates, and lack of opportunity through education and employment, are universal risk factors that merit consideration in the assessment of any potential offender. Some critiques have suggested that these factors might not be equally applicable across all demographic groups and national borders but have differing levels of importance or *weighting*, while others have suggested that factors related to social location, including gender, race, and poverty, lead to other delinquent pathways that are not captured in the LSI-R. This could lead to bias in the administration and use of LSI-R. Although some individual studies have shown disparities along these dimensions, Mark Olver's comprehensive meta-analysis of the Level of Service Scales revealed consistent predictive validities of total score by race and gender but not by nationality (i.e., lower in United States) and ethnicity (i.e., lower among Hispanics).

As a third generation risk assessment tool, one of the research objectives of the LSI-R was to illustrate its dynamic predictive validity. This was achieved by demonstrating the improvement of latter reassessments of offenders in terms of their statistical relationship with recidivism. A popular way of examining LSI-R reassessments was to compare recidivism rates of offenders who went either from low risk during the initial assessment to high risk upon reassessment or vice versa, from high risk to low risk. To be clear, changes of this magnitude in the 8- to 12-month intervals used in these studies are dramatic, the former being a recipe for disaster and the latter an indication of

considerable optimism. Follow-up analyses bore out these prognostications. In five studies, offenders who went from high risk to low risk had, on average, a 37% lower recidivism rate than those who remained at high risk. Conversely, those who went from low risk to high risk had, on average, a 26% higher recidivism rate than those who stayed at low risk.

With the emergence of other offender risk assessment tools, there was a noteworthy sparring match in the early 2000s between the LSI and Robert Hare's Psychopathy Checklist-Revised. The Psychopathy Checklist-Revised had emerged at about the same time as the LSI-R, but it was formally designed as a measure of offender psychopathy and not as a risk assessment instrument, although it had been applied as such both clinically and in research. Currently, the consensus is that there is little, if any, difference between these two instruments, and a number of other scales, in terms of statistically derived measures of predictive validity. However, they do have numerous other differences, such as their theoretical orientation and applicability in a clinical and programmatic purpose. The current wisdom is that these other characteristics should guide the choice of risk assessment instruments.

Final Thoughts

The LSI-R was crafted as a risk/need offender assessment instrument both to predict offender recidivism and to guide planning and programming with the offender. There is no doubt that it accomplishes the first goal. The extent to which it has achieved its second goal is less clear. Studies in a number of jurisdictions have demonstrated that the tool is not used to its full capacity when it comes to case planning and intervention. In fact, case management and intervention may be based more heavily on the court's recommendations or conditions than the criminogenic needs identified on an LSI-R. This is not surprising for two reasons: one, the authority wielded, justifiably, by the judge; two, the fact that there is nothing inherent in the LSI-R that *explicitly* guides or directs case planning and intervention. This led to another (fourth) generation of offender risk assessment instruments, one that was characterized by the LS/CMI. Nonetheless, the LSI-R remains one of the

most widely used offender risk/need assessment tools throughout the world.

J. Stephen Wormith

See also Level of Service Inventory (LSI); Level of Service Inventory-Self Report (LSI-SR); Level of Service/Case Management Inventory (LS/CMI); Offender Risk Assessment: Use of the Professional Override; Psychopathy Checklist-Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL:SV)

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LEVEL OF SERVICE INVENTORY-SELF-REPORT (LSI-SR)

The Level of Service Inventory-Self-Report (LSI-SR) is a pencil-and-paper, self-report version of the LSI (i.e., a risk assessment instrument that was designed to identify adult offenders' likelihood of reoffending) and its subsequently published version, the LSI-R. Originally known simply as the Self-Report Inventory and sometimes referred to as the *LSI-R:SR*, the LSI-SR was

developed by Michelle Motiuk in 1988. The instrument adhered to the principles and content of the original LSI, but it allowed for its completion by the offender, as opposed to a correctional professional, such as a probation officer or psychologist. The LSI-SR was developed in part because of the time and resources that correctional agencies had to commit in order to conduct a single LSI. Since it was common to ask offenders to complete other psychological assessment instruments, such as the Minnesota Multiphasic Personality Inventory, in a self-report, but supervised, manner, it was reasoned that the same format could work with an offender risk/need assessment. This entry describes the items on the LSI-SR, the empirical evidence for its concurrent and predictive validity, and its place among offender management tools.

Items

The LSI-SR consists of 78 items in a questionnaire format. Most of the items are answered in a yes–no manner, although some questions ask for a specific number, and there is one 4-point, Likert-type scale item. Items are grouped in the same 10 domains found in the original LSI and the LSI-R. They include the following: 9 criminal history items (e.g., “Have you ever been arrested as a juvenile?”); 7 education/employment items (e.g., “Have you ever been fired from a job?”); 4 financial items (e.g., “I have been on welfare or unemployment insurance.”); 9 family/marital items (e.g., “Both parents are deceased.”); 5 accommodation items (e.g., “I have no fixed address.”); 5 leisure/recreation items (e.g., “During my spare time, I spend a lot of time in criminal activity or planning a job.”); 5 companion-related items (e.g., “Not counting relatives, how many people do you know have a criminal record or have been involved in crime?”); 22 alcohol/drug-related items (e.g., “When I drink I tend to get in trouble with the law.”); 6 emotional/personal items (e.g., “Have you ever attempted suicide?”); and 6 attitude/orientation items (e.g., “All laws should be strictly obeyed.”). Another self-report offender risk assessment instrument that includes many of the same domains as the LSI-SR is the Self-Appraisal Questionnaire.

Validity

Motiuk’s original research yielded encouraging results for the validity of the LSI-SR. The measure was highly correlated with a traditionally conducted, interview-based LSI assessment ($r = .78$) on a sample of incarcerated adult, male offenders. The 10 domains of the LSI-SR were highly correlated with the corresponding interview-based domains of the LSI, with the exception of the financial and attitude/orientation sections. Moreover, six of the individual sections of the LSI-SR were highly correlated with independent self-report measures of constructs that the LSI-SR sections were designed to capture ($r = .33$ to $.60$). These included scholastic maladjustment, family dissention, urge to use alcohol/drugs, identification with criminal others, attitudes toward the courts, and anxiety. In terms of predictive validity, the LSI-SR correlated modestly with subsequent prison misconduct, parole violations, and reincarceration ($r = .17$ to $.29$). There are a couple of important caveats that should be noted with respect to these initial findings regarding the LSI-SR. First, offenders were screened for their reading proficiency on the Wide Range Achievement Test before being admitted to the study. Using a Grade 6 criterion, 17% of the volunteer prisoners were excluded. Therefore, the validity findings of this study would be applicable to a similarly selected group of literate offenders. Second, the study did not include any assessment of social desirability, faking, or other kinds of participant response set. Hence, the convergent validity correlations between the sections of the self-report LSI-SR and their corresponding alternative self-report measures may be inflated by virtue of their common method of data collection (i.e., self-report). For example, offenders who minimize their antisocial attitudes on the attitude section of the LSI-SR would likely also do so on the independent measurement of their tolerance for law violation.

The subsequent empirical evidence for the predictive validity of the LSI-R:SV is limited but positive. Another study has demonstrated good predictive validity of the LSI-SR with incarcerated, adult women offenders ($r = .30$). A meta-analysis by Mark Olver and colleagues reported on five LSI-SR studies having a mean correlation of $.38$ with general recidivism and on two studies with a mean correlation of $.28$ with violent recidivism.

Final Thoughts

The LSI-SR has not seen the same growth that other versions of the LSI have experienced. This is quite likely because of the hesitation of correctional professionals to use the results of an assessment that is based solely on the offender's own input when it comes to making critical decisions about the offender's management. These decisions include security level in custody, release from custody, the determination of supervision intensity in the community, and the type and intensity of rehabilitation programming to which the offender might be referred. These are very different contexts from a research setting where there are no particular consequences for answering the LSI-SR questions one way or another. Nonetheless, it remains an interesting research tool, as are other self-report measures of antisocial constructs including psychopathy, antisocial personality, and criminal thinking, all of which are correlated with the LSI-SR.

J. Stephen Wormith

See also Level of Service Inventory (LSI); Level of Service Inventory-Revised (LSI-R); Level of Service/Case Management Inventory (LS/CMI); Self-Appraisal Questionnaire (SAQ); Self-Reports and Questionnaires

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LEVEL OF SERVICE/CASE MANAGEMENT INVENTORY (LS/CMI)

The LS/CMI is one of the Level of Service Inventory (LSI) instruments. It is an example of a *fourth generation* offender risk/need assessment scale and is distinguished from previous generation instruments by the fact that it was not only designed to predict offender recidivism but also includes a built-in case management component that translates the need portion of the assessment to an active intervention plan for offender supervision, treatment, and programming. Like the LSI-Revised (LSI-R), the LS/CMI was pilot-tested on a large scale for almost a decade prior to its general release. This entry describes the origins of the LS/CMI, places it historically in the sequence of LSI instruments, itemizes the differences between it and its predecessors, and summarizes the research that it has generated.

History and Evolution

While the LSI-R was enjoying widespread success and was being implemented in Canada, the United States, and numerous European and Asian countries in the mid-1990s, it became evident to the authors, researchers, administrators, and end users that it could be expanded. Specifically, there was a growing sense that the scope of the assessment should be broadened and its linkage to offender supervision and intervention should be strengthened.

Consequently, Donald Andrews, along with James Bonta and Stephen Wormith, began a systematic review of the research and practical experience that had accumulated by that time. There was already extensive, system-wide experience

with the LSI-VI (later known as the *LSI-R*) in Ontario, where correctional authorities were considering extending its use into its provincial prisons. They analyzed LSI assessment and recidivism data provided by the Ontario government. They also reviewed the early and rather crude, by today's standards, meta-analyses on offender's risk factors and recidivism. This review coincided with the emergence of the *Central Eight* domains of offender's risk/need factors and helped to reorganize and reformat the next version of the LSI.

The authors also consulted with LSI assessors, primarily probation officers and psychologists, about their clinical experiences with the offenders they had assessed. They asked what more should the LSI provide to users in the field. They met with various levels of correctional officials, from senior administrators responsible for corporate policy to staff supervisors in the field, professional associations, and the provincial parole board. Routinely, they asked, what more would the various stakeholder groups like to see in the instrument to improve it, to ease its use, and to increase its value to the organization.

In 1995, the LSI: Ontario Revision (LSI-OR) was introduced into Ontario's provincial correctional services, in both its probation offices and its correctional institutions. Then, in 2004, the LS/CMI was released for more general use by correctional agencies around the world. It included organizational and stylistic modifications from the original LSI-OR, but none of the actual items in the core risk/need assessment portion were changed. In other words, as was the case with the LSI-VI and the *LSI-R*, the LSI-OR served as a thoroughly monitored and researched precursor to the LS/CMI.

Structure and Organization

Research and consultation led to nine critical enhancements to the *LSI-R* that are found in the LS/CMI. The first is a reduction of items from 53 to 43 that were grouped into eight, instead of the original 10, domains or subscales in the general risk/need section of the LS/CMI. These eight domains represent the *Central Eight* risk factors for offender recidivism that have emerged from various meta-analyses. They include criminal history, employment/education, leisure/recreation,

family/marital, companions, criminal attitudes, substance abuse, and antisocial pattern. The accommodation and financial subscales from *LSI-R* were eliminated as were some redundant items. The emotional/personal section in the *LSI-R* was changed to a new domain called *antisocial pattern*. The antisocial pattern domain is somewhat different than the other subsections. It is also reminiscent of Robert Hare's *criminal versatility* in the Psychopathy Checklist-Revised but is not limited to criminal behavior per se, but a general lifestyle, including antisocial thoughts, actions, and personality. As such, many of the concepts that are captured in its items come from the other *Central Eight* domains in the general risk/need section of the LS/CMI.

The redesign of the general risk/need factor section enabled a second new feature of the LS/CMI. Greater attention is given to the eight subsections of the LS/CMI than was ever afforded to the 10 categories of the *LSI-R*. For example, the subsections are scored and graphed in the same way that one plots a profile of subscale scores on many of the standard measures of intelligence and personality. The resulting graph allows the practitioner to visually inspect the results of the general risk/need assessment along the *Central Eight* risk factors and to make the links with case management, particularly programming and supervision, more easily.

A third new aspect of the LS/CMI is that the number of risk factors was increased to five (*very low*, *low*, *medium*, *high*, and *very high*) from the three or four risk levels in various representations of the *LSI-R*. It should be noted that the number of risk levels in any scale or instrument is decided arbitrarily by the developer or the agency using the instrument. The number of risk levels of a risk scale usually depends on the developers' confidence in the instrument's ability to discriminate between groups on the basis of small differences in scores. An accurate scheme with few levels of risk classification essentially loses some of its precision by collapsing offenders into larger categories. Since numerous LSI studies have produced generally a linear relationship between the LSI score and probability of recidivism, a five-level risk scheme was used so that the decision maker or case manager would be working with a more accurate description of the offender in terms of his

or her risk to reoffend. The five levels of risk were also applied to the eight risk/need domains, thus enabling the graphic risk/need profile described earlier.

A fourth enhancement found in the LS/CMI was the introduction of offender strengths. One of the criticisms of traditional offender risk assessment instruments, including the LSI-R, was that they focus exclusively on risk, or the negative characteristics demonstrated by the offender, and ignore any positive attributes that he or she might present. The concept of strengths, characteristics that might serve as protective factors from a lifestyle of criminality, was introduced. Any of the risk/need domains may be declared as a strength if the assessor believes that a particular domain represents an area in which correctional workers could use it when taking on some of the more problematic need areas in the offender's profile or could focus on it to build offender motivation, confidence, and rapport with the offender. The presence of strengths may also be used to adjust the offender's overall risk rating if it is believed that a particular strength may mitigate a corresponding risk/need, such as a strong, prosocial parental role model neutralizing criminal acquaintances. These aspects of the LS/CMI are often overlooked by critics who characterize it strictly as a risk/need assessment.

A fifth enhancement of the LS/CMI is that it adds a supplementary list of specific risk/need items that might be considered in an offender's overall rating and profile. This addition was a result of input from clinical professionals and other practitioners who were concerned about specific features of an offender that might not be captured in the Central Eight risk/need domains and their 43 items. The specific risk/need factors section consisted of 21 items grouped into two subsections, personal problems with criminogenic potential and history of perpetration. Many of these items, particularly in the second subsection, were designed to capture items that might relate to risk of violent recidivism including sexual recidivism. These items are not scored or added quantitatively. Rather, they serve as a checklist of possible problems that should be considered, both in assessing or adjusting risk and in case planning. Nonetheless, studies have demonstrated that the number of items endorsed in this section is

positively correlated with recidivism, including violent recidivism.

A sixth enhancement relates to the manner by which assessors may override the original risk level of an offender (i.e., that which is derived directly from the general risk/need assessment score). At the end of every LS/CMI assessment, the assessor is asked specifically whether he or she elects to exercise a clinical or administrative override. This feature was added to the LS/CMI in large part to accommodate the concerns of practitioners. It also routinizes the override, a concept that is related to one of Andrews's basic principles of effective correctional treatment, namely *professional discretion*. Specifically, assessors are asked whether there are sufficient grounds to modify the score-based risk level. Factors to be considered in making such a determination are the presence of strengths (to lower risk) and supplementary risk factors (to increase risk). An administrative override was also allowed to accommodate correctional agencies that require certain offenders to be classified in a specific manner, as a matter of policy. The value of the override, however, at least empirically, has not been demonstrated.

A seventh enhancement of the LS/CMI introduced other clinical issues to the traditional risk/need assessment protocol. These include social, health, and mental health needs of the offender. This section extends the LS/CMI beyond its traditional risk/need function to a more comprehensive offender assessment. Its items are also considered for professional and ethical reasons. It is perhaps a little ironic that, after a decade of trying to convince professionals to consider criminogenic needs (the Central Eight) as opposed to traditional clinical issues relating to client well-being, the LS/CMI brings the assessor back to these traditional social- and health-related matters (e.g., homelessness, suicidal, HIV, self-esteem, and victimization). However, to call the items in this section *noncriminogenic* appears to be erroneous as studies that have examined this section's score have found a modest positive correlation with recidivism.

Related to the previous item, the eighth enhancement to the LS/CMI introduced the concept of specific responsivity into the assessment process. The responsivity principle is one of three key aspects in the Risk-Need-Responsivity (RNR) model of effective intervention with offenders.

Specific responsivity pertains to particular characteristics of the offender that should be considered when planning and delivering case management practices (supervision and intervention) to an individual offender. Generally, they include demographic characteristics (e.g., age, gender, and race or ethnicity), personality and mental health attributes (e.g., anxiety, antisocial characteristics, mental disorder, and motivation), and cognitive attributes (e.g., intellect and various kinds of disability). The LS/CMI asks assessors to document these characteristics and encourages case managers and other users of the assessment to attend to them in the delivery of services to the offender. Thus, by considering specific responsivity characteristics of the offender, along with offender strengths and other, noncriminogenic needs, the LS/CMI extends the assessment beyond the traditional offender risk/need assessment protocol.

To accommodate the diversity of contexts to which the LS/CMI might be applied, the ninth enhancement to the LS/CMI constituted a new section devoted to institution (jail and prison) behavior. Separate subsections capture information pertaining to both previous incarcerations and the current term in custody. Items focus on security classification, disciplinary incidents, and special accommodation needs, such as segregation. Because of the inclusion of these institutional items, the LS/CMI is now being used as part of an inmate classification and case management system in some jurisdictions.

Addition of Case Management

The final enhancement to the LS/CMI entails a concrete effort to link the offender risk/need assessment to offender case management, hence the CM component of LS/CMI. The combination of a risk/need assessment and a case management procedure in the same document was triggered by consultation with experts in the field and by some early empirical investigations that revealed a disconnect or, at best, a weak connection between risk/need assessment and offender case management that fell short of expectations. In retrospect, it was apparent that instructing correctional practitioners to “just do it!” was unrealistic. An important study that demonstrated a need for risk assessment to be more directly related to offender

planning and supervision was conducted by Bonta with probationers in Manitoba, Canada. Bonta and colleagues revealed that the probation officers’ supervision conformed much more strongly to the formal conditions of the probation order than the offender’s risk/need assessment. Similar findings were unearthed in Texas, where directions from an instrument, the Client Management Classification system, were ignored more often than they were followed to the detriment of offender’s success in the community.

Consequently, the LS/CMI added three more sections devoted to case management of the offender: (1) the case management plan, wherein interventions were developed in the context of the offender’s criminogenic needs, noncriminogenic needs, and responsivity characteristics; (2) the progress record, wherein positive and negative changes in the status of the offender are documented in the context of their LS/CMI assessment profile; and (3) a discharge summary, which reflects on the offender’s status upon release vis-à-vis his or her assessment upon entry. Because numerous correctional organizations use their own internal case management record, a truncated version of the LS/CMI, the LS/RNR, which simply omits the three case management sections of the LS/CMI, was published in 2008.

In sum, the LS/CMI is a more comprehensive assessment than the LSI-R and other third generation risk/need assessment tools and is more directly linked to the subsequent and ongoing case management (supervision and service delivery) of the offender. As such, the LS/CMI was deemed a fourth generation offender risk assessment tool.

Research

As is the case with other versions of the LSI, a substantial body of research has been produced documenting the predictive validity of the LS/CMI with various types of offenders, in various legal contexts, and in various jurisdictions. Although some differences in the magnitude of the relationship between LS/CMI score and recidivism differ along these dimensions, Canadian LS/CMI studies generate a stronger LS/CMI relationship with recidivism than studies conducted in other jurisdictions (outside North America, followed by the United States). In addition, some, but not all,

studies have suggested that there are differences by gender and race. Nonetheless, the overall robustness of the LS/CMI is well established. This is illustrated in a meta-analysis that summarized 30 years of LSI research. Examining 151 offender samples, Mark Olver and colleagues found that the LS/CMI and LSI-OR tend to perform as well or better than its LSI predecessors.

The Future of the LS/CMI

The LS/CMI has emerged among a growing number of offender risk assessment tools as one of the most widely used instruments, worldwide, slowly surpassing its predecessor, the LSI-R. In designing the LS/CMI as an assessment tool that includes both traditional risk/need components and other noncriminogenic needs and responsivity features and then combines it with offender case management, it was anticipated that it would *force* correctional workers and their agencies to apply the RNR principles on offenders, one by one. The link between risk/need assessment and RNR-based intervention may be further strengthened in automated versions of the LS/CMI, as implemented, for example, in Oregon. Moreover, LS/CMI validation research continues across multiple types of offenders, including driving while impaired and child pornography offenders, and in a wide range of jurisdictions that extend beyond North America and Europe to countries such as Chile, Singapore, Hong Kong, China, and Pakistan. Yet, empirical demonstrations of its capacity to change the postassessment supervision and counseling practices of correctional workers remain few.

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See also Criminal Risk Assessment, Generations of; Criminogenic Needs; Level of Service Inventory (LSI); Level of Service Inventory–Revised (LSI-R); Level of Service Inventory–Self Report (LSI-SR); Offender Risk Assessment: Use of the Professional Override

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LIE DETECTION

In a forensic context, a lie is defined as a sender transmitting a message with the deliberate intention of misleading the receiver to cultivate a false

belief or conclusion. The important element of this phenomenon is that the sender is cognizant of his or her intent to distort the truth, and the expectation is that the receiver does not anticipate or detect this. In criminal investigations, a primary aim of law enforcement agents and expert witnesses is to reliably and accurately distinguish truths from lies. This entry reviews the tools developed to aid the detection of lies, explores lie detection accuracy, and examines stakes and response biases in lie detection.

Tools That Aid Deception Detection

Verbal

Several speech analysis tools have been developed to aid experts in distinguishing truthful from fabricated accounts of events in the forensic setting. These include the Statement Validity Assessment, which is a credibility assessment tool used for accounts relating to interviewees' reporting of events and experiences. Criteria-Based Content Analysis, a component of Statement Validity Assessment, can be used by interviewers to focus on features considered to correspond with truthful accounts. Scientific Content Analysis is another credibility assessment tool, which helps appraise both quality and content of information given by interviewees. While accuracy rates using Criteria-Based Content Analysis in laboratory settings (i.e., accurately categorizing a truthful account as truthful and a deceptive account as deceptive) are found to be higher than chance level for detecting truth and lies, these procedures are generally not satisfactorily admissible as key evidence in criminal court cases.

Physiological

Physiological tools developed to aid deception detection have had varying degrees of success. Polygraph tests indirectly infer deception through the examination of physiological reactions in relation to a series of structured yet unstandardized questions. The autonomic arousals typically evaluated are respiration, sweating of the fingers, and blood pressure. The Comparison Question Test is one type of a polygraph procedure universally used in criminal investigations. It compares responses of relevant questions specific to the crime (e.g., "On June 21, did you stab your

husband?") with control questions not specifically related to the crime and which are generally broader in scope (e.g., "Have you ever hurt someone who trusted you?"). The underlying assumption of this test is that a truth teller will indicate a higher level of arousal for control questions in contrast to relevant ones since relevant questions inquire into a crime they are not culpable of. In contrast, a liar is anticipated to reveal higher arousal for relevant questions since these questions correspond to a more severe and current threat. There is insufficient evidence demonstrating that polygraph procedures are highly accurate in detecting deception, due to the underlying theoretical assumptions of the tests. Empirically, it cannot be verified that distinctive physiological responses diagnostically indicate that deception is present. Consequently, polygraphs are used by police or attorneys as a basis for interrogations and risk assessments rather than being presented as evidence of deception in criminal courts.

An equally controversial advancement in physiological procedures to aid lie detection is functional magnetic resonance imaging. Studies have shown potential in this technology, which reveals that certain regions of the brains are more engaged when an individual is lying compared to when he or she is telling the truth. The same cannot be determined when individuals are telling the truth, demonstrating that lying is more cognitively demanding than truth telling. Yet, these findings cannot systematically verify the underlying assumption that an individual is lying when certain regions consistently activate during a task, even across several trials. Any subsequent results displaying neural patterns can only be considered as correlational and not causal with associated cognitive activity or behavior of deception requiring additional substantiation. In its present form, the functional magnetic resonance imaging procedure fails to satisfy the reliability prong of the *Daubert* standard set by the U.S. Supreme Court, as well as its precedent, the *Frye* standard. Research has also cautioned that the accuracy of detecting false positives and true negatives, while higher than that of the polygraph procedure, may see to a dramatic decrease in higher stakes cases due to noncompliance and countermeasures that can be employed by suspects. Lie detection reports grounded on functional magnetic resonance imaging results are

yet to be endorsed as admissible evidence into trial courts (i.e., *United States v. Semrau*, 2012).

Lie Detection Accuracy

Lie detection accuracy is usually quantified by the number of correct assessments relative to the total number of assessments made by receivers. Deception detection research has revealed that individuals are generally poor lie detectors, no better than chance.

Earlier explanations as to why we are poor include that we often draw invalid cues of deception from accounts given, such as the Othello error. Examples of this error include nervousness as a sign of lying, liars always do not give rich detail in their accounts, and eye-gaze aversion is always an indication of lying. Another prevalent belief is that nonverbal cues are more diagnostic and reliable than verbal ones, due to the belief that liars are more capable of regulating their verbal behaviors compared to their nonverbal ones.

For a while, it was believed that the two main reasons human judges are poor in detecting deception is because people tend to use undiagnostic cues and because there is a lack of diagnostic cues when it comes to deception. Conversely, it has been found that humans are poor judges of deception due primarily to the weaknesses of the behavioral cues themselves. In reality, then, people seldom rely on invalid cues.

The ability to detect lies is also subject to individual differences. An individual's ability to detect lies and truths is not associated with confidence levels but with other characteristics (e.g., personality traits). Some groups of individuals also perform better than others. For instance, the Central Intelligence Agency's federal officers, county sheriffs, and clinical psychologists were able to accurately judge lies and truths at a rate significantly higher than chance level. In addition to the issue of observer lie detection ability, certain senders simply appear more credible than other individuals whether or not they are telling the truth—a term coined *sender detectability*.

Stakes Do Not Matter

It was long posited that lie detectability in high-stakes conditions will be different from that of

laboratory simulations (i.e., scenarios that include trivial lies or lies that are not of a critical nature with critical penalties, typically set within a laboratory condition or university setting and restricted by ethical concerns). It was thought that the cues that liars exhibit will be more discernible in a high-stakes situation than in a low-stakes one. Thus, the higher the stakes, the higher the chance more reliable deception cues will be elicited and thus deceit will be more likely to be detected.

Contrary to these earlier propositions, truth–lie detection in a higher-stakes scenario did not fare much better, or easier. Furthermore, there was little difference in how detectable lies were across different scenarios. These scenarios included statements moderated by the level of sender's motivation (i.e., sender is unmotivated or highly motivated) and highly emotional statements.

Response Biases in Lie Detection

The truth bias hypothesis holds that veracity judgments will always be greater than 50% for truthful statements. Observers are more likely to ascertain honest messages accurately more often than lies due to a bias toward truthful messages. The truth default theory claims that the truth default passively draws assumptions about a statement or sender. It is a cognitive default hypothesized to occur without conscious reflection and can be empirically measured via the observation of a truth bias. Essentially, the truth bias can be made with or without conscious reflection. Truth bias needs not be a cognitive default, so a judge can arrive at a truth bias without requiring a truth default; however, a truth default helps explain why a truth bias is preselected and transpires.

Conversely, the lie bias has been shown to be exhibited more often by certain groups, including police officers and prison inmates. This bias posits that observers will achieve accuracy greater than chance level in correctly categorizing statements that are deceptive compared to truthful ones.

In contrast to a default in believing or disbelieving others, the Adaptive Lie Detector account posits there are no such cognitive defaults. Instead, response biases are indications of observers attempting to make an informed guess when little information is available or when diagnostic value of cues present is low. In these cases, individuals

are theorized to adapt their decision-making according to the specific situation by using heuristics, which causes biases to surface. Contrary to the truth default theory, under the Adaptive Lie Detector account, both truth and lie biases are posited to arise from the same underlying process.

The accuracy of these theories rests on whether these response biases are inherent defaults or otherwise. Since these defaults are predominantly unconscious, it then becomes vital that the role of unconscious lie detection be revealed. To date, there is not much existing empirical evidence for unconscious but accurate lie detection.

Final Thoughts

While having the potential to aid the detection of deception, verbal and physiological tools in their current form do not meet scientific criteria in terms of relevance, probative value, and reliability. Furthermore, standing theories in lie detection research are subject to be further developed, supported, or challenged.

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See also Coerced Confessions; Malinger; Police Interrogations; Research in Criminal Psychology; Wrongful Convictions

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LIFE COURSE PERSPECTIVES ON CRIME

The life course perspective (herein, life course) is not a theory of criminal or any other behavior; rather, it is a framework within which theories can be placed to explain behavior. Life course recognizes that human beings move through the life span (birth to death) in a series of age-graded events and roles that are conditioned by history and social structure. Research in several disciplines (e.g., psychology, criminology, biology) utilizes life course to explain patterns of human behavior and life events. The life course perspective on crime is used to explain individuals' pattern of criminal behavior over the life course, including the onset (how an individual begins involvement in crime), frequency, and duration. The main objective of life course on crime is to study changes *within* individuals over time with respect to risk factors and life events and to relate them to changes in offending. Traditional criminological theories focused on why some individuals commit crime and others do not, which led to *between*-individual comparisons and several known correlates of crime (e.g., sex, age, race). Although understanding correlates of crime is important, life course recognizes that there is variability *within* individuals, not just *between* them, and this may help explain patterns of illegal behavior.

Life course examines how critical life events affect stability and change in individuals' behavior over time. The life course is conceptualized as *trajectories* and *transitions* through the age-differentiated life span. A trajectory is a line of development through life (or a pathway) in life domains such as marriage, work, parenthood, or criminal behavior; trajectories refer to longer term patterns of behavior. Transitions are specific life events embedded within trajectories and evolve over shorter time spans, such as getting married or the onset of crime. The life course is driven by individuals' trajectory, but transitions may serve as turning

points or changes in individuals' trajectory. Thus, the life course perspective has two major constructs that it seeks to explain with regard to crime: *continuity* and *change*. Continuity refers to the stability between childhood or adolescent experiences and adult outcomes, whereas change refers to different or modified life course trajectories. After reviewing the origins and development of the life course perspective, this entry discusses some of the prominent life course theories of crime.

Origins and Development of the Life Course Perspective

Sociologist Glen Elder Jr. is widely recognized as the father of interdisciplinary life course research, as his research drew attention to people's *lived experiences* and the importance of historical and social context in the study of human lives. Elder's research stimulated many scholars to take interest in the collection of longitudinal data that describe people and their social contexts over time. These insights and the life course paradigm he formulated transformed the way scholars conceptualized problems, measured concepts, and analyzed and interpreted data. Although Elder never applied the life course perspective to the study of crime, its application to criminology is straightforward.

Early Formative Longitudinal Studies in Criminology

William Isaac Thomas and Florian Znaniecki set the foundations for many perspectives on crime, including the life course perspective. In 1918, they published their analysis of the lives of Polish peasants as they confronted the inevitable conflict with U.S. culture. A few decades later, in 1950, Eleanor Glueck and Sheldon Glueck collected data utilizing a matched sample prospective design of boys living in underprivileged areas in Boston. They matched 500 delinquent boys to 500 nondelinquents by age, race or ethnicity, IQ, and neighborhood socioeconomic status and compared their patterns of criminal behavior over a period of 25 years using both official records and personal interviews. They looked at key social, psychological, and biological factors, changes in salient life events (e.g., marriage, employment,

military involvement), patterns of offending, and official criminal justice interventions (arrest, incarceration). The subjects were interviewed as juveniles (average age 14 years), at age 25, and age 32. The Gluecks suggested that delinquency was rooted in early childhood experiences, with discipline and family life being significant. Their findings revealed that misbehavior and delinquency begins long before kids reach adolescence and signs are often visible by the time children are between 3 and 6 years of age, and almost always before they are 11 years of age.

Further research studied birth cohort and found that only 6% of juvenile boys living in Philadelphia accounted for over half of the crime in the entire sample. They found that these youth were habitual, chronic, high-rate offenders, or what came to be known as *career criminals*. A similar study followed the lives of 411 London boys born around 1953 for a period of nearly 25 years. They also found a strong relationship between the criminality of an adult and his or her behavior as a child. These early studies supported the concept of continuity in antisocial behavior from childhood through adolescence and adulthood. These studies also highlighted the importance of age, deviant peers, family influence, and socioeconomic background for understanding the onset, frequency, and desistence of criminal behavior.

The Age–Crime Curve and Criminal Career Debate

Some of the most heated controversies within life course are concerned with the age–crime curve (that criminal behavior typically peaks at the age of 17–18 years, before beginning to decline in the early 20s) and criminal careers. The relationship between age and crime is well known but scholars disagree on its interpretation. Some argued the age–crime curve was similar for all offenders, whereas others argued that meaningful differences could be found within the curve, suggesting that different types of offenders exist (with distinctive developmental courses).

It has been argued that the amount of crime committed over an individual's life could be explained by four distinct parameters: the age of onset, frequency of offending, duration of career, and age of termination (desistance). Proponents of

this view argued there could be one set of factors that influenced whether someone participates in crime and another set of factors that affects the frequency and duration of the person's criminal acts. However, others argued that it was not necessary to study these four allegedly distinct parameters to understand the causes of crime because it was stable individual differences in self-control that accounted for how much crime an individual committed over his or her life course. They also argued there was a direct effect of age on crime that was invariant across persons, time periods, and crime types, making the need for longitudinal studies unnecessary.

Prominent Life Course Theories

A key assumption of life course is the idea that criminals progress through different life stages, and there are over a dozen criminological theories that fall under this perspective. As noted, life course is not a specific theory; rather, it is a framework within which scholars can place their theories. Two of the most renowned theories are Terrie Moffitt's dual taxonomy and Robert J. Sampson and John Laub's age-graded social control theory.

Moffitt's Dual Taxonomy of Antisocial Behavior

In 1993, Moffitt argued the aggregate age-crime curve is composed of two distinct offender profiles. The first type, life course-persistent, includes a small group of individuals (~5–8%) who exhibit early, chronic, persistent, and serious forms of antisocial and delinquent behavior that emerges early in childhood and persists throughout the life course (adolescence, adulthood). Life course-persistent offenders tend to experience socioeconomic disadvantages and display neuropsychological deficits early in life (e.g., poor listening and problem-solving skills, learning problems). These deficits create problems when interacting with parents early in life, which leads to social conflicts later in life with peers, teachers, and other authority figures. Moffitt refers to this pattern of problematic and destructive interactions as *cumulative continuity*, whereby the consequences of poor interactions perpetuate a child's, and later an adult's, tendency for antisocial behavior. Life course-persistent offenders are

unlikely to desist from antisocial and criminal behavior. Thus, Moffitt assumes that habitual and serious criminals can be identified early in life and will remain on their antisocial trajectories for the rest of their lives.

The second group of offenders is referred to as adolescent-limited (AL) because their offending behavior is typically restricted to the adolescent phase of the life course. Moffitt argues AL offenders are frustrated because they desire to attain adult privileges, resources, and responsibilities but cannot legitimately do so. Restrictions on their behavior cause AL offenders to be influenced by the delinquent activity of their peers through a process of social mimicry and observational learning (e.g., underage drinking, risky behavior). Although AL offenders engage in delinquency for a time, most age out of it as they mature and adult roles become available.

Sampson and Laub's Age-Graded Theory of Informal Social Control

Also in 1993, Sampson and Laub reanalyzed data from the Gluecks' study and used life course combined with control theory to frame their analyses of offending patterns across various life stages. They developed a theoretical framework to explain both stability and change in antisocial behavior over the life course. Their basic thesis is that while continuity in deviant behavior exists, social bonds in adulthood (to work, family, and community) explain changes in criminality over the life span. Their model also acknowledges the importance of early childhood behavior and experiences for understanding behavioral stability. They observed how various life course transitions (e.g., getting married, getting a new/better job, having a child) take individuals off an antisocial trajectory and onto a prosocial one. These transitions are turning points reflected in increased informal social control and a stronger bond to society. A key thesis of their theory is that crime is more likely to occur when an individual's bond to society is attenuated.

Sampson and Laub contend factors at earlier life stages can influence individuals' criminal propensity at later life phases (behavioral stability); however, experiences in adolescences and adulthood can redirect criminal trajectories in a

positive or negative way. They also consider the idea of *cumulative continuity*, like Moffitt, whereby antisocial behavior early in life undermines social bonds, which then reduces youths' prospects of participating in later prosocial experiences. This continues the cycle of antisocial behavior, which may lead to a life of offending.

Their theory is age-graded, which emphasizes informal social controls that occur at different life stages (i.e., childhood, adolescence, adulthood). For example, parenting styles and emotional attachment to parents are paramount in childhood; attachment to peers and school is central in adolescence; and marital stability, employment, and military service are important in adulthood. Sampson and Laub's findings have supported the notion that antisocial behavior in childhood is linked to delinquency in adolescence and to crime, alcohol abuse, and general deviance in adulthood. Thus, they asserted that criminality is not a constant but is affected by the larger social forces that change over the life course.

Laub and Sampson continued to follow up the Glueck sample and refined their theory to include routine activities and *human agency* (the purposeful execution of choice and individual will). For example, they found that men who desisted from crime were active participants in the process. According to their revised theory, social control, social structure, routine activities, and human agency, both directly and indirectly, affect trajectories of crime across the entire life course.

New methodological and statistical techniques developed during the early 2000s, such as group-based modeling of developmental trajectories, have helped scholars get more out of their longitudinal studies, giving the life course more robust empirical standing.

Calli M. Cain and Robert F. Meier

See also Child Maltreatment and Psychological Development; Criminal Careers and Offending Trajectories; Desistance; Developmental Theories of Crime; Recidivism

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LOW INTELLECTUAL FUNCTIONING IN INCARCERATED OFFENDERS, TREATMENT OF

In prison and jail, inmates with low intellectual functioning (i.e., IQ below 70) tend to be at greater risk of both violent behaviors and victimization due to their difficulty in responding to social cues and adjusting to a stressful environment. Those with intellectual disability comprise 2–3% of the general population but represent

4–10% of the prison population, with an even greater number in jails. One study examined the number of people with disabilities in state and federal prisons and discovered that less than 1% of the prison population had some type of physical disability with 4.2% experiencing a form of intellectual disability. Those with lower intellectual functioning tend to have special needs and may experience difficulties in verbal comprehension, perceptual reasoning, memory, attention span, and processing speed. In addition, they may have medical and mental health issues associated with their cognitive impairments. Without their special needs addressed, these individuals can be easily taken advantage of and/or act out in frustration. This entry provides an overview of how inmates with lower intellectual functioning face disadvantages in prison; examines how to assess these inmates; discusses whether to house them separately or with the mainstream population; and then explores how to habilitate, effectively treat, and prepare these individuals for reentry.

Lower Intelligence a Disadvantage in Prison

Those with lower intellectual functioning typically have some corresponding deficits in adaptive functioning. These deficits can be in the social arena, where an inmate can be more gullible, easily manipulated, and personally irresponsible. Deficits can be in practical areas, such as difficulties in their eating, dressing, feeding, or toileting, and it can be instrumental deficits such as having difficulty using the telephone, managing money, maintaining a safe environment, and performing routine job skills.

In addition, those with lower intellectual functioning are more likely to have an intellectual disability characterized by limitations in both intellectual functioning and adaptive behavior that originates before the age of 21. Adaptive behavior is the reversible aspect of intellectual disability and relates to the conceptual, social, and practical skills that all people learn in order to function in their daily lives. Offenders with lower intellectual functioning are also more likely to have an associated developmental disability (i.e., a lifelong disability contributing to both mental and physical impairment other than mental illness,

usually manifesting before the age of 22 years and likely to continue indefinitely). These include autism spectrum disorders, intellectual developmental disorder, and Down syndrome.

Accurate Assessment a Prerequisite to Treatment

In preparation for treating an inmate with lower intellectual functioning, it is essential to have accurate screenings of deficit areas. Most jails and prisons offer screening at reception by asking specific questions to inmates with regard to disability: Can they tell time? Do they know how to manage their money? Can they take their own medications independently? Have they ever driven a car? Have they ever received services for developmental disabilities? Were they in special education classes in school? Are they receiving Supplemental Security Income or Social Security Disability Insurance through the Social Security Administration? In their developmental years did they have any serious physical trauma and/or congenital condition that impacted their functioning? If screening suggests an intellectual or developmental disability, inmates usually are targeted for a more thorough assessment. In prison, it is performed by a mental health professional and usually includes a standardized IQ test and a more thorough assessment of adaptive functioning. As part of a full assessment, mental health problems are evaluated, and often this population will exhibit symptoms of depression and/or anxiety. It is important to separate those with lower intellectual functioning from those who have mental health disorders independent of low intellectual functioning. Large jails and prisons may have special mental health units to separate inmates with mental illness from the general population. Often special dockets in local courts identify plans of assistance and supervision for those with lower intellectual functioning.

The needs of this population are very specific and require an approach by jail and prison staff that is individualized, repetitious, and finds ways to focus on the strengths of the inmate. The inmate's strengths often are the means used to work toward habilitation. For example, if an inmate has strengths in his or her perceptual reasoning, it would be advantageous for staff to show

him or her how to do things rather than just give verbal instructions. Thorough screening and assessment is the beginning of the treatment process for those with low intellectual functioning.

Mainstream or Separate?

A major issue of those assisting lower intellectual functioning inmates in prison and jail is whether to mainstream the individual among the general population or separate them, placing them into special housing units where special needs programming and/or enhanced supervision can be provided. Some prisons, such as in Ohio, have their own special needs programs housed with enhanced treatment staff for those with low intellectual functioning who are considered to have intellectual disability. One consideration for placement is how vulnerable the individual is to be victimized by others in general housing. Those with lower intellectual functioning have historically been more traumatized and victimized in jail and prison because they are more easily influenced, may be more eager to please others, often believe the perpetrator is their friend, and may be less able or likely to report being victimized. In addition, those with intellectual disability tend to have longer prison sentences because it is harder for them to adjust to the prison environment, and they take longer to complete programs.

Those with intellectual disability who stay in general population may need treatment including specialized services, such as a work assignment or classes that present materials in a more concrete and systematic way. Those with lower intellectual functioning in prison often have greater difficulty understanding instructions. They seem to have a lower frustration tolerance and may have outbursts that get them noticed or get them extra punishments for violations. They also seem to have a greater difficulty with impulsivity, often not thinking before they act, which may get them noticed quickly in a jail or prison setting.

Stigmatization and Habilitation

Those with lower intellectual functioning often get judged in a negative way by those with average intelligence. Sometimes their physical appearance may seem a bit odd or unusual. They may have

motor problems and other physical limitations. In addition, it may be obvious to other inmates that this population has difficulty comprehending and can be easily manipulated or victimized.

Even staff may have difficulty understanding this population's limitations and think that they are intentionally disobeying, although they may actually not understand what is being asked and/or may misread situations. This points to the need for thorough staff training, so staff can be the eyes and the ears for this population, learn effective approaches, and possibly even protect them from victimization. Staff may need to speak in shorter, simple sentences, repeat instructions, and show more empathy for the limitations of these offenders. In addition, staff may need to learn what types of plans work with this population and how to better assess their needs. Staff may need to spend more time listening and repeating instructions. They also may need to understand how to help the offender with intellectual disability with daily living tasks and other habilitation needs. For example, staff may need to demonstrate tying of shoes, helping the offender shave and/or bathe, and/or helping the offender count and budget money. In this sense, staff members are seen as teachers and role models, and their patience and ability to break tasks down into steps is crucial in delivering services.

Finally, staff may need to help the offender with intellectual disability in identifying feelings and learning ways to cope with feelings. For example, anger can be overwhelming to somebody with lower cognitive functioning, and he or she may need to be taught simple coping strategies (e.g., walking away from a fight, doing deep breathing exercises, and/or asking for help when he or she becomes overwhelmed). The ability to identify emotions can sometimes be a major obstacle for this population. It is best to help them identify very basic emotions such as anger, sadness, happiness, and anxiety. Often these emotions are learned by pairing them with concrete cues such as faces drawn on paper or simple emotive events such as a funeral or a wedding.

Treatment Programs

In prison, there are specialized programs designed to meet the needs of the offender with intellectual

disability. In jail, typically due to the shorter stays, a higher level of supervision is provided. There seems to be a high concentration of sex offenders with intellectual disability represented in prison. Most sex offenders in prison either have committed rape or are pedophiles. These inmates typically need to be in a sex offender group and/or have individual counseling where they are held responsible for learning the thinking errors that contributed to their offenses and the cycle that led them to sexually offend. They need to learn basic relational skills so they can learn how to be intimate in relationships rather than predatory.

Part of the treatment for inmates with intellectual disability has to do with either vocational opportunities and/or schooling, depending on the age of the inmate. These classes are specialized because the curriculum is tailored for those with lower intellectual functioning. Those with a developmental disability can do classroom work up to the age of 22 years. Vocational experiences need to be very individualized and usually provide work coaches and more repetitious simple tasks. It offers these inmates the opportunity to develop some work skills that may be helpful when they leave the institution. Those with lower intellectual functioning usually upon returning to the community will go into sheltered jobs where the work is more structured and provides more intensive supervision.

Treatment for those with lower intellectual functioning also consists of special programs to address adaptive deficits when the inmate cannot perform specific skills independently (e.g., grooming, money management, basic cooking skills, or washing clothes). The programs usually incorporate prompts given by line staff who help the individual break the task into simple steps that are progressively taught until the skill is mastered. Due to the inmates' lower intelligence and poor comprehension, some skills may take months or even years to learn.

Another type of treatment is teaching social skills or anger management to those who have trouble problem-solving and interacting appropriately with others. Often these skills are taught in groups led by an instructor who encourages role-playing of basic social skills. The group provides the individual with feedback on how best to respond in frustrating situations. Those with low

intellectual functioning often have trouble reading social situations and are limited in their knowledge of how to reduce stress and work through common problems (e.g., how to handle a complaint constructively, how to calm down, how to listen to others effectively, and how to wait to receive something desired). Specific scenarios are usually tailored for the specific problems of each group member based on what kinds of situations have gotten each inmate into trouble in the past.

Reentry Plans

It is key early in jail and prison stays for the offender with low intellectual functioning to have a case manager who looks for resources in the community that will support reentry. Some states have specific systems set up to work with those with intellectual disability and/or developmental disability. Sometimes these systems provide monies for housing, programming, and health care. However, due to the specialized needs and services, it may take a lot of planning, time, and effort to find an inmate eligible and to place him or her on the waiting lists for the needed services. The jail and prison caseworker and treatment providers need to reach out to providers in the community to allow the system to have time to prepare for the inmate's reentry. Often questions of risk and need can be asked at an early stage of incarceration so that supports can be developed in the community, thus giving the offender a greater chance for success upon reentry. Although reentry has been a concept embraced by professionals for many years, it usually is a time-consuming, specialized process for those with low intellectual functioning. Historically, there has not always been good communication between jails or prisons and the service delivery system where the offenders will be returning; thus establishing relationships between jail or prison staff and community providers early on is vital to meeting special needs. An inmate with lower intellectual functioning should be released with an integrated plan of treatment options to meet his or her needs.

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See also Incarceration, Effects of; Inmate Classification, Methods of; Offenders With Cognitive Disorders; Reentry; Sexual Offenders: Treatment Approaches

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MAJOR DEPRESSIVE DISORDER IN INCARCERATED OFFENDERS, TREATMENT OF

Major depressive disorder (MDD) is termed a *serious mental illness* and has a 12-month prevalence of approximately 7% in the United States. The prevalence of MDD in prison populations is slightly higher, with the condition affecting approximately 10% of incarcerated males and 12% of incarcerated females, although some studies report rates as high as 25% in prison populations. The World Health Organization has predicted that MDD will be the most problematic disease in the world in the 21st century. Despite this, there is little research regarding treatment of MDD in prison populations. This entry begins with a brief discussion of the hallmark symptoms of MDD and then moves to discussions of diagnosis/assessment, etiology/course, treatment, and adjustment to prison life, particularly as it relates to depression.

Symptoms of MDD

The hallmark symptom of MDD is the experience of at least one major depressive episode. By the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* definition, major depressive episodes last for at least 2 weeks and reflect a change in functioning for the individual. The symptoms of major

depressive episodes are operationalized as nine distinct criteria of which an individual must meet five in order to be diagnosed. The first two symptoms of a major depressive episode consist of depressed mood and a significant decrease in interest or pleasure. One of the five symptoms must include either of these first two symptoms. Significant fluctuations in weight (either loss or gain) and sleep (either too much or too little) are additional symptoms of a major depressive episode. The presence of either purposeless movement (i.e., psychomotor agitation) or reduced movement is a sign of a major depressive episode. Fatigue, feelings of worthlessness or guilt, and concentration problems are additional symptoms of a major depressive episode. The final symptom of a major depressive episode is thoughts of suicide or a suicide attempt. As noted, if at least five of these nine symptoms are met and are present for at least 2 weeks, the criteria for a major depressive episode is met and the individual may be diagnosed with MDD. There are additional psychiatric diagnoses that may include major depressive episodes as well such as bipolar I disorder and bipolar II disorder.

Diagnosis and Assessment of MDD

MDD is overrepresented in females. Assessment of MDD is most often made through a detailed clinical interview that probes an individual's symptom history and current and past functioning. Widely used psychological tests such as the Minnesota Multiphasic Personality Inventory and

the Personality Assessment Inventory both purport to assist in diagnosing MDD. Brief screening measures for MDD include the Beck Depression Inventory and Beck Hopelessness Scale.

Etiology and Course of MDD

As with most complex conditions, MDD is considered multifactorial in nature and is thought to stem from a combination of biological and environmental factors. Not surprisingly, there is a high degree of comorbid mental health conditions in individuals with MDD. In terms of genetics, twin studies suggest a heritability of approximately 37% in MDD. First-degree family members of someone with MDD are 2–4 times more likely to develop MDD when compared to the general population. The monoamine-deficiency hypothesis suggests that MDD is caused by a reduction in the brain neurotransmitters serotonin and/or norepinephrine. The hypothalamic–pituitary–cortisol hypothesis suggests that an abnormality within the brain’s processing of stress and release of cortisol underlies MDD. Structural neuroimaging studies have found abnormalities in various brain regions including the hippocampus and anterior cingulate gyrus. Functional neuroimaging studies have proffered a variety of hypotheses including underactive frontal lobe functioning and increased thalamic pulvinar activity.

For 80% of individuals with MDD, recovery begins within 1 year of the onset of a major depressive episode. However, the course is quite variable. One particular study followed individuals with MDD for 15 years. Following the initial major depressive episode, 85% of those individuals experienced an additional episode. Few predictors distinguished those who made a full recovery but female gender, having more prior episodes, and never marrying predicted future depressive episodes.

General Treatment of MDD

Treatment of MDD falls into two broad categories: medication and psychotherapy. Often, it is the combination of both medication and psychotherapy that provides the most benefit in MDD.

There are many classes of medications used to treat MDD. The most common class is the

selective serotonin reuptake inhibitors. This class of medication includes fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft), and citalopram (Celexa). There are also medications classified as serotonin–norepinephrine reuptake inhibitors and norepinephrine–dopamine reuptake inhibitors. Examples of serotonin–norepinephrine reuptake inhibitors include duloxetine (Cymbalta) and venlafaxine (Effexor). Serotonin–norepinephrine reuptake inhibitors are noted to be particularly helpful with the pain-related symptoms that are often associated with depression. Bupropion (Wellbutrin) is an example of the norepinephrine–dopamine reuptake inhibitors, and it is one of the few antidepressants with few sexual side effects. Older classes of antidepressant medications include the tricyclics and the monoamine oxidase inhibitors. However, at this point, they are not considered first-line treatments for MDD because of their side effect profiles. Examples of tricyclics include nortriptyline (Pamelor), imipramine (Tofranil), and desipramine (Norpramin). Examples of monoamine oxidase inhibitors include phenelzine (Nardil) and tranylcypromine (Parnate). There are also several *atypical* antidepressants including mirtazapine (Remeron) and trazodone (Desyrel). These medications are sedating and usually taken at night to assist with insomnia related to depression.

There are multiple evidence-based psychotherapies used in the treatment of MDD. These include behavior therapy/behavioral activation, cognitive therapy (CT), cognitive behavioral analysis system of psychotherapy, interpersonal therapy, problem-solving therapy, self-management/self-control therapy, acceptance and commitment therapy, behavioral couples therapy, emotion-focused therapy, rational emotive behavioral therapy, reminiscence/life review therapy, self-system therapy, and short-term psychodynamic therapy. The most widely used psychotherapy for depression is Aaron T. Beck’s CT, and this is discussed in some detail in the following paragraphs.

CT has been researched extensively, and its efficacy is well-documented. There is also a significant body of research showing that CT has significantly lower relapse rates than pharmacotherapy at 1- and 2-year follow-ups. CT is based on the idea that a person’s affect and behavior are primarily the result of the way in which the person

structures or thinks about the world. The theory holds several assumptions. First, the way in which a person views his or her situation can be gleaned from the person's cognitions. Second, these cognitions are based on attitudes (schemas), which are created by previous experience. Finally, changing one's cognitive structures changes one's affective state and behaviors. In other words, you can change your emotions and actions by changing your thoughts.

Within CT, there are three main concepts used to explain depression: the cognitive triad, schemas, and cognitive distortions. The cognitive triad can be thought of as a style of thinking in which a person views the self, future, and world in a negative way. Second, a schema can be thought of as a stable cognitive pattern and becomes the filter through which all information is processed. In the case of a depressed person, his or her negative schemas cause him or her to misinterpret information, which helps to perpetuate his or her depression. Typically, schemas can be classified as belonging to either one or both of two broad categories: those dealing with helplessness and those dealing with unlovability. Another important facet to schemas is that they can be dormant for periods of time but can be activated or reactivated by circumstances that are tantamount to the experiences initially responsible for instilling the negative belief. Third, depressed individuals often show distorted thinking, which is the result of the activity of negative schemas. Therefore, cognitive distortions, or faulty information processing, are the result of and maintain one's belief in negative concepts and schemas. Thus, cognitive distortions perpetuate depression despite contrary evidence. Some types of cognitive distortions are dichotomous thinking (i.e., the tendency to view situations in only two categories instead of on a continuum), personalization (i.e., the erroneous assumption that others are behaving negatively because of you), and labeling (i.e., the placing of global, fixed labels on oneself or others).

Treatment of MDD in Prison

There is surprisingly little research on the treatment of depression in incarcerated populations, as treatment studies have tended to focus more on reducing rates of recidivism and substance abuse.

What research exists regarding depression has mainly examined nonevidence-based treatments such as bibliotherapy, art therapy, and music therapy. However, these treatments have been found to be helpful in reducing depressive symptoms in inmates. Medication management of depression in prison is common with some reports indicating that 10% of prisoners are prescribed some type of psychiatric medication.

Adjustment to Prison Life and Avoiding MDD

To the extent that prisoners can adjust to prison life, they will experience a reduction in rates of depression, anxiety, stress, suicidal behavior, and violent infractions. Factors related to prison adjustment traditionally fall along two broad dimensions: variables that prisoners import into prison and deprivation features of prison also known as the *pains of imprisonment*. Most researchers now believe that both importation and deprivation factors influence prisoners' adjustment to incarceration.

Regarding factors *imported* into prison, some research has found that female gender confers a greater psychiatric vulnerability among first-time prisoners. Research has shown that female prisoners have greater social support needs than males, and increasing social support can improve adjustment to prison. In addition, other importation factors known to affect adjustment include educational level, quality of life prior to prison, amount of substance use, the presence of antisocial traits, having a prior criminal record, race, degree of religious practice/affiliation, and age.

Regarding deprivation features of prison, a more restrictive setting increases psychological maladjustment, including depression. In addition, other deprivation factors known to affect adjustment include staff behavior, level of gang activity, program availability, and overcrowding. The length of prison sentence is nonlinear in its relationship to prison adjustment and approximates more of a U-shaped relationship. One study also found that some prisoners who had a *good* adjustment to prison were those who learned new skills while incarcerated that they thought would carry over once released (e.g., a new job skill). Deprivation variables such as level of restriction,

overcrowding, and violence are also strongly linked with prison suicide.

Researchers have suggested that emotion-focused coping strategies can assist in prisoners' adjustment to incarceration and, thus, reduce depressive reactions. Examples of these strategies include distraction, meditation, regular exercise, practicing forgiveness, and sharing rather than suppressing negative emotions.

Benjamin Gliko

See also Mental Health Assessment: Adult Screening Tools; Mental Health Treatment; Offenders With Mental Illness; Offenders With Mental Illness in Prisons, Treatment for; Suicide During Incarceration; Suicide Risk and Self-Harm

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MALINGERING

Malingering is defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* as the intentional fabrication or gross exaggeration of psychological or physical symptoms, with the key criteria of being motivated by some external gains. In the context of an offender population, these motivations may include (a) delaying or reducing the length of incarceration, (b) being prescribed unnecessary medication, or (c) receiving unwarranted benefits (e.g., compensation for a feigned disability). As a response style, malingering is categorized as a condition that may be a focus of clinical attention rather than as a formal diagnosis with explicit inclusion and exclusion criteria. Within the psychological and medical fields, malingering and other forms of deception represent a highly relevant clinical issue

for accurate assessment and effective treatment of offenders.

This entry provides a broad overview and understanding of malingering in the context of criminal psychology. In particular, some common myths and misconceptions of malingering are addressed. The prevalence of malingering in forensic settings and broad subtypes of malingered presentations are then discussed. This is followed by an overview of response styles that have been developed to conceptualize malingering. Given the focus on criminal psychology, individuals being evaluated will be referred to as *offenders* rather than *clients* or *patients*. As a key emphasis of this entry, the development of detection strategies for malingering and a focus on commonly used measures of malingering are highlighted.

Malingering Within the Forensic Setting

In the context of criminal psychology, a small subset of offenders may perceive a strong advantage for malingering to avoid potentially extreme consequences, such as lengthy incarcerations. For example, successful malingering during an insanity trial might result in extended hospitalization that avoids decades of prison time. This externally motivated feigning is distinguished from factitious disorders. For the latter diagnoses, individuals intentionally produce exaggerated symptoms in response to some internal motivation, such as treatment seeking. It should also not be confused with poor or suboptimal effort, which may occur as a result of genuine psychopathology in examinees who have no intention to fake impairment. From this perspective, malingering is highly relevant to criminal psychology because it is a potential mechanism through which offenders can attempt to achieve their external goals. At the same time, however, unsuccessful malingering can have extremely negative consequences that may include increased sentencing and the limiting of treatment options, even for genuine disorders.

Professionals in criminal contexts may experience an understandable inclination toward adopting a *negative bias*, in assuming the worst about their clientele. On the contrary, many offenders have genuine mental disorders. Thus, it would be unduly biased to assume that most criminals are just *gaming the system*. Even when confronted

with the death penalty, as an extreme example, most convicted offenders do not malingering despite facing their imminent execution. Therefore, professionals have been urged to conscientiously evaluate malingering in each individual case and not simply assume a negative bias toward criminals.

Fundamental Misconceptions About Malingering

Common and potentially damaging misconceptions are often observed concerning malingerers and the nature of malingering itself. It is essential to identify and refute such serious misconceptions, which may lead to false conclusions with far-reaching consequences. Five key misconceptions are outlined:

- *An offender who grossly exaggerates in one domain must be malingering in all domains.* Therefore, all symptoms should be dismissed as bogus. This all-or-nothing misconception of malingering overlooks the clinical observation that many—if not the majority of—malingerers also have genuine disorders. Also, malingering cannot be considered a permanent response style but rather represents a situational response to a specific context.
- *Inconsistent responding is tantamount to malingering because feigners often have trouble being consistent.* Possibly stemming from the negative bias, this misconception myopically views malingering as the only cause of inconsistency. Marked inconsistencies can also arise from clinical issues and cognitive impairment. For self-administered measures, for example, limited ability to read or impaired concentration frequently contributes to pervasive inconsistencies.
- *Malingerers are easy to identify because their presentations are obviously exaggerated.* Some medical and mental health professionals may have overly positive appraisals of their abilities to accurately evaluate malingering. Such misappraisals can stem from encountering egregious cases of unskilled and preposterous efforts at malingering. However, many malingerers are more skilled and less obvious in their feigned presentations; they can only be

detected by standardized measures that employ—as described below—well-validated detection strategies.

- *Malingering and other forms of deception occur in most forensic cases.* This misconception again reflects a negative bias more than a conceptual or empirical basis. Although certainly true that malingering occurs in a small subset of offenders, research suggests that malingering is neither rare nor pervasive. Furthermore, this concept ignores the full spectrum of possible deception from white lies to sophisticated frauds, within which malingering is distinguishable as a very specific and clinically relevant response style.
- *Malingering and genuine mental disorders are mutually exclusive.* A particularly detrimental assumption is that malingering precludes the presence of a genuine mental disorder for an individual. However, an offender may wish to feign some particular symptoms (e.g., psychotic symptoms in order to be found incompetent to stand trial) but genuinely has a severe mental illness (e.g., depression or anxiety). If all of an examinee's symptoms are summarily dismissed once exaggeration is noted for some symptom domain, the offender may fail to receive much-needed mental health care.

Prevalence Within Forensic Settings

Importantly, the majority of offenders being assessed do not attempt to mangle during evaluation; however, it occurs with sufficient regularity that its assessment is essential. In recognition of these concerns, the American Psychiatric Association began to encourage the use of screening criteria for malingering with the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* in 1980. Although its prevalence is by nature difficult to assess, extensive surveys have suggested base rate estimates of malingering ranging from approximately 10% to 20% in forensic settings. Malingering and related response styles have been consistently recognized as an important clinical concern for criminal psychology, particularly because forensic assessments differ substantially from typical assessments.

In the context of mandated evaluations, both system (e.g., the pressure of required participation)

and personal factors (e.g., unfavorable consequences from accurate self-disclosures) lead professionals to consider whether offenders are malingering. Contrastingly, most individuals in typical inpatient or outpatient settings seek treatment of their own volition and are motivated to receive accurate results from their psychological testing. In most instances, they are also protected from negative consequences by the guarantee of confidentiality. In forensic contexts, however, clinician–client relationships are fundamentally altered. Within correctional settings, for instance, professionals work for the institution or legal system rather than the offender being evaluated. Typically, these clinicians are professionally obligated to report negative findings that may include malingering and uncooperativeness as well as any institutional misconduct.

Offenders may have substantial motivation to malingering, especially when faced with high-stakes legal outcomes. For competency to stand trial, a finding of incompetence may lead to a delay of the criminal trial along with the modest benefits of a forensic hospital rather than a county jail. For insanity at the time of a crime, an acquittal may lead to better living conditions and possibly fewer years of confinement, although the length of sentences depends largely on the jurisdiction. However, many offenders may view malingering as an unacceptable risk because of the serious negative consequences associated with unsuccessful feigning. For instance, offenders pleading insanity are essentially admitting to the criminal acts while also raising questions about their mental state. If found to be sane and malingering, a conviction is almost a certainty, while the malingering could contribute to an even longer sentence.

Subtypes of Malingering

Although malingering shares some key similarities across contexts (e.g., fabrication of symptoms for an external goal), research has clearly demonstrated its complexity, which includes several domains and varied motivations. Three subtypes of malingering are identified within a criminal context:

- *Feigned mental disorders: Offenders in this domain simulate severe psychopathology and*

marked psychological impairment. For example, inmates may fabricate severe psychiatric symptoms in order to receive unwarranted medications so that they can do easy time.

- *Feigned cognitive impairment: Offenders simulating cognitive impairment (e.g., learning or intellectual disability) intentionally fail cognitive tasks rather than fabricating symptoms per se. Relevant examples include a fraudulent person malingering cognitive problems resulting from an automobile accident in order to maximize personal injury compensation or a defendant feigning an intellectual disability so as to be found incompetent to stand trial.*
- *Feigned medical complaints.* This subtype includes offenders who exaggerate or fabricate symptoms of physical illness, pain, or disability. As an example, a claimant may malingering chronic pain in order to be awarded workers' compensation. In addition, inmates may simulate a chronic medical condition to avoid institutionally required work responsibilities. Again, as an important distinction, feigned medical impairments are motivated by external gain, whereas factitious disorders use simulated physical symptoms for internal needs.

Overview of Response Styles

Response styles refer broadly to the intentional misrepresentation of psychological information in order to manipulate how examinees are perceived. These response styles may range from total denial to complete fabrication of symptoms, in service of identified goals. More specifically, the intent may be to create either a more positive (e.g., faking good by denying substance abuse) or negative (e.g., faking bad by exaggerating psychotic symptoms) impression. Other, less intentional response styles (e.g., irrelevant or random responding) are also possible but typically reflect an examinee's lack of engagement in the assessment process rather than a deliberate attempt to portray a specific presentation. Having recognized that various levels of deception may occur across different settings, patients, and disorders, it is important to emphasize that response styles discussed here apply only to intentional and goal-motivated deception.

The importance of evaluating response styles on psychological measures has been long recognized

in the field of psychological assessment because extensive research has demonstrated that most response styles can markedly distort or even nullify the validity of test results. To address their vulnerability to response distortion, some psychological tests, especially multiscale inventories, began in the 1940s to develop and implement scales to detect response styles. These scales, often referred to as *validity indices*, utilize specific detection strategies as a systematic approach to detect response distortion. Several common strategies—specific to malingering—are discussed in greater detail in the following section.

Detection Strategies for Malingering

Accurate evaluation for potential malingering is often challenging because the assessment of mental disorders relies predominantly on self-reported symptoms and subjective distress. Persons with severe mental disorders often sincerely lack insight into their psychopathology. Therefore, the challenge of validity indicators is to differentiate genuine efforts (e.g., poor insight) from intentional distortion (e.g., malingering) to improve the methodological precision of psychological measures. Focusing on malingering, research has clearly established that detection strategies tend to be most successful when they focus on separating feigned versus genuine presentations for a particular domain. Commonly used detection strategies fall into two broad categories that can be applied to feigned mental disorders: unlikely presentations and amplified presentations.

- **Unlikely presentations:** *This category encompasses detection strategies that represent highly unusual clinical presentations. Examples include (a) symptoms rarely observed among genuine patients and (b) fantastic or absurd symptoms. Going beyond individual symptoms, other detection strategies rely on unlikely pairs of symptoms or improbable patterns of symptoms. For example, it would be very unlikely for an individual claiming to be paranoid to be observed trusting most strangers.*
- **Amplified presentations:** This category of detection strategies relies on identifying malingers based on the intensity of their clinical presentations. Examples of intensity

include the (a) breadth of symptoms (e.g., endorsing too many in an apparently indiscriminant manner), (b) severity of symptoms (e.g., reporting extreme and unbearable distress), and (c) frequency of symptoms (e.g., describing continuously present psychotic symptoms). For this category, malingers severely exaggerate the intensity of symptoms beyond what is commonly reported by genuine patients. The crucial difference lies in the excessive magnitude of the purported impairment.

Clinical Assessment

Within the context of criminal psychology, offenders may have much to gain by malingering or much to lose by being honest, so careful and comprehensive clinical assessment is essential. Comprehensiveness is typically the best method for the detection of falsified responding, especially with skilled or coached malingerers, who can provide a sophisticated approach to feigning. To highlight an important distinction, psychological assessments can truly only evaluate for feigning (i.e., the exaggeration or fabrication of symptoms, with no assumptions about the nature of the individual's motivations), not malingering, because psychological tests cannot definitively establish an offender's particular, and sometimes complex, motivation. Several effective screening measures have been developed, including the Structured Inventory of Malingered Symptomatology and the Miller Forensic Assessment of Symptoms Test. However, screens are intended to be highly efficient at identifying possible cases (i.e., *quick and dirty* approach). Because of their brevity, they sacrifice accuracy for efficiency. Therefore, screens cannot be used to definitively determine that an examinee is feigning.

This section highlights three comprehensive measures of feigning, including multiscale inventories and interviews. The two most commonly used multiscale inventories for patterns of psychopathology that include multiple measures of feigning are the Minnesota Multiphasic Personality Inventory-2 and the Personality Assessment Inventory. Extreme elevations on these validity indicators can be interpreted as evidence of feigning. Importantly, moderate elevations can

only be used as screens; they indicate the need for further assessment with specialized measures for malingering.

Structured interviews have assumed an increasingly prominent role in psychological assessment. They have standardized both the questioning and clinical ratings of psychological symptoms and associated features. For the assessment of feigning, the *Structured Interview of Reported Symptoms, Second Edition* utilizes eight distinct detection strategies to systematically distinguish between feigned and genuine clinical presentations. By applying a decision model, most examinees can be classified as displaying a feigned, questionable (i.e., not confidently interpreted as either feigning or genuine), or genuine presentation. An important goal of the *Structured Interview of Reported Symptoms, Second Edition* is to minimize false positives (i.e., misclassifying a genuine responder as a malingerer), which can have devastatingly negative effects in professional contexts such as forensic and correctional settings. The profoundly adverse consequences associated with misclassification may include potentially increased sentencing and limited treatment offerings.

Feigning measures must also address a further challenge; a presumably small percentage of malingerers prepare their simulated impairment by specifically researching and accessing information on how to outwit detection strategies. In some instances, this information is relayed to the examinee by others. Therefore, this use of information to foil detection strategies is referred to as *coaching*. For multiscale inventories, some feigning indicators have been shown to be more resistant to coaching than others. For the *Structured Interview of Reported Symptoms, Second Edition*, a countermeasure was introduced to detect sophisticated feigners who deny common psychological problems in their efforts to go undetected. Concerns about the impact of coaching again underscore the importance of comprehensive assessment utilizing well-validated detection strategies.

Future Directions

Future research will continue efforts for more precise classification of malingering and other response styles. It may be possible to identify what is feigned (e.g., post-traumatic stress disorder)

from what is not (e.g., underlying depression). This sophisticated approach would avoid the *all-or-none* perspective to clinical interventions whereby any feigning precludes all treatment. In addition, further education and training are needed to refute the common myths of malingering. As an example, clinicians who disavow the fallacy of “once a malingerer, always a malingerer” can more objectively evaluate current treatment needs without being unnecessarily biased by evidence of past feigning. More complex detection strategies, such as symptom combinations (i.e., identifying symptoms that are unlikely to co-occur) can be further refined to remain effective even with coached feigners.

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See also Correctional Psychology Practice, Ethical Issues in; Forensic Assessment of Offenders; Forensic Measures for Assessing Offenders; Self-Reports and Questionnaires; Structured Interviews in Law Enforcement Selection Process

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MANDATORY MINIMUM SENTENCING

Mandatory minimum sentencing statutes specify that certain criminal offenses hold a particular sentence that must be adhered to without exception. For such offenses, judges specify the maximum term but cannot sentence the offender to less than the statutory minimum. Some mandatory minimum sentences restrict parole eligibility as well. Mandatory minimum sentences exist at both the state and federal levels and are most commonly applied to repeat or habitual offending, drunk driving offenses, drug offenses, weapon offenses, and sex offenses. These statutes significantly reduce judicial discretion by eliminating a judge's ability to take into account mitigating factors, such as past criminal history, instead by applying a one-size-fits-all approach to sentencing. After reviewing the history of mandatory minimum sentences, this entry discusses sentencing reform.

History

Until the 1970s, significant attention was paid to the rehabilitation of offenders, and indeterminate sentences, which gave judges wide discretion in sentencing, dominated criminal justice systems across the United States. However, growing disillusionment with the rehabilitative model of punishment, along with simultaneous increases in violent crime rates, resulted in a decidedly punitive turn. In 1973, New York became the first state to establish mandatory minimum sentences for drug offenses under New York's Rockefeller Drug Laws, with a number of states following suit. Policy makers claimed that mandatory minimum sentencing would both reduce judicial discretion and decrease disparities across sentences, while at the same time effectively reducing crime. Throughout the 1980s, legislatures used mandatory minimum sentencing as a primary tool to fight the War on Crime, with particular attention paid to gang and drug offenses. In 1986, the

Anti-Drug Abuse Act established mandatory minimum sentences for federal drug offenses and instituted the 100:1 powder-to-crack-cocaine sentencing ratio disparity. Mandatory sentencing provisions typically were enacted swiftly, with no evidence of effective crime reduction outcomes, and have dramatically increased the size of the U.S. prison population.

Mandatory minimum sentencing maintained popularity throughout the 1990s. However, by the end of the decade, concern over their detrimental effects began to grow. Now, mandatory minimum sentences are widely recognized as a primary driver of mass incarceration. A 2011 report published by the United States Sentencing Commission condemned mandatory minimum sentences, citing several consequences, including the following: (a) disproportionate burden on racial minorities and economically disadvantaged communities, (b) unjustified sentencing disparities between similar offenders, (c) unnecessarily harsh and arbitrary sentences that reach too broadly, and (d) a dramatic rise in prison population and cost.

Sentencing Reform

As early as 2000, states began reevaluating their use of mandatory minimum sentencing, with Michigan being the first state to eliminate mandatory minimum sentences in 2002. Since then, 29 states have taken steps to reduce or eliminate mandatory minimum sentences. At the federal level, there is now bipartisan support for consensus-driven sentencing and corrections reform with the goal of reducing prison overcrowding and establishing a more equitable punishment system. In 2006, the Bureau of Justice Assistance introduced the Justice Reinvestment Initiative aimed at improving the criminal justice system. The Fair Sentencing Act, passed by Congress in 2010, began to address racial disparities in crack-cocaine sentencing by reducing the amount that would trigger minimum sentencing from 100:1 to 18:1 and eliminating the 5-year minimum for first-time crack possession. Efforts to reduce the severity of mandatory minimum sentencing have already begun to shrink prison populations at both the state and federal levels.

Two bills first introduced during Barack Obama's presidency aimed at further reducing

mandatory minimum sentences at the federal level. The Justice Safety Valve Act of 2013 proposed a new *safety valve* that would apply broadly to *all* federal crimes that carry a mandatory minimum sentence. This would mean that, in some cases, judges would be allowed to impose a sentence less than the stated mandatory minimum. The Sentencing Reform and Corrections Act (SRCA) of 2015 proposed making revisions in the 2010 Fair Sentencing Act retroactive, as well as further reducing several other federal mandatory minimums for drug and gun offenses. Although fewer offenses would trigger a mandatory minimum sentence, the SRCA would not address the 5- to 10-year minimum sentences imposed on nearly half of all federal drug offenders. The SRCA also introduced a new mandatory minimum sentence that would impact a group not previously subjected to mandatory sentences: a 15- to 25-year minimum for federal drug offenders who have previously been convicted of a violent felony. However, the Justice Safety Valve Act and the SRCA were reintroduced in the 115th Congress (2017–2018), but as of September 2018, neither has been passed by the Congress.

Future Directions

As a result of mass incarceration, politicians are reevaluating the practices of the criminal justice system. Politicians on both sides of the political spectrum have supported the development of evidence-based policies that are both cost-effective and successful at reducing crime. While it may be difficult to predict the fate of mandatory sentencing at the federal level, the swing away from mandatory minimum sentences and toward alternative models of sentencing across many of the states is likely to continue as states continue to try to find ways to reduce prison populations without compromising public safety.

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See also Corrections; Criminal Courts; Drug Crime Sentencing Disparities; Incarceration, Effects of; Incarceration Rates, U.S.; Mitigation; Prison Overcrowding; Prison Reform; Rehabilitation; Sentencing; Three Strikes Laws

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MARA SALVATRUCHA

The Mara Salvatrucha 13 gang was formed by Ernesto Miranda and Julio Cesar in 1980 as a means of defense against Los Angeles street gangs. Today, the Mara Salvatrucha 13 gang is known as the MS-13 gang and is recognized as a growing transnational, organized gang whose territory stretches across the United States and into Central America and is one of the most dangerous gangs in the United States.

The MS-13 gang name originates from the street La Mara in San Salvador and the Salvatrucha guerillas who fought in El Salvador's Civil War (1981–1992). During the Salvadorian Civil War, children as young as 14 years of age were inducted either into the Salvatrucha guerilla or government forces. Some of the children inducted into the Salvatrucha guerillas went on to establish the MS-13 gang. As of 2017, MS-13 is active in 42 U.S. states as well as El Salvador, Guatemala, Honduras, and Mexico.

Membership

When MS-13 was first established, membership was strictly limited to El Salvador, Ecuador, Mexico, Honduras, and Guatemalan citizens. Now, membership is open to all Latinos. Membership in MS-13 gangs is predominately men who range from ages 11 to 40 years. However, two key characteristics of MS-13 gang members are their ethnicity and all must speak Spanish. These two key characteristics help to ensure a sense of protection for the members because it lessens the chances for infiltration by other gangs and law enforcement officers. In some East Coast MS-13 groups,

females are permitted membership, but it is not common to see female members within the Los Angeles-based gang.

Unlike other Hispanic gangs, MS-13 members are spread across the entire United States, with the Southeast and Northeast regions seeing the greatest increase in memberships. MS-13 members have found that the best way to increase and maintain membership is through migration. When traveling to other areas or claiming new territory, MS-13 members prefer to openly show their colors (blue and white).

Similar to their desire to migrate, MS-13 gang members are also known for easily adapting to other avenues of criminal activity. Having a short learning curve for new tactics or situations allows the gang to quickly adapt to new conditions, opportunities, or threats.

Initiation, Recruitment, and Rules

To ensure that members are worthy of being an MS-13 gang member, prospective members are required to go through an initiation process. Male prospective members are beaten for a period of 13 seconds by current MS-13 gang members. Prospective female members are either beaten by or have sex with a current MS-13 gang member. Once an individual becomes a member of the MS-13 gang, he or she is required to adhere to the gang's "*code of silence*." Refusal of orders handed out or missing a gang meeting is not allowed unless given permission by that specific MS-13 gang boss. Those caught breaking the MS-13 code of silence or working undercover as an informant for other gangs or law enforcement will be murdered. In the eyes of MS-13 members, membership is for life and the members of that MS-13 gang are an individual's family.

One method that is commonly used to recruit new MS-13 gang members is recreational activities, such as soccer games. Hosting soccer games provides many benefits to MS-13 gang members as it allows them to seek out prospective members while appearing prosocial around locals. By engaging in "*normal*" social activities, MS-13 seems less of a threat and more a part of the community, allowing them to use these activities as a cover for their criminal actions.

Organizational Structure

Within the MS-13 gang, structure is crucial; however, the organizational structure differs from region to region. Within each MS-13 gang are various cliques that run independently. Over each of these cliques is the "*shot caller*," or the gang boss. The next most important person in the MS-13 gangs are the "*runners*"—messengers who travel between each clique delivering messages either from one clique to another or from the shot caller or the boss. Typically, the position of shot caller is assumed by a "*strong man*" and is not a democratic process.

Common Crimes

MS-13 gang members' criminal activities are split into two groups referred to as *primary and secondary crimes*. Primary crimes are crimes that generate money, and secondary crimes are crimes that are committed in support of primary crimes. Primary crimes include, but are not limited to, drug trafficking, smuggling of weapons, carjacking, extortion, human trafficking, theft, robbery, and prostitution. As for secondary crimes, MS-13 gang members have been reported to have participated in murder, assaults, and gang rapes. The trademarks of most MS-13 gangs are drug rip-offs and raids on opposing gang members' houses. All raids conducted by MS-13 gangs are led by an individual who is well trained in paramilitary tactics. These tactics include perimeter lookouts, high-powered weaponry use, and precise room-by-room searches.

Violence

Violence is an expected part of gang life, but MS-13 violent activity is unique due to the manner in which members engage. Within all MS-13 gangs, there is a strict set of rules detailing when a member can kill and how the member can kill a victim. Members are granted permission to kill when the boss or shot caller issues a "*green light*." When a member is assigned an assassination, the member is under strict orders to shoot the victim only in the head. If a member is unsuccessful in producing a head shot during the assignment, that individual will be penalized. One trademark of an

MS-13 assassination is that the assigned gang member will typically leave a death note on the body of the victim, detailing why the individual was murdered, which serves as a warning to other gangs and government officials.

MS-13 Identification

The MS-13 gang colors are those of the Salvadorian flag: blue and white. Members use the numbers 13, 67, or 76 to identify with their specific gang. The numbers 67 and 76 are sometimes used as code because when added together $6 + 7$ equal 13. MS-13 gang members are also notorious for their use of tattoos to communicate their loyalty and their involvement in gang and prison activity. Some of the tattoos that gang members are commonly found sporting include letters, tear drops, bricks, comedy and tragedy masks, crossbones, and daggers. The comedy and tragedy masks represent the message of laugh now, cry later. Three tear drops tattooed on a gang member's face are meant to show respect to a fallen gang member. Tattoos of bricks represent the number of years an individual served time in prison. Each MS-13 gang across the country has its own meanings behind the tattoos. On the East Coast of the United States, members are known for sticking to Mayan traditions and may tattoo their entire body, including their face. Besides tattoos, MS-13 members are also fond of heart-shaped jewelry and wearing rosaries that are either blue or white. Similar to other gangs, MS-13 gangs are also known to use graffiti to mark turf, spread messages, or to show respect to fallen gang members.

Response to MS-13 Gangs

Some MS-13 gang members are in the United States illegally. Although deportation is used as a means of decreasing illegal immigrants, it may also be used in an effort to decrease membership in gangs, such as MS-13. However, in the case of MS-13, instead of decreasing membership, deportation has actually helped to increase MS-13 gang membership. Consider instances in which gang members of Salvadorian descent are deported back to El Salvador, which is one of the recruiting countries for membership in MS-13. In El Salvador, prison conditions are very poor, and the

prison guards are easily corrupted. In addition, youth in El Salvador tend to idolize MS-13 gang members from Los Angeles. Thus, gangs members may see deportation as an opportunity for recruitment, drug or weapon smuggling, and re-connecting with friends and family members. Upon arrival in the home country, such gang members form new cliques of the gang in their home country.

MS-13 Gang Members in Their Home Countries

It has been estimated that as of 2017 there are at least 22,000 MS-13 gang members in El Salvador. One of the most difficult tasks for Salvadorian authorities is identifying MS-13 gang leaders. It is rumored that the gang leader of the El Salvadorian MS-13 gang is in prison and continues to make decisions and distribute orders to other gang members. As the activities of Salvadorian MS-13 gang members become more sophisticated, catching and bringing them in are also proving difficult for authorities.

Crime rates in Guatemala are similar to those in El Salvador. Guatemalan authorities estimate that as of 2017 there are around 3,000 MS-13 gang members and 200 gangs active in Guatemala. Capturing gang members in Guatemala is complicated by its proximity to Mexico, as after committing a crime gang members often flee into Mexico. Guatemalan prisons also may serve as breeding and training grounds for future and current MS-13 gang members.

Honduras has also become a place of refuge for Salvadorian and Guatemalan refugees, as well as a place for forming new MS-13 gangs. In 2017, gang membership in Honduras is estimated to be about 60,000. Some MS-13 gang members have been hired as soldiers to distribute drugs and weapons, perform executions, or provide distractions for law enforcement while gang business is occurring. However, in contrast to other countries where MS-13 is active, Honduras is determinedly fighting back against gang activities. The Honduran president's son was killed by a MS-13 gang member in 1997, and as a result, Honduras has enacted tougher laws aimed at curtailing gang activity. One example is the length of prison sentence for MS-13 gang members whereby members who have held a leadership position receive 12-year sentences, and other gang members receive

9-year sentences. In response to recently enacted laws, some MS-13 gang members have fled back to El Salvador or to the United States.

In Mexico, unlike other gangs that have tried to compete with Mexican drug manufacturing and trafficking organizations, MS-13 has created an alliance with them. Together, the two gangs create a team whereby the drug trafficking organizations manufacture the drugs and MS-13 gang members ship, distribute, and merchandize the drugs.

MS-13 Allies and Enemies

Similar to other gangs, MS-13 has its own allies and enemies. Some of its allies include SUR 13, LA Gran Familia, Southwest Cholos, Hell Angels, El Chapo, and Los Zetas. The MS-13's enemies include the Latin Kings, Brown Pride, LA 18, Gangster Disciples, La Raza, and the United Blood Nation.

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See also American Gangs; Street Gangs; Transnational Gangs

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MASS INCARCERATION

See Community Context and Mass Incarceration

MASSACHUSETTS YOUTH SCREENING INSTRUMENT

The Massachusetts Youth Screening Instrument (MAYSI) was developed in the 1990s by Thomas Grisso and Richard Barnum at the University of

Massachusetts Medical School with grants from the William T. Grant Foundation and the MacArthur Foundation. It was designed to be used within the juvenile justice system to identify youths experiencing thoughts, feelings, or behaviors that may need immediate attention regarding possible suicide risk or emergent mental health needs. Since being made available in 2000, the second version, MAYSI-2, has been adopted by over 1,500 juvenile justice facilities in 48 U.S. states to screen youths' mental health needs when entering those facilities. This entry focuses on the development of, research behind, and use of the MAYSI-2 within the juvenile justice system.

Basic Description

The MAYSI-2 was designed to assist juvenile justice agencies in identifying youth who have mental health and emotional needs. It is not intended to provide psychiatric diagnoses. It is intended for use at a youth's entry or transitional placement points within the juvenile justice system. The MAYSI-2 was designed to be a brief, self-report screening tool that consists of 52 questions written at a fifth-grade reading level. Youths circle *yes* or *no* concerning whether each item has been true for them *within the past few months* or *ever in your whole life*. There are six primary clinical scales: Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, and Thought Disturbances (boys only). A seventh nonclinical scale, Traumatic Experiences, provides information about potential recent trauma.

The MAYSI-2 can be administered in two ways: (1) youths read the items themselves or have juvenile justice staff read them the questions on the paper-and-pencil version or (2) youths use the computerized version of the MAYSI-2, known as MAYSIWARE (or an equivalent provided by a commercial online assessment service), whereby they are read the items via the computerized voice program while responding to the questions using the keyboard or mouse. MAYSIWARE is available in both English and Spanish, and the paper-and-pencil format is available in English, Spanish, and 15 other languages.

Youths' *yes* answers are summed for each scale either by use of a scoring key if the paper-and-pencil version is administered or automatically if

MAYSIWARE is used. The scores are then recorded on the Scoring Summary Form. Youths' answers contribute to seven scales for boys and six scales for girls, each scale having 5–9 items. The six clinical scales were developed with two levels of cutoff scores, which are used to define what is meant by a *high score* on any scale: *Caution* and *Warning*. Scores above the Caution cutoff indicate that the youth scored at a clinical level of significance, meaning the youth may be in need of some clinical, nonurgent, attention. Scores above the Warning cutoff indicate that a youth has scored in the top 10% of youth in the normative sample on a given scale, meaning the youth scored exceptionally high in comparison to other youths in the juvenile justice system and is potentially in need of an immediate emergency response. Normative sample refers to the sample of test takers representative of the population for whom the test is intended. The MAYSI-2's normative sample is youths involved in the juvenile justice system (probation intake, detention, and corrections).

Development of the MAYSI-2

Initial item development for the six MAYSI clinical scales involved a review of the symptoms of the more prevalent mental disorders, emotional disturbances, and behavioral problems among adolescents. The wording of the 52 items was guided by consultation with national experts and in consultation with youths in the Massachusetts Department of Youth Services to determine any difficulties in understanding the words or phrases comprising each item. The following chronology shows the initial development, testing, and subsequent revision of the original MAYSI:

1994–1996: Initial drafting and pilot testing of the MAYSI.

1996–1998: Scales identified, initial norms and cutoffs developed, and initial validation.

1998–2000: Additional analyses of the Massachusetts data lead to the second version of the screening tool (called the MAYSI-2) and a new manual.

2000–2002: The MAYSI-2 released to juvenile justice agencies and, with funding from the MacArthur Foundation, the National Youth Screening &

Assessment Program developed to provide technical assistance to those agencies using the MAYSI-2.

2002–2005: National norms developed using data collected from over 70,000 juvenile justice agencies (intake probation, detention, and corrections) and MAYSIWARE developed. Evaluation of the impact of mental health screening in juvenile justice settings conducted with funding from the William T. Grant Foundation. In addition, how the MAYSI-2 was being implemented nationally and its effect on youths' mental health services in juvenile justice settings evaluated with funding from the MacArthur Foundation.

2005–2011: Technical assistance for MacArthur Foundation's *Models for Change* Initiative provided.

2011–2015: Technical assistance to jurisdictions and states that are using or plan to use MAYSI-2/MAYSIWARE provided.

Research Evidence

In 1994, after a review of symptoms associated with prevalent mental disorders, emotional disturbances, and behavioral problems among adolescents, 52 questions were selected to create a MAYSI questionnaire prototype. During the next few years, efforts began to identify the scales, develop norms and cutoff scores, and determine psychometric properties. Which of the original 52 items would be included was determined through a process of examining a series of analyses including item total correlations, α coefficients, and factor analyses. Factor analyses performed on a Massachusetts sample led to decisions about the final scales and their items. Additional analyses were subsequently performed on another sample of youth from California, confirming the Massachusetts results. Finally, the performance of youths taking both the MAYSI-2 and other validated scales of child psychopathology were used to determine the cutoff scores on the six clinical MAYSI-2 scales.

In 2005, a study was conducted with a national sample of youths in juvenile justice facilities in 19 states. This research allowed MAYSI-2 users to compare youths to national norms rather than the Massachusetts norms on which the original cutoff scores were based and examined the degree of consistency across age, gender, and race-related

differences in the proportions of youths with elevated MAYSI-2 scales.

To measure the internal consistency of the MAYSI-2, researchers used Cronbach's α coefficients, which ranged from .61 to .86 for items within scales, indicating acceptable internal consistency. Few differences were seen in α coefficients between race and gender. The MAYSI-2 has also been shown to be reliable (using intraclass correlation coefficients) based on comparisons of individual youth scores across a 1- to 2-week period of time, ranging from .53 to .89 across various scales. Analyses aimed at addressing MAYSI-2's validity showed that the MAYSI-2 scales correlated in the expected direction, with scales measuring parallel symptom constructs on other mental health assessment instruments.

Since made available in 2000, numerous studies and reviews have examined the reliability, internal consistency, utility, and structure of the MAYSI-2. A detailed review of the existing research in addition to up-to-date quarterly reviews of MAYSI-2 research can be found on the website of the National Youth Screening and Assessment Partners. The reviews present research only when the MAYSI-2 was used in the settings for which it was intended, on the target populations for which it was developed, and administered in the manner recommended by the authors.

Use of MAYSI-2 in Juvenile Justice Facilitates

The MAYSI-2 is the most widely used mental health screening tool in juvenile justice facilities, and it is recommended by a number of U.S. government juvenile justice and mental health agencies. Its values and limits are identified by over 60 published studies in scientific journals.

With a little more than one half of young people entering juvenile justice facilities meeting criteria for one or more mental disorders, the MAYSI-2 provides a quick way to identify mental health and substance use symptoms that may threaten the welfare of youth. For example, the MAYSI-2 can help determine if an immediate (acute) emergency response is needed to suicide risks or to youths who may need immediate attention due to an acute condition that may deteriorate rapidly (e.g., substance abuse withdrawal). The MAYSI-2 can also help

alert staff to the potential need for longer range rehabilitation plans by identifying youths whose chronic and persistent mental health problems may need care on a continuous basis. In addition, it can aid in identifying conditions (e.g., depression) that may increase the risk of aggression, which could put staff and other youth at risk.

MAYSI-2 scores are used to determine whether a youth is *screened out* (i.e., needs no further follow-up or assessment) or *screened in* (i.e., requires a staff follow-up response and/or further mental health assessment). *Screened in* means the youth's scores are above the Caution or Warning cutoffs on any of the six MAYSI clinical scales. The clinical scales and cutoffs that define *screened in* are determined as a matter of policy by an agency's administrators and, therefore, may be different between jurisdictions across the United States.

The types of follow-up responses when a youth is screened in include having staff ask second screening questions, which are available for each of the six clinical scales comprising the MAYSI-2. The second screening questions allow staff to rule out false positives and determine a course of action (e.g., obtain an emergency clinical assessment for the youth, schedule a nonemergency comprehensive assessment for the youth, refer the youth to a mental health diversion option).

As with all screening tools, the MAYSI-2 does not provide psychiatric diagnoses, and the cutoff scores do not identify every youth who might have a mental disorder nor do they assure that all youths *screened in* actually have a mental disorder. Also it does not provide the type of information needed to make long-range treatment plans. In addition, some scores above the cutoff are temporary moods, while others are due to longer term conditions. Therefore, this type of intake screening should be used only for intake management and should not be used for longer term planning (e.g., case dispositions). Lastly, the MAYSI-2 does not protect against self-report bias, so youths may sometimes conceal symptoms, and they may sometimes exaggerate them.

Research suggests that there are no differences in MAYSI-2 scores for paper-and-pencil administration versus computer administration (via MAYSIWARE), although youths tend to prefer the computer to paper-and-pencil, and when youths need to have the items read to them (e.g., because

of reading problems), they tend to report more freely to the computer administration (whereby the items are read to the youth via computerized voice program) than to a staff member reading the items to them.

Screening for mental health needs using the MAYSI-2 with youth in juvenile justice settings has become standard practice nationwide—at probation intake, detention centers, or juvenile corrections programs. Identifying young people's needs—substance use, trauma-related problems, and suicide ideation—is important at first contact. It is the first step for identifying those who need immediate attention and further assessment for mental health needs.

Special initiatives are being developed to study and improve mental health screening in juvenile justice facilities in other countries. Researchers in 17 countries covering Asia, Australia, Europe, the Soviet Union, and the Americas have translated the MAYSI-2 into various languages in order to conduct further research on the cross-national and cross-cultural effectiveness of implementing juvenile justice mental health screening, using the MAYSI-2.

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See also Juvenile Delinquents, Mental Health Needs of;
Juvenile Offenders; Mental Health Assessment;
Juvenile Screening Tools

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MATCHING TREATMENT BY OFFENDER TYPE AND THERAPIST STYLE

The general question of *what works* in offender treatment has led to numerous research studies, reviews of the literature, and clinical reflection. Over time, interventions have been modified and enhanced to increase effectiveness. Various meta-analyses have been conducted that have evidenced that certain types of treatment are more effective than others. Currently, more complex questions are being explored; that is, what types of intervention are more effective, under what circumstances, and with whom?

Both the general clinical literature and offender literature have explored specific factors that are thought to impact treatment effectiveness. There are a wide range of issues to explore, including therapist factors, client factors, treatment orientation (e.g., cognitive behavioral therapy [CBT], psychodynamic, interpersonal), group versus individual intervention, as well as factors completely external to the process, which are more difficult to identify.

The purpose of this entry is to explore each of these issues, as a means of identifying the optimal approach therapists can use when working with offender clients. The challenge is that there is no one method or approach that will be effective with everyone; however, there are some common factors that underlie good intervention and can allow therapists to tailor their intervention to better meet the needs of each individual client.

Risk, Need, and Responsivity

One well-known approach to determining treatment for offenders is Don Andrews and James Bonta's Risk-Need-Responsivity model. According to the risk principle, the intensity of intervention should vary based on the risk level of the individual. From this perspective, higher risk

offenders should be provided with more intensive services, while lower risk offenders should be provided with low intensity or no services.

Based on the need principle, treatment providers should focus on criminogenic needs that are relevant to the individual—for example, attitudes or beliefs supportive of crime, negative attitudes toward women, or sexualized views of children. Researchers suggest that there are stable dynamic needs, such as attitudes, and more acute needs, such as anger or intoxication. Therapists can work directly with clients to identify their personal needs; some may be common across groups; for example, sexual offenders often struggle with sexual interests/sexual self-regulation, distorted attitudes, intimacy deficits, and self-regulation problems. However, the intervention strategies will differ as some needs may be more pressing than others, and clients will respond differently to different interventions. Some argue that needs that are not criminogenic (e.g., self-esteem) should therefore not be targeted as these factors have nothing to do with recidivism. Others argue that while trying to address every need area is likely not necessary, especially when time and resources are limited, some noncriminogenic needs are responsivity factors that should be targeted to enhance treatment gains (e.g., low self-worth often inhibits one's ability to change).

Often the least considered principle, yet no less important, is the responsivity principle. According to this principle, the treatment approach and techniques should be tailored to meet the learning style and abilities of the offender. However, the responsivity factor is often ignored, especially in standard treatment programs. Offender clients may struggle in some domains; they may be diagnosed with or experience symptoms of attention-deficit/hyperactivity disorder, low cognitive functioning, or a major mental illness. All of these issues require some form of accommodation to their interventions. Furthermore, individual clients respond to different activities. Some clients may enjoy reading self-help or complex books, whereas other clients may not do written homework or only remain in session for a short period of time. Such individual responsivity factors will be explored in more detail throughout this entry.

Therapeutic Process and Treatment Outcome

The client–therapist relationship has received significant attention in the general clinical literature; the quality of this relationship is considered to be more relevant to treatment outcome than the particular techniques used by the therapist. The quality of this relationship is impacted by therapist characteristics such as empathy, warmth, genuineness, respectfulness, supportiveness, emotional responsivity, directiveness, flexibility, and interest in the client. Characteristics that impede change include confrontation, anger, and rejection. Failure to establish an alliance can lead to treatment noncompliance and poor outcomes.

Based on the research literature, when therapists are confrontational, defensive, and inconsistent, offenders are more likely to drop out of treatment, whereas when therapists are supportive, empathic, warm, and genuine, offenders tend to remain in treatment and meet their treatment goals. It has also been found that offenders are less likely to engage in treatment when they believe that treatment will focus only on their offending behavior rather than focusing on helping them improve themselves and their lives overall. Therefore, the literature supports adopting a motivational approach.

Therapist Factors

Various researchers in the general psychotherapy literature have explored whether therapist factors such as age, gender, ethnicity, or religion have an impact on treatment effectiveness. Ethnicity has been explored extensively, as there appears to be a belief that ethnic matching leads to more effective intervention. Interestingly, although there is variability, most meta-analyses find that while clients often prefer a therapist who is the same race or culture, there is minimal impact on effectiveness. Factors such as gender, age, or religion have no real impact.

Where the therapist impact lies is with respect to therapist characteristics (e.g., empathy, warmth, genuineness). The general psychotherapeutic literature is extensive, and much research has been generated demonstrating the value of therapist qualities; however, some research has focused

specifically on therapist qualities. In such research, the researchers viewed video-recorded sessions and rated the degree to which various therapist qualities were displayed. Qualities such as warmth, empathy, directiveness, use of self-disclosure, confrontation, and genuineness were explored. It was found that therapists who are warm, genuine, empathic, and moderately directive were the most effective at eliciting change in domains such as attitudes and coping skills. Therapists who displayed an aggressively confrontational approach were found to have a harmful effect on clients. This counters the belief that offender clients should be harshly challenged on their behavior. What appears to be most effective is to establish a strong therapeutic alliance that occurs when one possesses qualities such as warmth and empathy; then therapists can challenge clients in a direct, supportive manner that elicits change.

Client Factors

Psychopathy

It is a popular conception that psychopaths are high risk and cannot be effectively treated. Some earlier research with psychopathic sexual offenders supported the notion that treatment made them worse. However, later analyses suggest that psychopathy is a responsivity factor, that psychopaths can in fact develop a therapeutic alliance and therefore can be effective treatment participants. Developing a rapport with these challenging clients, providing them with concrete feedback, and focusing on criminogenic and interpersonal domains are helpful in working with this client group.

Motivation

Since noncompletion of treatment is associated with recidivism among all types of offenders (domestic violence, sexual offender, general offending), engagement and motivation are key issues that should be considered in offender treatment. So, what factors increase motivation for change and engagement? According to the transtheoretical model of change, treatment interventions should be matched to the offender's stage of change. For example, offenders in the precontemplation stage of change would be considered unmotivated and less likely to engage in treatment. Reviews of the literature indicate that

demographic and historical factors are not particularly relevant but that factors such as hostility, impulsivity, and psychopathy create behaviors that can be difficult to control and manage in intervention programs. It has been argued that the therapeutic relationship promotes success at each stage of engagement. However, it is often more difficult for therapists to work with clients who are hostile, impulsive, or display psychopathic traits. Therapists with excellent interpersonal skills and a warm, empathic yet appropriately directive nature would be best matched with these difficult clients.

Treatment Approach

Orientation

CBT has typically been put forward, in the offender literature, as the preferred therapeutic orientation. Therefore, most programs are delivered from a CBT style. However, CBT is also likely the most empirically researched orientation, and while effective, other orientations cannot be discounted. For example, Marsha Linehan's dialectical behavior therapy has been demonstrated effective in working with borderline personality disordered clients, with some limited research demonstrating that this approach is effective with offenders as well. The Rockwood Psychological Services approach to group therapy with sexual offenders is process oriented in nature, integrating CBT, dialectical behavior therapy, interpersonal, emotion-focused, and attachment-based interventions with a strong emphasis on the development of the therapeutic relationship. This program has demonstrated efficacy in reducing recidivism.

Therefore, it should not be assumed that only one treatment orientation should be used in all instances. For some clients, especially those who are demonstrating problematic thinking patterns, cognitive behavioral strategies can help them to modify their thoughts and think more flexibly. Other clients require more mindfulness-based or emotion-focused techniques, especially if they struggle with attachment-based issues.

Manualized Programs

In conducting treatment with offenders, a flexible approach is encouraged. Highly detailed treatment

manuals or a solely psychoeducational approach to intervention is contraindicated; adopting a comprehensive treatment approach is more likely to help individuals who have offended better integrate and accept change on an emotional level. While there is an argument that treatment manuals are necessary to ensure consistency and treatment integrity, following a manual too closely can result in a rigid approach that discourages clients from addressing relevant issues *in the moment*.

Without a flexible approach, treatment may become more *one size fits all*, and the integration of personal connections, emotional connection to the material, or real change may be compromised. Flexibility on the part of the therapist therefore enhances the therapist's ability to ensure that he or she is meeting the needs of the client.

Group Versus Individual Intervention

There has been much debate as to whether group or individual intervention is preferable when working with offender clients. Essentially, both approaches have demonstrated effectiveness. Group intervention is typically preferred because of practicality and cost-effectiveness. With limited resources, addressing issues in group can target a larger number of clients, and in both the general therapeutic and offender literature, there is a strong value to group cohesion. Although either modality can be quite effective, therapists should ensure that process issues are considered, flexibility is adopted, and the Risk-Need-Responsivity principle is applied. With respect to matching for client needs, a therapist might provide individual treatment if a client has lower functioning or has a difficult time integrating concepts in group. With respect to group intervention, therapists need to remember that clients will respond and integrate material in different ways and should not assume that everybody will work at the same pace.

Conclusions and Recommendations

If one were to identify the perfect circumstances for matching offender and treatment approach, they would include the following: a highly motivated client working with a positive and motivational therapist, at an intensity level that matches the offender's risk and need, and who also accounts for individual responsivity factors. It is known

from the literature that to maximize treatment effectiveness, there needs to be a strong therapeutic alliance, and to develop this alliance, the therapist needs to display positive therapeutic characteristics and be firm yet supportive rather than confrontational when challenging inappropriate attitudes or behaviors. In the case of more challenging clients, such as hostile, impulsive, or psychopathic clients, the therapist needs to be even more motivational and display therapeutic characteristics to an even higher degree.

Based on the literature, therapists who choose to provide treatment to offenders should be positive, supportive, and motivational; they should have a good understanding of the literature about *what works* and should be flexible and able to work with clients at different levels of motivation, intellectual capability, risk level, and need.

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See also Motivational Interviewing; Need Principle; Psychopathy; Responsivity Principle; Risk Principle; Risk-Need-Responsivity, Principles of

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MEASUREMENTS AND SCALES, USE IN FORENSIC RESEARCH

A variety of assessment measures and scales are used in forensic research. Research concerning forensic assessment is particularly relevant to the legal system. Judges rely on the opinions of experts regarding acceptability and accuracy of measurements in order to make decisions such as admissibility of evidence (see *Daubert v. Merrell Dow Pharmaceuticals, Inc.*, 509 U.S. 579 (1993)). Forensic assessment research focuses on creating valid and reliable measurements of constructs relevant to the court system, including competency, mental status, and risk. Therefore, there is little distinction between the use of measures in forensic research and in forensic practice, with the goal of much research being to improve measurement in practice. There are many different applications of forensic assessment (ranging from diverse applications such as parole evaluations, child custody evaluations, or personal injury law), and this entry describes just a few of the applications and measures most commonly encountered in the justice system.

Important Properties of Psychological Measures

To be useful, psychological measures must possess certain characteristics (often called *psychometric* characteristics) that serve as standards of quality for these measures. Among these properties is *standardization*, which attempts to ensure that the measure is applied the same way to all individuals being measured. Part of the process of standardization involves obtaining *norms* or information about the typical scores on the measure in the population of interest. Norms are necessary to characterize an individual's score as *high* or *low* because such statements are made relative to typical performance on the measure.

Another key concept is *reliability*, which describes the extent to which a measure yields consistent scores. There are different types of reliability—for example, researchers can test whether individuals obtain the same scores on a measure administered twice on consecutive days, which would be *test–retest reliability*, and researchers can also evaluate rating scales for *interrater reliability* to determine whether two different raters will arrive at the same score for a given individual.

Finally, *validity* describes the extent to which the measure actually measures the concept of interest. Validity is examined in a number of different ways—for example, *predictive validity* exists when a measure can successfully predict some criterion or outcome in the future. For example, a measure that can successfully predict parole violations when given prior to a parole hearing has predictive validity for this application.

These concepts are key issues for any psychological measure, and much research in forensic assessment involved evaluating these properties for the types of measures described in the following sections.

Forensic Applications of Measures and Scales

Evaluators use forensic assessment tools to measure relevant legal and psychological constructs in order to assist the adjudicator in answering legal questions. The most common applications of forensic measurement are evaluation of competency to stand trial, mental state of the accused at the time of the offense, risk of future violence, and evaluations of response style (e.g., malingering, such as faking or denying the presence of a mental disorder). Forensic measures and scales can be grouped into common content areas. General clinical assessment inventories may be used to examine response style, cognitive ability, and mental state at the time of offense. Forensic assessment inventories are measures that directly assess legal questions, such as risk of violence or competence to stand trial.

Examination of mental state at the time of the offense may involve the use of cognitive and neuropsychological measures, forensic assessment measures, and multiscale inventories. Determination

of risk typically uses forensic assessment measures as well as clinical inventories. The remainder of this entry provides examples of commonly used measures and their applications.

Risk Assessment and Psychopathy

Risk assessments are used to estimate the likelihood of future violent behavior within a specific time frame. Risk assessments may be used to determine sentencing, civil commitment, or parole eligibility. Commonly used measures in this area include those discussed in the following subsections.

Psychopathy Checklist-Revised (PCL-R)

The PCL-R is a 20-item rating scale measure used to assess for the presence of psychopathy. It is scored based on the completion of a clinical interview and a review of institutional records such as arrest reports or corrections documents; because of the importance of such records in arriving at PCL-R ratings, problems can occur when there is limited historical file information available to the evaluator. Although its primary use in research is to diagnose psychopathy, the PCL-R is also commonly used for risk assessment to predict criminal reoffending and response to treatment. Numerous studies indicate that the PCL-R can validly predict important factors such as risk of reoffense or institutional misconduct. However, there is some controversy as to whether its predictive validity mainly comes from its characterization of previous criminal offending rather than from an assessment of the individual's psychological makeup at the time of the evaluation. In addition, though the PCL-R demonstrates acceptable interrater reliability in research settings, multiple studies have suggested that field reliability between raters, particularly in adversarial legal proceedings, is considerably lower.

Historical Clinical Risk Management-20 (HCR-20)

HCR-20 is a 20-item risk assessment measure that identifies past, present, and future markers of risk. It was designed to be easy to use, as it does not rely on complex scoring schemes. Rather, based on the structured professional judgment

approach to risk assessment, the HCR-20 places individuals in low-, moderate-, or high-risk categories. The measure was developed by researching factors related to violence. The HCR-20 demonstrates good interrater reliability, meaning that raters provide highly similar risk judgments on the same individuals. The measure and each of its risk factors have also been found to predict future violence, indicating good predictive validity.

Violence Risk Appraisal Guide (VRAG)

VRAG is a 12-item actuarial scale that uses an individual's clinical record for determining future risk, examining factors such as elementary school maladjustment, diagnosis of a personality disorder, and failure on a prior conditional release. The measure was created by studying patterns of reoffense for more than 600 violent offenders. The VRAG provides the evaluator with an estimate of how an offender's risk compares to other individuals, based on their conviction or release setting. Research concerning the VRAG reports validity for predicting future violence in a variety of settings and for several types of violence. However, in some studies, the VRAG has been found to predict institutional misconduct for male but not female inmates.

Competency Evaluations

Forensic evaluators may be asked to assist in determination of both competency of the accused to waive *Miranda* rights and to stand trial. A survey of practicing forensic psychologists reported that the Wechsler Scales (described in a later section) and the MacArthur Competence Assessment Tool are most commonly used in determining competency.

MacArthur Competence Assessment Tool-Criminal Category Adjudication

The MacArthur Competence Assessment Tool-Criminal Category Adjudication was created to limit the influence of interviewer subjectivity in determining competency to stand trial. It consists of 22 items that inform the different competency requirements outlined in *Dusky v. United States*, 362 U.S. 402 (1960). The *understanding* measure

asks questions regarding the factual understanding of legal proceedings. The *appreciation* measure queries the respondent about his or her expectations regarding the respondent's case. Finally, the *reasoning* measure was created to determine the ability of the respondent to assist in his or her legal defense. Numerous studies have determined that the MacArthur Competence Assessment Tool–Criminal Category Adjudication demonstrates high interrater reliability and that the different items related consistently to each other (a form of reliability known as *internal consistency*).

Cognitive and Neuropsychological Measures

Although the following measures have many uses, only their applications to forensic assessment are discussed here. Cognitive and neuropsychological tests are sometimes used to determine mental status at time of the offense, competency to stand trial, and *Miranda* waiver evaluations. Intelligence tests can also be used in sentencing determinations; for example, in *Atkins v. Virginia*, 536 U.S. 304 (2002), the Supreme Court exempted those with *mental retardation* from the death penalty. The various Wechsler Scales are the most widely used cognitive measures for such purposes, although forensic evaluators report that the Stanford–Binet–Revised intelligence test and the Halstead–Reitan and Luria–Nebraska neuropsychological batteries are also acceptable for use in certain determinations.

Wechsler Scales

The Wechsler intelligence scales, particularly the Wechsler Adult Intelligence Scale–IV, are used across a wide variety of evaluations, including child custody, criminal responsibility evaluations, and competency to stand trial. The Wechsler Adult Intelligence Scale–IV provides evaluators with a Full Scale Intelligence Quotient as well as indices measuring verbal comprehension, working memory, perceptual reasoning, and processing speed; these scores tend to show very high test–retest and good interrater reliability. The Wechsler Individual Achievement Test–Third Edition measures academic achievement in a variety of areas such as reading comprehension and is often used to help

determine whether an individual is capable of participating in his or her own defense, for example, in reading court documents. Along similar lines, the Wide Range Achievement Test is also commonly used for similar purposes. The Wide Range Achievement Test measures an individual's ability to read words, spell, solve math problems, and comprehend sentences and is therefore relevant to questions of intellectual disability and competency.

Multiscale Inventories

Multiscale inventories are clinical questionnaires that each measure a variety of different mental health characteristics that are relevant to decision-making in forensic and treatment settings. These questionnaires are often called *objective tests* in that each respondent is asked precisely the same questions in the same order, scored in the same manner for all respondents, and each respondent's responses are compared to population norms. Because these questionnaires rely on the self-report of the respondent, many multiscale inventories include validity scales designed to evaluate the quality of the information provided by the respondent. For example, in some forensic settings, respondents might attempt to deny existence of any problems (e.g., in a child custody case, in a parole evaluation), while in other settings, they might be motivated to feign problems that do not exist (e.g., in an insanity hearing, in a transfer request to a lower security mental health unit). Validity scales can assist the examiner in identifying the presence of such *response sets* and evaluating their impact on the information provided by the respondent. The two multiscale inventories described in the following subsections are among the most commonly used measures in forensic settings.

Minnesota Multiphasic Personality Inventory-2 (MMPI-2)

The original MMPI was developed in the late 1930s with the goal of assisting mental health professionals in the diagnosis of mental disorders, and a revision of the instrument that included updated norms was completed in 1989. The 567 questionnaire items of the second version, MMPI-2, provide scores on 10 clinical scales that assess mental health

issues such as depression, paranoia, and schizophrenia. In addition, a number of validity scales are provided to identify response sets such as malingering, defensiveness, or inattentive responding. The MMPI-2 has been the focus of considerable research in clinical settings and has many applications in forensic settings; in particular, it has demonstrated considerable success in identifying symptom over-reporting in various forensic settings.

Personality Assessment Inventory (PAI)

The PAI was published in 1991 as a multiscale inventory designed to provide psychological assessment information pertaining to psychopathology, personality, psychosocial environment, and treatment planning. The 344 questionnaire items provide scores on 11 clinical scales measuring mental health concepts such as depression, anxiety, schizophrenia, and borderline and antisocial personalities. In addition, there are treatment consideration scales designed to assess important concepts such as aggressiveness, suicidality, and motivation for treatment. Finally, there are also a number of validity scales designed to measure response sets such as defensiveness, malingering, or inattentive responding. The PAI has been the focus of extensive research in forensic settings, and various scales have been found to have validity for predicting behaviors such as recidivism, suicidal behavior, and aggressive disciplinary infractions in correctional settings. In addition, the validity scales of the PAI have been found to be effective in distinguishing between different types of response sets, ranging from efforts to simulate schizophrenia to attempts to hide substance abuse problems.

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See also Forensic Assessment of Offenders; Psychopathy

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MEDIA: INFLUENCE ON CRIME

Media, as a word, encompasses any number of forms of communication between groups and individuals, including books, newspapers, magazines, pamphlets, radio broadcasts, television broadcasts, and information and discussion posted on the Internet for public consumption and debate. Many forms of media are sponsored in large part by corporations with an interest in selling this information to consumers, either directly or through paid advertisements making the content more affordable to the public. The media exists to spread information and has led to an attachment to information by consumers that allows sponsors of media content to engage more consumers than the sponsors of other content, which often means a leading story in the media will be related to a topic about which many people have an opinion. Crime is one such topic. Crime and media have existed hand in hand for much of history and share an interesting relationship with one another, acting as influences on the other, sometimes spurring one another onward, even as they both possibly contribute to the influence of the media's public consumers and, at times, the use of forms of media to enable criminal activity itself.

A Brief History of the Linkage of Crime and Media

There is an adage, whose origin has been debated, in regard to the relationship between crime and

the media, “if it bleeds, it leads.” This phrase quite simply sums up the nature of news corporations of many forms to use the most shocking of criminal headlines to draw in readers or viewers in greater numbers. This works in large part because the sensation and a desire to know details of what is happening drive individuals to buy more newspapers, watch more television, or click more links.

The idea that sensationalism about crime will attract attention is an old one, and an individual need look no further into the past than the 1800s for this to become readily available. Public executions were often the sites of great congregations of people, a peculiar interest and extravaganza for the entire family to attend, to listen to the crimes of the accused, and to collect pamphlets regarding the crimes that had been committed. In the late 1800s and early 1900s, the rise of the so-called yellow journalists led to an increased number of sensationalist stories related to crime appearing in newspapers. These stories, in turn, drove up the number of sales and sometimes resulted in the printing of extra editions devoted to more coverage of what appeared to be a growing problem with crime.

As times changed, so did the mediums through which crime-related media were consumed. The newspaper continued to reign as the king of the media for many, but television began to supplant movie theater newsreels as the primary source for audiovisual media as the century continued. By the 1970s, most Americans owned a television set and had access to cable, allowing a wide-ranging variety of programming to watch. This period marked a turning point for the relationship of crime and the media, with 1972 witnessing the publication of Stanley Cohen’s important book *Folk Devils and Moral Panics* and George Gerbner and Larry Gross developing their cultivation theory in 1976. Between the two, the argument would be made that individuals would allow the media to help craft their social realities and their judgments about the nature and frequency of crimes that were occurring in the world around them.

In the 1980s, the first reality television shows relating to crime made an appearance, the most famous of which was *COPS*. Touted as being filmed on the streets with actual members of various police departments, the program failed to

demonstrate the often unremarkable nature of patrol activities, in favor of exciting chase sequences and a sense that crime had become an epidemic that was being fought continually each day without a pause for rest or respite.

During the period of the 1980s and 1990s, the landscape of media, especially television, became more amenable to the idea of trying to prevent crime from occurring. This led to several well-known campaigns, mostly focusing on the War on Drugs, such as the U.S. government’s “Just Say No” campaign. Popular television programs would engage in what was colloquially known as a *very special episode* in order to promote messages about not only drugs but also crimes against youth involving gang violence, hate crimes, and predatory sexual offenses.

It was during the 1990s that home Internet capability first entered into the public sphere and with it a new range of issues to address. For the first time, people could reach around the world to commit a crime against another average citizen in the course of minutes instead of taking days to travel and carry out an offense. The arrival of the Internet and its subsequent growth in the early 2000s has led to an explosive growth in the fields of cybercrime, cyberbullying, and cyberexploitation.

Media Representations of Crime in the 2000s

Given the lengthy history of the link between media and crime acting in an almost symbiotic nature with one another, it is not surprising that crime itself often is as an object of fictional representation in the media. In this way, the media acts almost as a surrogate for real-world experience that most individuals will fail to have, allowing for a worldview to form that is bereft of primary sources but built upon judgments learned from secondary materials that have been viewed and read.

These representations of crime in the media have not stopped with the advent of the Internet Age in the 1990s and 2000s but rather have continued to proliferate and expand with the ability to display the commission of new crimes that coincide with the rise of new technology. Likewise, older crimes, such as child predation, have a

new outlet, as Internet chat and messaging programs allow potential predators to converse directly with children around the world without ever leaving the confines of their own living room. The digital media that became available had directly influenced, perhaps for the first time in a generation, how the direct act of an older crime could be carried out.

This would lead to police departments establishing specific units to target online predators. Similarly, it would lead to citizens taking matters into their own hands and forming groups like Perverted Justice, which sought to expose predators. Eventually, the news media would bring all of the elements together for both entertainment and law enforcement purposes in the television program *To Catch a Predator*, where the host of the show, volunteers from civilian antipredatory groups, and law enforcement would lure a child predator to a home with the intent of arresting the predator after overtures of an explicit sexual nature had been made.

Internet-Based Media and Crime

However, some individuals feel that the media, by embracing these types of programs, is laying the groundwork for potential criminals to be able to commit crimes they would not have known how to do before, or get away with. The potential online child predator, one could argue, now knows what to look for, due to media coverage of the crime, and this will influence the predator to go in a certain direction with such attempts. The potential cyberbully will now know new tricks to utilize to continue to harass his or her victims, courtesy of the news coverage and made-for-television movies that have proliferated.

Furthermore, other older crimes, such as drug trafficking and counterfeit goods, have also benefited from the introduction of Internet media. In the 1980s and 1990s, drug dealers often had to walk the streets in order to secure customer orders; however, the arrival of the Internet allowed repeat customers to ask for more of a substance via instant messaging or e-mails without leaving their home. Entire networks have grown in relation to this type of trade, including the website known as the Silk Road, which offered a wide

selection of illegal drugs and other criminal products for sale.

Online media has also led to a rise in the ease of procurement of counterfeit drugs, which often advertise at a lower rate or as being from another country. Individuals who are either seeking a legitimate better price for their prescriptions or a chance to obtain prescription drugs without a visit to a qualifying physician can easily order a product that claims to be the drug in question, with only the need for a credit card and no other supplemental information that a legal supplier would need to obtain.

Perhaps the most prolific crime to be influenced by the rise of online media is that of music and video piracy. Prior to the Internet, the process of copying a cassette tape or video tape to another was an unwieldy and often slow process. However, with the recent evolution of technology and media, it has become easy for individuals to share music and movie files on peer-to-peer networks and websites such as The Pirate Bay in an often successful effort to bypass more legitimate forms of acquisition. Once connected to these websites, individuals are able to upload, or seed, their own files and select files, which others can offer for download as well, transferring the information, violating the copyright, and essentially stealing the song, video, or other information without paying for the product.

Philip Wagner

See also Corporate Crime; Cyberbullying; Cybercrime; Hate Crimes; Internet Exploitation and Child Luring

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MEGAN'S LAW

Megan's Law is the name for several state and federal community notification laws that require government authorities in the United States to provide the public with information about registered sex offenders. Megan's Laws are named after 7-year-old Megan Kanka who was raped and murdered in 1994 by a twice-convicted child molester who lived in her neighborhood in Hamilton Township, New Jersey.

Megan's parents believed that her death could have been prevented if had they known that a sex offender had lived nearby. They successfully lobbied for passage of a sex offender community notification law, which was enacted as "Megan's Law" in New Jersey in 1995. Other states have passed similar laws also named after Megan, and in 1996, a federal Megan's Law was enacted.

The goals of Megan's Laws are to provide the public with information about sex offenders and their whereabouts to protect society and children, deter sex offenders from reoffending, and provide law enforcement information to better manage sex offenders.

Federal Megan's Laws

The federal Megan's Law of 1996 amended the federal Jacob Wetterling Act of 1994, which

required each state to keep a registry of relevant information about convicted sex offenders and make the information available to the public. Numerous states adopted variations of Megan's Law, but there was no standard as to what information should be collected or how to disseminate it to the public. In 2006, the Adam Walsh Act replaced the Wetterling Act, expanding federal sex offender policies for all 50 states, the District of Columbia, the principal U.S. territories, and federally recognized Indian tribes. Title I of the Adam Walsh Act includes a focus on community notification and is named the Sex Offender Registration and Notification Act (SORNA). The Adam Walsh Act also established the federal Office of Sex Offender Sentencing, Apprehension, Registration, and Tracking to develop guidelines and oversee the implementation and standardization of registration and notification practices across jurisdictions.

In 2016, President Barack Obama signed an International Megan's Law that requires a special designation posted on the passport cover of all registered sex offenders.

Implementation

By the late 1990s, all states had begun providing information to the public about convicted sex offenders, but community notification practices among states vary considerably. State practices vary in terms of who is required to register and for how long, who is subject to community notification, and what type of information is released and how it is released to the public.

The one community notification approach that all states have in common is that each posts information about convicted sex offenders on publicly available Internet sites. These postings commonly include the individual's name, picture, sex crime history, and location of residence. Publicly available Internet registries are considered passive community notification because the public must seek out information posted on the registry. Active community notification methods include press releases, mailed or posted informational flyers, door-to-door contacts by law enforcement, and community meetings in which law enforcement and other local agencies notify citizens when a sex offender moves within a locale.

To encourage states to standardize their notification practices, the Sex Offender Sentencing, Apprehension, Registration, and Tracking office released guidelines in 2008 to certify states' compliance with SORNA and updated the guidelines in 2011. States that do not comply with the guidelines may lose a percentage of their federal criminal justice funding. As of June 2016, 17 states had substantially implemented SORNA guidelines. The remaining states have implemented at least some community notification practices. A minority of states has calculated that implementing all of the SORNA guidelines would cost more than the federal criminal justice funding that they would lose for not implementing SORNA and have decided to not fully implement the guidelines.

SORNA guidelines require states to disseminate registry information to several agencies, such as the National Sex Offender Registry maintained by the Federal Bureau of Investigation, other law enforcement agencies, and supervision agencies such as probation departments. As well, SORNA guidelines require states to notify schools and public housing agencies in the locale in which a sex offender resides or is employed, social service organizations responsible for protecting minors in the child welfare system, and volunteer organizations that work with minors.

SORNA guidelines also require states to implement a three-tier risk classification system, which is meant to help inform the public and professionals about the level of risk a sex offender poses to the community. Under this three-tier system, individuals are classified by type of sex crime conviction as opposed to an individual assessment of sexual reoffense risk. The tier system proscribes a mandatory period of registration during which an individual will be subject to state-sponsored community notification. Tier I individuals are required to register for a period of 15 years, but under certain circumstances may be reduced to 10 years. Tier II individuals are required to register for a period of 15 years, and Tier III individuals are required to register for life.

A criticism of the three-tier risk classification system is that because it is offense-based it does not take into account that the criminal offense for which an individual is eventually convicted may not accurately represent the sexual offense the

individual actually committed or the individual's risk of reoffending sexually. This is because sex offenders, as do other defendants in the criminal justice system, commonly enter plea bargains in which they agree to plead guilty to a lesser charge instead of a more serious charge that carries more penalties. Consequently, compared to use of empirically based individualized risk instrument approaches, the three-tier offense-based classification system is more likely to overestimate the reoffense risk of some offenders and underestimate the reoffense risk of other offenders.

In some states, the level of community notification is matched to the offender's SORNA risk classification or a locally developed risk classification system, which may or may not use an evidence-based risk assessment tool. In other states, the same notification approach is used with all offenders regardless of the risk classification or level.

Characteristics of Sexual Offenders

Megan's Laws have received wide support from legislators and the public in part due to the misperception that most sex offenders will sexually reoffend. Sex offenders are a heterogeneous group in terms of their risk to reoffend and offending patterns. Individuals who have committed sex offenses have one of the lowest rates of reoffending among all types of offenders, typically around 10% or less over 5 years. In terms of offending patterns, most child molesters offend against children to whom they are related or acquainted. Thus, their sexual offending behaviors often are already known within their extended families and locales. Those who sexually offend against strangers typically present a higher risk to the public. In any given year, the vast majority of new sex offense arrests are of individuals who had not been previously identified as sex offenders by the criminal justice system.

Mental health professionals and child advocates note that juveniles who have committed sexual offenses are very different from their adult counterparts. These professionals have levied criticism of the sections of SORNA guidelines that include registration and notification requirements for juveniles as young as age 14 years, some of which can last a lifetime. Juveniles who have committed sexual offenses typically do not have

entrenched sexual offending behaviors, often respond well to treatment, or simply mature and do not continue offending. Juveniles typically have fewer numbers of victims and engage in less aggressive behaviors than adults who commit sex crimes.

Impact of Megan's Laws

Researchers have examined the impact of Megan's Laws on reducing sexual reoffending, as well as how professionals, the public, and sex offenders and their family members perceive and value community notification.

Community Safety

Overall, studies have found little evidence of reduced sexual reoffending as a result of Megan's Laws. This is a difficult area to study because there is considerable variation among and within states in how Megan's Laws have been implemented, the accuracy of information about offenders contained in publically available registries, and which offenders are subject to what types of community notification. The few studies in which Megan's Laws appear to have had an impact on reducing sexual reoffending are those that have been implemented in states (i.e., MN, WA) that have used evidence-based risk assessment instruments and focused community notification efforts only on higher risk offenders.

Public safety and wise use of public resources can be enhanced when community notification efforts focus on higher risk offenders. In addition, the public should keep in mind that only a small proportion of individuals who commit sex offenses have been detected and identified on public registries or by other means. Community safety efforts must focus more broadly than on the small proportion of sex offenders publicly identified through Megan's Laws.

Perspectives of the Public

Surveys of the public typically find strong support for Megan's Laws. Well above half of public members surveyed support community notification for all sex offenders regardless of their risk to reoffend, say they feel safer knowing about sex

offenders living in their communities, and believe community notification is effective in reducing sexual offending. Despite public support for Megan's Laws, only a minority of community members says they search out publically available information about sex offenders in their communities.

Perspectives of Professionals

Law enforcement professionals commonly report that sex offender registration and Megan's Laws are useful investigation tools. They typically report that Megan's Laws raise awareness within the community, improve community surveillance of sex offenders, and deter some sex offenders from reoffending. A concern of law enforcement is that implementing community notification activities can involve substantial labor and capital costs. Another concern of law enforcement is that some members of the public overreact to notifications that a sex offender lives nearby, to include harassment of offenders.

Probation and parole officers have reported that Megan's Laws sometimes make it challenging to help sex offenders obtain appropriate housing and employment because publically identified sex offenders are often ostracized in their communities.

Mental health professionals commonly express skepticism about the benefits of community notification. In surveys, most mental health professionals typically report that Megan's Laws either have no impact on community safety or may actually reduce it. Many mental health providers believe that community notification gives the public a false sense of security.

Perspectives of Sex Offenders and Their Family Members

Sex offenders and their family members have reported several unintended negative consequences of Megan's Laws. There are notable accounts of vigilante attacks against sex offenders who have been publicly identified on Internet registries and by other means associated with Megan's Laws. These attacks include murders and arsons, but these types of incidents appear to be quite rare. However, some sex offenders have attributed job

loss and difficulty securing housing as a result of being publicly identified a sex offender in their communities. In surveys, many sex offenders report that the stigma attached to community notification has resulted in psychological impacts such as stress, shame, hopelessness, and loss of social supports. On the other hand, some sex offenders report being more motivated to control their behavior knowing that others were monitoring them.

Megan's Laws also appear to have the unintended negative consequences on the family members of sex offenders. When sex offenders experience job loss and have trouble finding housing, this can result in financial hardship and social instability for their family members as well. In addition, some family members have reported being harassed as a result of their relationship with the offender, and in rare instances, they are the victims of assault. Family of registered sex offenders, including their children, have reported psychological consequences that they attributed to notification, such as experiencing anger, depression, and social isolation.

Robert J. McGrath

See also Adam Walsh Child Protection and Safety Act of 2006; Community Notification Policies; Criminal Risk Assessment, Sexual Offending; Juvenile Sex Offenders: Assessment; Public Offender Registries; Sexual Offender Registries; Sexual Offenders; Sexual Offenders, Public Perception of

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MENS REA

Mens rea generally means a guilty mind but in modern criminal contexts refers to criminal intent. Modern mens rea stems from English common law, which at that time meant evil intent, and has been established as a necessary element of crime in the United States. Mens rea is one of five elements that establish a crime, each of which must be present for an action to be considered criminal. These elements are actus reus (i.e., guilty act that was committed consciously and voluntarily), mens rea (i.e., criminal intent), the concurrence of actus reus and mens rea, causation, and a resulting injury or crime. To better understand mens rea today, it is important to know when and why it was first established as an element of crime; thus, this entry focuses on the development and evolution of the concept of mens rea as an element of crime.

Mens Rea in English Common Law

Intent has long been discussed as a part of criminal actions. However, it was not until the 17th century that English common law formally established the idea of mens rea being a necessary part of determining culpability. English common law produces many different, and often ambiguous, measures of an individual's intent to commit a crime. The common law was established out of a necessity for common rules and in its earliest stages was more a function of regulating compensation for a crime. There were three major legal influences on the creation of English common law: Anglo-Saxon law, church or canon law, and

Roman law. The foundation of English common law primarily came from Anglo-Saxon laws, which initially rejected Roman and canon laws, though they were later integrated into common law.

There were early Anglo-Saxon laws that included intent and in fact some crimes were considered impossible without it. Some crimes under these laws were rape, waylaying and robbery, and to some extent housebreaking. Other laws established the punishments based on the person's intent. These punishments could range from a felony, if the person intended the crime, to civil negligence, if the action was an accident. One example of this is arson: If the person's intent was to burn a house or barn down, then it was considered a felony; otherwise, it was considered negligence. Although some Anglo-Saxon laws acknowledged the importance of intent, others rejected it mostly in regard to the death of an individual.

Early Anglo-Saxon law regarding the death of an individual neglected to include intent as a part of establishing guilt and instead held people liable just for the act itself. These laws held people liable even in circumstances where there could be no knowledge that a crime would even be committed. The killing of an individual was only excused if the offender had a warrant from the king or was doing so in the pursuit of justice. An example of this strict liability would be if someone sent a messenger to deliver a letter and that messenger was killed along the way, the sender could be held liable for the death and owe payment to the next of kin. The common law that applies in this situation removes the legally liable person's mind-set altogether by holding the individual responsible for the actions of another, even though they had no way of knowing such actions would occur. Many of these laws, however, were thought to be made in a generally broad sense and were seldom used to actually hold individuals liable for such an incident. The way in which the Anglo-Saxon law was followed meant that a person could be held liable for the death of anyone acting under the person's direction or on the person's behalf. In addition, these laws excluded killing someone in self-defense, though the pardoning system was later established to correct this.

Around the 12th century, canon laws began to influence the Anglo-Saxon laws regarding death. Canon law placed much importance on intent

being a key element of guilt. A criminal act committed with intent made the offender morally guilty as well as legally guilty. The earliest reference to *mens rea* in an English law book came from teachings of the church. Canon law sought to determine sin through the examination of both the mental and physical elements of the crime. This conflicting idea made it difficult for common law judges to make rulings on liability in accordance with the Anglo-Saxon laws regarding death. The answer to this problem came from the king's ability to pardon individuals who had been charged with a crime. This allowed judges to follow the Anglo-Saxon law by finding a person guilty no matter his or her knowledge of the crime while still acknowledging canon law's insistence on intent being a factor. An unfortunate side effect to this solution was that individuals who would be pardoned still lost their possessions for being convicted. Canon law's influence on common law continued to strengthen regarding moral blameworthiness. Eventually, the phrase *actus non facit reum nisi mens sit rea*, meaning "there can be no crime, large or small, without an evil mind," became an essential part of criminal guilt.

The Roman law influence came around the 11th and 12th centuries, when universities began publishing scholarly and legal writings regarding old Roman law texts. The major influence of Roman law regarding intent came from the concepts of *dolus* and *culpa*. *Dolus* refers to intentional acts of fraud while *culpa* refers to negligent actions. These concepts reflect two different levels of intent and were therefore treated differently in regard to a criminal conviction. Beyond this idea of different levels of intent, Roman law also provided a number of standard definitions regarding crimes that helped establish true intent. Although Roman law continued to be referenced throughout the establishment of common law *mens rea*, it served as more of a tool to refine the term. This refinement helped strengthen the idea of *mens rea* until its acceptance in the 17th century.

After its universal establishment in common law in the 17th century, *mens rea* began to develop into a more precise definition to be used in criminal cases. *Mens rea* was initially a vague aspect of criminality and was purely based on general moral blameworthiness. The concept's refinement came

in the form of a case-by-case sharpening of the guidelines. Through the judicial process, cases in which different levels of mens rea existed were slowly placed into similar groups. This had to be done for each type of crime and resulted in a more precise interpretation of different mind-sets. Although this affected many types of crime, none changed more so than homicide. These changes allowed for additional justification for killing another person beyond a warrant and a pursuit of justice. Different types of murder began to develop with regard to the mental element of the crime. Any homicide that was not justifiable or pardonable was considered a felonious killing. Before these new laws, homicide had required the least amount of mens rea.

Mens Rea in Modern Criminal Law

As mens rea was sculpted from its origins as evil intent, it developed into these concepts used in today's criminal law. Using the American Law Institute's Model Penal Code, which was developed in the 1960s and updated in the 1980s, there are now established and widely accepted levels of mens rea that form continuity when determining culpability. The different levels of mens rea set forth by the Model Penal Code are specific intent, general intent, strict liability, and vicarious liability. Each of these is associated with a different state of mind, or level of knowledge, regarding a criminal act and, therefore, constitutes a different amount of legal culpability. Applying mens rea to a crime is the traditional way of determining capability. Intent means that the individual committing the criminal act did so with some level of knowledge or awareness that the act was illegal. Liability refers to an individual being held accountable for a criminal action regardless of mind-set. Liability is applied to lower level offenses like misdemeanors.

Specific intent covers actions committed purposefully and is the most culpable level of mens rea established by the Model Penal Code. Specific intent refers to a mind-set of specifically intending to commit the criminal action and specifically intending the results. This is the highest level of intent and therefore has the highest level of culpability. There are four types of crimes that fall under this category: SACs crimes (solicitation,

attempt, and conspiracy), theft crimes, intent to kill, and voluntary manslaughter or heat of passion killings.

General intent occurs when specific intent is not necessary because it is inferred by the individual's conduct. This intent can be classified as being purposefully (intentionally), knowingly (awareness of certainty), reckless (disregard for risks), or criminally negligent. Purposefully refers to when an individual intentionally acts with conscious objective to engage in a certain conduct or cause a certain result. Knowingly is when an individual acts with knowledge or awareness that the results are practically certain. Reckless refers to a situation in which the individual knows that there is an unjustifiable and substantial risk of harm. Criminal negligence is the lowest culpable classification of general intent and refers to an individual performing an action that greatly deviates from his or her duty of care that an ordinary prudent person would not do. This is also known as a gross deviation from tort standard of care. Examples of general intent crimes include rape, battery, arson, mayhem, involuntary manslaughter, and depraved heart murder.

Liability is separate from intent and refers to being held responsible regardless of one's intentions. Strict liability refers to actions where the individual's mind-set has no effect on guilt, meaning an individual is guilty just for committing the act. Actions that are covered by strict liability are often health, public welfare, and safety regulations such as speeding. Vicarious liability regards those who are responsible for another person's actions. Only in special circumstances is an individual held liable if he or she did not perform the action or even had awareness that a criminal act took place. An example of this would be a bar owner being held responsible for his or her employee selling alcohol to an underage individual. Courts are not legally required to use the Model Penal Code guidelines, though many have adopted them.

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See also Criminal Culpability; Criminal Responsibility

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MENTAL DISORDERS AND VIOLENCE

Mental disorder refers to a variety of illnesses that influence mood, thinking, and behavior. A *symptom* of a mental disorder represents a specific functional disturbance (e.g., hearing voices in the absence of external stimuli, a psychotic symptom). A *syndrome* comprises a cluster of symptoms that tend to co-occur (e.g., lack of insight, disturbances in perception, and disorganized thoughts and speech are some of the individual symptoms that form the syndrome of psychosis). A *disorder* is a specific syndrome with a specific temporal course (e.g., at least two of five specific symptoms need to be present for 1 month to diagnose schizophrenia according to one diagnostic system). Although many people experience mental health problems at some point during the course of their life, such problems are only recognized as a mental disorder when signs and symptoms cause significant distress, dysfunction, or disability; are culturally abnormal; and impair functioning in one or more basic life domains, such as physical health, cognition or intellectual capacity, behavioral control, work or school performance, and interpersonal relationships.

Interpersonal violence—that is, actual, attempted, or threatened violence toward another person—is among the leading causes of death and injury in the United States and abroad. Numerous variables increase risk of perpetrating violence, such as a history of experiencing problems with relationships, employment, living situation, alcohol and drug use, complying with intervention and supervision, maladaptive personality traits, and procriminal or violent thoughts and attitudes. As will be reviewed in detail in this entry, serious mental disorder (SMD) also increases risk of perpetrating violence. However, the strength of the association on average is small to moderate in

magnitude, and people with SMD are more likely to be victims than perpetrators of violence. However, for some people with SMD, those symptoms may be strongly associated with risk of violence in one or more ways. The focus of this entry is on the types of SMD that on average have the largest associations with violence: psychotic and mood disorders.

Interpreting Discrepancies in the Research Literature

Decades of research on whether SMD is a risk factor for violence have yielded highly disparate findings. This large body of literature is marked by vastly different methodological and analytic approaches. Researchers have used different definitions of both SMD and violence, examined the topic using diverse types of samples across a range of settings, completed statistical analyses in some cases accounting for specific variables as confounding factors but not in other cases, and used varying degrees of methodological rigor, such as inclusion (or not) of a control or comparison group. Such dissimilarities have contributed to the conflicting conclusions reached by well-respected scholars about whether SMD is a risk factor for violence.

Why Understanding the Link Between Mental Disorder and Violence Matters

Acts of violence headline news daily. When an alleged perpetrator is suspected of having mental health problems, media portrayals often focus on the negative characteristics associated with the mental disorder. Sensationalized accounts can elicit fear among the public, perpetuate stigma and bias, and strengthen misconceptions that mental disorder is inevitably and strongly linked to violence. In fact, the same factors that increase risk of violence among individuals without SMD also increase risk among those with SMD. Nevertheless, that a link with SMD does exist for some people in some cases should not be ignored, both for the health and safety of the potential perpetrator as well as the victims. In addition, unlike any other risk factor for violence, mental disorder is afforded a special role legally. It is one of the foundations of involuntary civil commitment to hospitals in the United States and many other countries.

Also, individuals who commit violence as a result of major mental disorder may be found to be not criminally responsible for their actions if the disorder so affected their thinking that they did not know their behavior was wrong, or they were unable to make their behavior conform to the requirements of the law. Individuals found to meet the legal test of *insanity* in their jurisdiction may be sent to hospital for treatment but would not be sentenced to time in jail or prison.

Research on the Association Between Mental Disorder and Violence

Hundreds of studies have reported on rates of violence among psychiatric inpatients or rates of mental disorder among people with histories of known violence. By definition, such samples include relatively more seriously ill or violent individuals, and therefore investigations of this sort are prone to selection biases that make it difficult or impossible to apply their findings more generally. Although such studies are useful in many respects, larger scale studies that are less likely to be compromised by potential selection biases, such as epidemiological studies and meta-analyses, are therefore critical to consider.

Five key findings from such large-scale studies have been observed reliably. First, at the group level, there is a small to moderate association between SMD and violence; that is, although other risk factors, such as active substance use, may elevate risk of violence on average to a relatively greater extent, SMD nevertheless does increase risk of violence. Second, the association is a complex one whose strength varies as a function of several variables related to SMD itself as well as to the context in which it is studied. The association between SMD and violence is stronger when studied at the symptom, rather than diagnosis, level. Moreover, certain specific symptom clusters particularly elevate risk of violence, such as positive psychotic symptoms, manic symptoms, symptoms involving perceived threat, and symptoms characterized by anger and other negative mood states. The association also is stronger when people with SMD are compared to people with no disorders at all or to people with disorders with weaker associations with violence, such as anxiety. Relative to externalizing disorders such as alcohol

or drug disorders, SMD appears to not *further* elevate risk of violence. Third, the association is much stronger among individuals who experience co-occurring SMD and drug or alcohol problems than for individuals with SMD only. Fourth, SMD is as an important risk factor for violence among women as it is among men.

Methodologically rigorous studies of data collected from birth cohort samples around the world (e.g., Australia, New Zealand, Scandinavian countries, and Israel) provide support that a meaningful association exists between SMD and violence. Comprehensive epidemiological research in many of these same countries as well as in the United States offers, in general, the same pattern of findings. Another source of support for the empirical foundation demonstrating SMD to be a risk factor for violence is provided by meta-analytic investigations. Meta-analysis is a statistical technique for combining findings from independent studies. It is a powerful method for identifying patterns of results across numerous studies that may be obscured when studies are considered on their own. Several meta-analyses have examined the association between SMD and violence; most such studies have focused on the role of psychosis. Like any research study, meta-analyses are limited by the sample the researchers examine. Comprehensive meta-analyses that include all known individual studies conducted in diverse settings and with heterogeneous populations consistently have found a reliable but modest association between psychosis and violence. For example, in one study that aggregated findings from 166 independent data sets, psychosis was significantly associated with an approximately 49–68% increase in the odds of violence relative to the odds of violence in the absence of psychosis, representing a small, but reliable, effect size. The strength of the association, however, was moderated by several methodological variables.

Ways in Which Mental Disorder Could Increase Risk of Violence

When assessing the role of SMD on an individual's propensity for violence, several distinct pathways should be considered. It is possible that SMD could be a cause, correlate, or consequence of violence. SMD could play a *causal* role in violence

perpetration by influencing a person's decision to engage in violence, acting as a motivator, disinhibitor, or destabilizer. As an example of how SMD could act as a *motivator* to engage in violence, an individual with psychosis could have irrational, paranoid thoughts that others are trying to hurt her and decide to commit violence to neutralize a perceived threat. Despite the public perception that SMD frequently has a direct, causal link to violence in this manner, only a small proportion of violence committed by people with SMD would occur for such reasons. SMD could act as a *disinhibitor* for an individual if his or her symptoms made him or her less likely to be influenced by intrinsic or extrinsic checks against violence. For example, severe depression could lead an individual to become so preoccupied with his or her own problems so as to become less concerned with or aware of the consequences or costs associated with violence. Finally, symptoms of SMD could act as a *destabilizer* if they interfered with an individual's ability to monitor and control decision-making (e.g., as does emotional dysregulation and many cognitive-related symptoms of psychosis and major mood disorders).

SMD also could be a *correlate* of violence, increasing risk through its associations with other factors that in turn are associated with violence either directly or indirectly. This is because by definition SMD impacts one or more domains of an individual's functioning, and so the role of SMD must be assessed in context in terms of how it affects other potentially risk-elevating factors. As one example, persons with SMD may be partially or fully dependent on others for financial, social, and/or emotional support. Dependency on others has been known to heighten conflict in relationships that escalate to violence.

Finally, a reverse association may exist such that for some individuals, SMD may be a *consequence* of violence. Although relatively rare, for some individuals with predispositions, the stress associated with engaging in violence could cause mental health decompensation or exacerbate symptoms of an SMD an individual already may be facing.

Clinical, Research, and Policy Implications

Every comprehensive violence risk assessment must consider mental disorder. Importantly, however, the

mere presence of SMD for an individual does not mean she or he inevitably will perpetrate violence—SMD, though present, may not be highly relevant for all people. Evaluators conducting violence risk assessments should determine *how* SMD might influence risk factors for that particular person and then make recommendations or take steps to manage that risk. Risk factors for violence unrelated to mental health problems should be actively considered and, when appropriate, targeted for intervention.

Several worthwhile research avenues remain to be explored on this topic. For example, there is a dearth of theory-based research investigations; further work on the specific features of SMD that are risk-enhancing (i.e., types of symptoms; phases of illness) is needed; and examining the association between features of SMD and aspects of violence other than the nature of the violent act, such as motivations, imminence, and goals, would be fruitful.

Finally, if agencies and systems that are legally responsible for protecting staff or public from violence want to implement policies that are supported by research evidence, such policies must include consideration of SMD in decision-making systems concerning risk at various processing stages (e.g., at entry into a system, within a system such as when considering changing security or classification levels, and upon release to the community). Research-informed policies should explicitly highlight the need to consider the potential risk-enhancing role that SMD might play, if only to rule it out for a given individual.

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See also Alcohol and Aggression; Criminal Risk Assessment, Violence; Mental Illness and Crime, Etiological Linkages Between; Mental Illness and Violent Behavior: Perceptions and Evidence; Mental Illness as a Predictor of Crime and Recidivism; Psychopathic Offenders: Current State of the Research; Threat/Control-Override Model

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MENTAL HEALTH ASSESSMENT

Mental health assessment refers to the evaluation of various aspects of an individual's psychological or mental functioning. In criminal justice contexts,

mental health assessments may be required or requested for a variety of reasons, from guiding basic mental health treatment for accused or convicted individuals to answering specific legal questions such as those related to criminal responsibility. This entry introduces the topic of mental health assessment in general, provides an overview of types of mental health assessments offered in criminal justice settings, and introduces the concept of symptom validity and malingering assessment.

Mental Health

To understand the role of mental health assessments in criminal psychology, one must first have a basic understanding of mental health and mental health assessments more generally. *Mental health* is a term that is used broadly to refer to various aspects of an individual's intrapersonal and interpersonal functioning. Mental health problems may reflect a variety of difficulties related to the individual's thoughts, emotions, or behavior. Much like physical health problems, mental health problems vary widely. First, mental health problems vary on several dimensions pertaining to time, including the likely age of onset or the expected duration of the illness. For example, some mental health problems tend to begin in childhood, while others tend to begin later in life. Second, mental health problems differ with regard to the domains of human functioning that they affect and with regard to the manner in which they affect them. For instance, an individual with a psychotic disorder may demonstrate bizarre behavior in response to unusual perceptual experiences (e.g., hearing voices that are not present), while an individual with depression may experience decreased energy and motivation resulting in difficulties completing activities of daily living, and an individual with an antisocial personality disorder may engage in risky behavior that violates the rights of others (i.e., criminal activities). Third, mental health problems vary in how they are perceived by the individual (e.g., the presence or absence of insight or distress) and by others (e.g., the extent to which interpersonal interactions are impacted). It is also worth noting that there are significant individual differences in terms of the symptoms, course, and severity of impairment

experienced by each person with a given mental disorder.

Common Elements of Mental Health Assessment

Some common components of mental health assessments include clinical interviews, reviews of relevant historical and file information, psychometric measures, and interviews with individuals familiar with the evaluatee. Clinical interviews may cover various aspects of the evaluatee's past and present functioning, from the onset and course of the presenting complaint to developmental milestones and patterns of social interaction. Reviews of background information, including pertinent files, can corroborate information discussed in the clinical interview and provide additional information that the evaluatee may not have reported. Psychometric measures include psychological tests and symptom/behavioral checklists, and they represent a structured approach to gathering assessment data. Many of these measures are associated with normative data, which allow the evaluatee's responses to be compared to those of a relevant population. For instance, an inventory of depressive symptoms might compare the evaluatee's pattern of responses to that of the community at large or patients with major depressive disorders or both. Finally, collateral interviews conducted with persons familiar with the evaluatee, such as family members, friends, or other service providers, can also provide valuable information and additional perspectives on the evaluatee's mental health and behavior across different contexts. While any one assessment may not contain or require all of these elements, it is generally recommended that an assessor consider more than one source of information. Each of these techniques can provide valuable information, but combining them can increase the assessor's confidence in the conclusions that he or she draws about an individual's mental health and behavioral functioning.

Formal Diagnostic Systems for Mental Health Problems

Given the considerable breadth and diversity of mental health problems experienced by persons around the world, these problems have been

categorized in order to facilitate efforts to understand and manage them. The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* and the *International Classification of Diseases and Related Health Problems, 10th Revision* are two examples of diagnostic systems that are widely studied and employed by mental health service providers. Primarily, these diagnostic systems contain disorders that were identified by observing symptoms that tend to cluster together, as opposed to illnesses that may be differentiated on the basis of a theoretical or etiological understanding of their underlying causes. While the developers of the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* and other diagnostic systems tend to acknowledge that not all mental health problems fit neatly within existing categories, these systems allow for more reliable diagnosis and for more systematic and generalizable research studies.

A critical component of the formal diagnosis of mental disorders is the consideration of various biological, psychological, and social factors. While mental health service providers adhering to different theoretical orientations may disagree on the exact factors or mechanisms that underlie psychopathology (i.e., impaired mental health), it is widely accepted that obtaining a broad history from a patient is necessary to arrive at a meaningful diagnosis. Relevant factors include social development and functioning, physical health, substance and alcohol use, educational and employment functioning, criminal history, and mental health history.

The need for such broad information may be best illustrated by an example. When meeting with an individual presenting with decreased energy, impaired appetite, and difficulty sleeping, a service provider might assume that the individual is suffering from a major depressive disorder. However, these same symptoms could also be explained by any number of physical health concerns, substance use, or a normative reaction to a recent loss (e.g., job loss, death of a loved one, loss of freedom associated with incarceration). Following from the last point, another important component of effective diagnosis is the differentiation of clinically relevant impairments from normal variations in functioning. For example, while the average person could reasonably be expected to react with

fear or anxiety when faced with genuine danger, a person with an anxiety disorder might be paralyzed with fear in response to relatively innocuous objects or situations. When differentiating between normative and abnormal functioning and reactions, it is also important to consider individual differences, such as age, culture, and gender.

Types of Mental Health Assessment in the Criminal Justice System

Identifying Basic Needs and Treatment Planning

Research suggests that persons with mental health problems are overrepresented within criminal justice settings around the world. As a result, mental health treatment may be offered to facilitate criminal justice processes, such as participation in criminogenic interventions intended to reduce risk of criminal recidivism (i.e., the commission of new offenses following release from custody). Offenders in many jurisdictions are also considered to have rights to basic mental health care, just like nonoffenders. Thus, general mental health assessments may be offered to criminal justice populations in a manner similar to those offered to community populations, in order to identify treatment needs and select interventions.

Competencies and Criminal Justice Processes

In order for an individual to participate in criminal justice processes, from the early stages of an investigation (e.g., participating in questioning by police investigators), through trial proceedings, and on to the administration of punishments, he or she must be deemed competent or fit to proceed. That is, the individual must have the mental capacity to understand and participate in the criminal justice process in question. While the various criminal competencies described in the following subsections are related concepts, they also differ in some important ways, including the specific elements required for competence and the time period of interest.

Competence to Waive Miranda Rights

Accused individuals are considered to have certain rights when detained for the purposes of an investigation or interrogation, even before

charges are brought against them. For instance, U.S. citizens are legally protected against forced self-incrimination. Statements made in the absence of a competent waiver of certain rights may not be admissible in court proceedings. These rights, often referred to as *Miranda rights* as a result of relevant case law, include the right to remain silent, the right to consult with an attorney and to have the attorney present during questioning, and the right to have an attorney provided if the accused lacks the resources to obtain one. In order to be competent to waive his or her Miranda rights, the accused individual must be capable of knowingly, intelligently, and voluntarily doing so.

Mental health service providers may be called upon by the courts to assess whether these three requirements were met in cases involving the waiver of Miranda rights. Several authors have recommended that assessors conduct a comprehensive mental health assessment, including a clinical interview; psychometric testing of cognitive functioning, personality, and response style/bias; contacting collateral information sources (i.e., other persons with knowledge of the individual or case); and reviewing documentation of the interrogation or investigation. Assessment of competence to waive Miranda rights focuses on the accused's mental state at the time of the investigation in question; in contrast, the accused's mental state at the time of the trial or assessment is not the central issue.

Competence to Waive the Right to Counsel

As mentioned previously, an accused individual has the right to legal counsel. However, accused persons also have the right to represent themselves, commonly referred to as *proceeding pro se*. In the United States, this right to represent oneself is protected under law, even in cases in which doing so may not be considered by others to be in the best interests of the defendant. However, similar to a waiver of Miranda rights, a waiver of the right to counsel must be made knowingly and intelligently. Importantly, competence to waive the right to counsel (i.e., understanding the possible risks and consequences of such a decision) may be distinguished from the competence or skill to actually conduct a strong defense.

Competence or Fitness to Stand Trial

Once charges have been laid and the accused proceeds to a criminal trial, the issue becomes one of competence or fitness to stand trial. Early legal documents pertaining to fitness for trial can be found among records of English common law dating to the 17th century. Under English law at the time, in order for accused individuals to undergo trials, they needed to possess a basic understanding of the pleas available to them, the possible outcomes of trials (e.g., the punishments they may face), and the types of information that might be appropriate for the construction of a legal defense. Under Canadian law, fitness to stand trial developed from an arguably ambiguous legal concept based on case law into a more clearly defined construct in the early 1990s and is now defined in the Criminal Code of Canada. To be found unfit to stand trial as a result of a mental disorder under Canadian law, accused individuals must be deemed unable to understand the nature or object of the proceedings, to understand the possible outcomes of the proceedings, or to communicate with their legal counsel. While the specific criteria vary somewhat by country or jurisdiction, the standards are similar in other nations, such as the United States and the United Kingdom.

It is important to note that assessors called upon to evaluate fitness to stand trial must consider the individual's mental state at the time of the trial; the individual's mental state at the time of the alleged offenses is irrelevant. Should the accused individual be found unfit to stand trial, the judge may halt the proceedings until such time as fitness may be restored. Thus, fitness or competence to stand trial is potentially dynamic; an accused individual who has been deemed unfit at one point during a trial may become fit through mental health treatment, training or education, or through the passage of time, at which point his or her trial may recommence.

Competence to Be Sentenced

Competence to be sentenced pertains to the accused's mental state in the period of time after a guilty verdict has been reached, but before a sentence has been rendered. This form of criminal competence involves the accused individual's ability to comprehend the sentencing process as well

as the possible sentences. Consistent with the broader concept of fitness to stand trial, competence to be sentenced can also be dynamic in nature. If the individual is deemed to lack this competence, the sentencing process may be delayed until such time as competence can be restored.

Competence to Be Executed

In the United States, some mental health service providers have been called upon to assess competence to be executed (i.e., to receive capital punishment). This concept has proven to be a legally and ethically complex one. An assessor could be asked, for example, to consider whether the offender understands that he or she has committed a crime, that he or she is facing execution, and that the execution is a result of the crime. While this may appear to be a relatively straightforward extension of the principles associated with other criminal competencies, it is problematic for mental health professionals who have professional and ethical commitments to refrain from doing harm to their patients or clients.

In February 2007, the American Psychological Association, the American Psychiatric Association, and the National Alliance on Mental Illness submitted an amicus brief to the U.S. Supreme Court regarding the competence to be executed. While the brief made reference to a specific case, more generally the parties argued that executing a prisoner who does not appreciate the nature of the penalty is inconsistent with the purpose of the death penalty (i.e., retribution for a specific crime). The Supreme Court agreed with the parties submitting the brief in this case and also noted that mental health professionals serving as expert witnesses could assist the court by conducting assessments of offenders' competence or mental state.

Mental Disorders and Criminal Responsibility

The idea that mental disorders may diminish legal culpability dates back at least 2,000 years, when the Roman leader Marcus Aurelius argued against conventional criminal punishments for insane offenders. While accepting that serious mental disorders may mitigate criminal responsibility could seem to be a straightforward concept to some readers, the practical implications of this

idea have long been a source of legal and political debate. As a result, the manner in which laws involving criminal responsibility and mental disorders are applied has changed over time and varies across nations and jurisdictions. For instance, in England in the 1700s, it was argued that an accused offender should not be held criminally responsible for an offense committed while lacking the understanding of a 14-year-old or if his or her understanding of the behavior was comparable to that of a nonhuman animal. Then, in the mid-1800s, a landmark case involving a man named Daniel M’Naghten resulted in further clarification of the standard for criminal responsibility in Britain. M’Naghten shot and killed a secretary to the British prime minister, having mistaken him for the prime minister himself, while under the delusional belief that the prime minister and his party were persecuting him. The courts acquitted M’Naghten on the basis of insanity and formulated what has come to be known as the *M’Naghten test* or *standard*. The standard can be summarized as follows: When an accused individual is not criminally responsible for an act committed while experiencing a disease of the mind that renders him or her unable to comprehend the nature and quality of the act or that it is wrong.

While the M’Naghten standard remains the basis of pertinent law in some nations and jurisdictions, including Canada and England, various courts have considered other standards. For instance, an alternative referred to as the *Durham standard* was used by federal courts in the United States in the middle of the 20th century and remains in use in New Hampshire. The broader Durham standard was developed in response to perceived limitations (e.g., restrictiveness) of the M’Naghten standard and essentially allows for an accused individual to be found not criminally responsible for any action that was the result of the mental disorder or defect. Another standard, developed by the American Law Institute in 1972, posits that a defendant should not be held criminally responsible for an act committed while experiencing a mental disorder that rendered him or her unable to appreciate the criminality of the act or to conform his or her behavior to the law. In 1984, the U.S. Congress passed new federal legislation pertaining to criminal responsibility, which requires the defendant to prove that at the time of

the offense, he or she was experiencing a mental disorder that rendered him or her unable to appreciate the nature and quality or wrongfulness of the behavior.

Mental Health Assessment of Criminal Responsibility

While the exact legal standards for criminal responsibility may vary, mental health assessments in this domain share some common elements. For instance, unlike fitness to stand trial assessments, which focus on the accused individual’s current mental state, assessments of criminal responsibility focus on mental state at the time of the offense. As a result, an assessment would generally involve a clinical interview with the individual in question, a detailed review of relevant documentation, and discussions with collateral contacts. Of particular interest to assessors are documents or individuals who may be able to provide insight into the accused individual’s thoughts, emotions, and behaviors as recalled or recorded before, during, and after the index offense (i.e., the offense that prompted the assessment). Examples include police reports summarizing the factual details of the offense, transcripts of any interviews conducted with the accused individual or other witnesses, and information gathered from persons with an intimate knowledge of the accused (e.g., family members, roommates, friends).

That being said, historical information, including records of previous involvement with mental health service providers, is also relevant to the assessment of the presence or absence of a mental disorder. This type of background information is necessary to assist the assessor in making a reliable determination of the presence or absence of a genuine mental disorder. Ultimately, both types of information are important, given that the assessor is responsible for evaluating both whether a mental disorder was present at the time of the index offense and whether that disorder impacted criminal responsibility, in keeping with the legal definitions outlined earlier.

Risk Assessment

Mental health service providers are often called upon to assess risk of violent, sexual, or general

offending behavior. Risk assessments may be requested at various stages of an individual's progression through the criminal justice system and may inform decisions about sentencing, supervision, placement or security level, and treatment or risk management activities. Many of the strongest and most reliable predictors of criminal behavior, including criminal history, are not specific to individuals with mental health concerns. Nonetheless, there is also evidence to suggest that mental health can be relevant to an assessment of risk.

Mental Illness as a Primary Predictor of Crime and Recidivism

Research on mental illness as a singular predictor of criminal behavior has produced conflicting results. On the one hand, some research has found only weak or no evidence for a relationship between mental health variables and criminal behavior. For instance, the influential MacArthur Risk Assessment Study, conducted in the 1990s, produced data on a sample of civil psychiatric patients in the United States. Some results from the MacArthur project indicated that diagnoses of schizophrenia were associated with a lower rate of violence over a 1-year follow-up period. In addition, reviews of the research on the best predictors of criminal behavior have identified eight risk factors, known as the *Central Eight*, as the most reliable predictors of general criminal recidivism, and these factors do not include diagnoses of a major mental illness.

On the other hand, there is also research to suggest that under certain circumstances, particular symptoms or diagnoses of a mental health problem are associated with criminal behavior and recidivism. First, diagnoses of some personality disorders can predict recidivism. More specifically, psychopathic personality disorder, antisocial personality disorder, and other personality disorders involving behavioral impulsivity and emotional instability, commonly referred to as *Cluster B personality disorders*, are associated with recidivism. In fact, antisocial personality pattern is counted among the Central Eight risk factors. Second, substance-related disorders, involving the abuse of illicit drugs or alcohol, are also associated with recidivism. In addition, when substance use disorders and some major mental illnesses co-occur,

what is known as a *dual diagnosis*, risk of recidivism is elevated. Third, research evidence indicates that deviant sexual preferences, including disorders of sexual preferences such as pedophilia (i.e., sexual attraction to children), are associated with sexually violent recidivism. Finally, meta-analytic research synthesizing data from multiple research studies has found a small but significant relationship between psychosis and violence; however, this research also found that the relationship between psychosis and violence varies widely depending on the setting, population, and symptoms being studied.

Mental Illness and Structured Risk Instruments

Research on risk assessment practices has demonstrated that structured risk instruments are the most robust known predictors of crime and recidivism. It is notable, then, that several of the most widely adopted and supported risk instruments contain an item pertaining to the mental illness domains described earlier. That being said, even in this body of research, the predictive relationships among mental illness and various forms of recidivism are complex. For instance, research on the prediction of violence among forensic psychiatric inpatients suggests that scales measuring acute mental health symptoms are strong predictors of institutional incidents over short-term follow-ups, while scales measuring more stable risk factors (e.g., criminal history) are stronger predictors of community recidivism over long-term follow-up periods.

Specialized Mental Health Assessment: Neuropsychological Assessments in Criminal Justice Settings

Unlike many other types of mental health assessment, neuropsychological assessments are intended to provide the evaluator with an understanding of underlying brain functioning. Neuropsychologists apply specialized knowledge of the anatomy and function of the central nervous system to the assessment and treatment of various neurological, medical, cognitive, and behavioral disorders. Neuropsychology has the potential to offer considerable insight into the behavior of individuals in correctional settings given that, for example,

incarcerated offenders tend to experience higher rates of head or brain injuries than the general population. Indeed, organic deficits that may contribute to impaired attention, memory, problem-solving, impulse control, or speed of responding are potentially relevant to decisions about sentencing, risk, offender management, and rehabilitation. However, service providers conducting neuropsychological assessments in criminal justice settings must be mindful of various ethical and practical complications. For instance, the interpretation of many neuropsychological tests relies heavily on normative data and patterns established from community populations, which tend to differ from correctional populations on a number of potentially relevant dimensions (e.g., education, intellectual ability, language, ethnicity). In addition, standardized administration procedures are essential to valid neuropsychological testing. These procedures include aspects of the assessor's dialogue with the client, elements of the physical environment (e.g., adequate lighting and freedom from distractions), and standards for the order and timing of particular tests. In criminal justice settings, each of these procedures may be difficult to follow.

Symptom Validity and Malingering

Mental health assessments in criminal justice contexts may address a variety of questions, and the techniques and methods employed by service providers can take many forms. However, while certain details may vary, mental health assessments share common elements, including the fact that they often require the collection of information directly from the subject of the assessment (i.e., direct questioning, behavioral observation, psychometric testing). Indeed, it is a reality of mental health assessments that many important questions relate to an individual's internal mental experiences, ranging from perceptual experiences, to general cognitive functioning, to comprehension of specific legal concepts. Mental health assessors must critically evaluate the validity of an evaluatee's self-report or behavior in any mental health assessment but must be particularly mindful of authenticity when the evaluatee may perceive an incentive based on the outcome of the assessment. For instance, certain evaluatees may wish to be

perceived as more or less impaired by their evaluators during assessments for criminal responsibility. While one individual might exaggerate or feign symptoms of a major mental disorder to avoid a period of incarceration in a prison, another individual might passionately deny the presence of a mental disorder while holding the delusional belief that he or she is the president of the United States.

For the purposes of this entry, symptom validity refers to the accuracy or genuineness of an evaluatee's self-report or performance or behavior during a mental health assessment. Malingering is defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* as the intentional production of false or exaggerated symptoms, and while malingering must be considered in many mental health assessments, it is not the only relevant concept related to symptom validity. Symptom validity may be called into question for a number of reasons, but it is worth noting that evaluatees may exaggerate, underreport, feign, or deny symptoms for a variety of reasons and that it is common for persons to intentionally and unintentionally influence how they are perceived by others. In addition, symptom validity is not an all-or-nothing concept; the fact that some elements of the evaluatee's presentation or self-report are of questionable validity does not discount all other elements.

Given that mental health assessments often focus on questions related to the evaluatee's internal mental state and given that symptom validity may be impacted by a variety of subtle or clear variations in behavior, the assessment of symptom validity is a difficult and important task. Nonetheless, mental health assessors do have a number of techniques available to them. For instance, some psychometric tests incorporate indicators of symptom validity within the tests themselves. There are also scales specifically designed to assess symptom validity and malingering. These psychometric indicators and scales may alert the assessor to concerns about response inconsistency, rare responses, response biases (i.e., excessively positive or negative responses), or malingered mental illnesses. In addition to specialized psychometric measures, assessors may compare clinical data to behavioral observations, collateral and historical information, and knowledge of relevant

research (e.g., common and uncommon symptom combinations).

Concluding Thoughts

Mental health assessments in criminal psychology may take many forms and address a number of questions. In addition to the principles of sound mental health assessments in general, service providers in criminal justice settings must also be mindful of additional factors, such as relevant legal concepts and questions about the validity of their evaluatee's self-report. These assessments are often complex and difficult but have the potential to offer various stakeholders unique and valuable information.

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See also Basic Mental Health Services Versus Rehabilitation; Competency for Execution; Competency to Stand Trial; Criminal Responsibility; Malingering; Mental Health Assessment: Adult Screening Tools; Mental Health Assessment: Juvenile Screening Tools; Mental Health Assessment: Screening Tools; Mental Health Treatment Planning; Mental Illness as a Predictor of Crime and Recidivism; Psychodiagnostic Interview

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MENTAL HEALTH ASSESSMENT: ADULT SCREENING TOOLS

Mental health screening refers to the administration of a measure (typically self-report or interview) to offenders entering a criminal justice agency for the purposes of identifying those offenders who have a mental illness. Screening is necessary to ensure that appropriate interventions can be administered or referrals to community resources can be made. This topic is relevant to the field of criminal psychology because it reflects an intersection between clinical psychology (assessment of mental illness) and the criminal justice system (offender population). This entry focuses on mental health screening among adult offenders and describes (a) the purposes of mental health screening in various correctional settings, (b) characteristics of effective screening tools, (c) examples of promising screening tools, and (d) considerations for agencies administering these tools.

Purposes of Mental Health Screening

Screening is a first step toward identifying mental illness among offenders. There are a number of specific mental health screening tools, and these vary in the specific types of mental illness they are designed to detect. Some tools focus narrowly on the detection of serious mental illness (i.e., major depression, bipolar disorder, schizophrenia), whereas others seek to detect a broader range of mental illnesses such as post-traumatic stress disorder or personality disorders. Although some mental health screens detect suicide risk or substance abuse problems, not all do—separate screening tools exist for these conditions. Importantly, mental health screening tools do not yield psychiatric diagnoses; rather, they indicate which individuals are in need of further assessment by a mental health professional to determine whether a mental illness is present.

Screening has numerous purposes across different types of correctional agencies. In custodial facilities such as jails and prisons, inmates' mental illness are typically entitled to mental health treatment. Providing such treatment can additionally reduce the likelihood of disciplinary problems and custodial concerns. Furthermore, some jails operate in jurisdictions that have programs such as mental health courts or other types of diversion programs, and some prisons have units designated for inmates with mental health problems. Screening can be used to identify inmates for all of these purposes.

In community corrections (i.e., probation and parole), mental health treatment is often not provided directly by the corrections agency, but referrals may be made to treatment providers in the community when needed. Such treatment is an important component to effective community supervision because correctional interventions can more effectively address recidivism risk when symptoms of mental illness are effectively managed. Screening is a systematic way to identify offenders who need such treatment. In addition, some community corrections agencies have specialized caseloads for offenders with mental illness; screening is a mechanism to identify offenders who are eligible for these specialized placements.

Characteristics of High-Quality Screening Tools

There are both practical and psychometric features of mental health screening tools that should be evaluated when determining a tool's utility. Practical features include the format of administration and scoring procedures. Measures may be administered via paper and pencil, by interview, or by computer. Computerized measures are typically self-scoring, although these have been researched relatively less than the other formats. Paper-and-pencil forms may have simple scoring guidelines or may require professional judgment or specialized training to score. Interviews often require some degree of clinical training for staff to administer and score; as such, these may be appropriate only in settings where there is mental health staff. Paper-and-pencil tools may be more appropriate for community corrections settings, given that there may not be staff with mental health training,

and these measures' self-report nature is less demanding on staff time. In all correctional settings, the amount of time needed for an individual to be screened should be taken into account—screens with more items will take longer to administer.

Although there are many mental health screening tools available for use with the general population, screening tools used in correctional settings should be validated specifically for use in those settings to ensure that they adequately detect mental illness among criminal justice populations. This is important because the prevalence of mental illness is higher in correctional settings than in the general population, and there may be different response biases in correctional settings such as reluctance to report symptoms.

Effective screening tools should have strong psychometric properties, and ideally, there should be evidence of the tool's utility from multiple samples and facilities. In addition to standard psychometric properties such as test-retest reliability, research on screening measures typically reports statistics such as sensitivity and specificity. These statistics refer to the proportion of correct classifications made by a screening tool, generally in terms of the level of agreement between the screening tool and a diagnostic clinical interview. Screening tools generally have one or more cutoff scores to indicate which individuals *screen in* as needing further assessment, whereas clinical interviews assess for the presence of a psychiatric diagnosis. The sensitivity of a screening tool refers to the proportion of individuals who have a diagnosable mental illness who screen in on the tool or true positives. A screening tool with high sensitivity will correctly flag a higher proportion of offenders who have mental illness compared to a tool with low sensitivity. Specificity refers to the proportion of individuals who do not have a mental disorder who do not screen in on the screening tool or true negatives.

It is difficult to achieve both high sensitivity and high specificity in the same screening tool; typically, an increase in one comes at the expense of the other. Every screening tool generates some amount of incorrect classifications (i.e., an offender with mental illness classified as nondisordered on a tool, or vice versa), but tools differ in the extent to which they are likely to generate

false positives versus false negatives. Administrators making decisions regarding which tool to use must consider the relative consequences of different types of incorrect classifications when examining the psychometric properties of candidate tools. In agencies with extremely limited resources, there may be more emphasis placed on specificity, whereas agencies needing to ensure that all individuals in need of treatment receive it should look for measures with high sensitivity.

Because measures may perform differently with different subpopulations, psychometric properties of screening tools should be examined separately among inmates with various demographic characteristics. For example, women in correctional settings generally have higher rates of mental illness in general compared to men and have high rates of post-traumatic stress disorder in particular. Some screening tools have different versions for men and women or different scoring criteria by gender to account for this. In addition, there is evidence that some screening tools are less sensitive to mental illness among female offenders or offenders from certain ethnic minority groups. As such, administrators should consider evidence of a tool's utility in populations similar to their agency's.

Promising Mental Health Screening Tools for Adult Offenders

At least 20 mental health screening tools have been developed for use with adult offenders, but only a few of these have multiple studies reporting their psychometric properties. The vast majority of this research comes from institutional rather than community corrections settings. Next, some of the well-studied tools are briefly described.

Perhaps the most widely researched mental health screening tool for adult offenders is the Brief Jail Mental Health Screen (BJMHS). The BJMHS is based on the Referral Decision Scale and consists of 8 items that are answered in a yes-or-no format. Administration is done via interview and takes fewer than 5 min. The BJMHS has been examined in multiple studies across several U.S. jails, and this research indicates that it has relatively high sensitivity for serious mental illness (60–75%), although lower rates of accuracy were found for female offenders and ethnic minority

offenders. In addition, one study found that the original BJMHS had high sensitivity when used as a self-report form in a probation setting.

The Jail Screening Assessment Tool consists of a semi-structured interview and file review and involves the use of clinical judgment to score. The Jail Screening Assessment Tool is designed to detect a wide range of mental health and behavioral concerns, including mental illness, suicide risk, and violence risk. It has been examined among samples of male and female Canadian jail inmates, with sensitivity estimates ranging from 38% to 84% and specificity ranges from 67% to 71%, although estimates vary by setting and which disorders the measure is used to detect.

The Correctional Mental Health Screen (CMHS) has separate versions for men and women. The 12-item CMHS-M (male version) and the 8-item CMHS-F (female version) are composed of interview questions with a yes-or-no format; these items were derived from other mental health assessment tools that were found to be the most strongly related to mental illness in the tool's development study. The CMHS-M has demonstrated sensitivity of 70–74% for detecting any mental disorder, but higher sensitivity can be achieved by lowering the tool's cutoff score. Similarly, the CMHS-F has sensitivity around 65%, which can be increased with a lower cutoff score, although a higher rate of false positives are generated with lower cutoff scores. The CMHS development study examined the tools' utility with Caucasian and African American jail inmates and found that it had similar sensitivity with both ethnic groups.

Considerations for the Use of Mental Health Screening Tools

Despite the availability and utility of mental health screening tools, surveys of practices indicate that many jails use unstructured or unvalidated tools to screen for mental illness—the extent to which these tools identify offenders who have a mental disorder may be low or unknown. Research suggests that the majority of offenders with mental illness go undetected, so use of validated screening tools is important. This idea has caught the attention of governmental agencies such as the National Institute of Justice, which has issued recommendations for agencies calling for systematic

screening as part of a comprehensive mental health assessment and treatment procedure.

Agencies seeking to implement mental health screening should attend to guidelines such as those published by National Institute of Justice for best practices for use of these measures. For example, staff conducting screening should receive training on proper procedures for administration and scoring of the tool. If the screen is conducted via interview, training on rapport building with offenders is helpful. In addition, staff should be trained on proper interpretation of the results (including the fact that screening in on a tool does not necessarily indicate a diagnosis is present). Policies should be implemented to guide decisions based on screening results. As with any mental health assessment procedure, screening should be done in accordance with ethical guidelines, particularly in regard to privacy and confidentiality.

No screening tool is perfect—it is only a sample of information about an individual at a point in time. There are factors that can affect scores on screening measures. For example, the level of privacy where the screen is conducted and the ability of the professional conducting the screening can affect an offender's willingness to disclose symptoms or a history of treatment. In addition, administrators or staff may be concerned with malingering—inmates exaggerating or fabricating symptoms for the purposes of getting psychotropic medications or preferential placements. Although some inmates do try to feign symptoms of mental illness for secondary gain, staff must be cautious when responding to suspected malingering because the inmate may truly have a mental illness and thus would go untreated. Staff should also be made aware of the fact that some inmates, due to symptoms of mental illness or cognitive impairments, may have difficulty articulating the symptoms they are experiencing, which may be misinterpreted as malingering. On the other hand, inmates may be reluctant to disclose symptoms or hide their symptoms in an effort to avoid stigmatization by staff or other inmates.

In addition, different tools perform differently among different subgroups of offenders for a number of reasons. For example, members of ethnic groups may be less willing to disclose symptoms or experience mental health symptoms as physical problems; as such, staff should be trained

in issues related to cultural diversity. Moreover, staff screening female offenders should be trained in working with individuals who have a history of trauma, which is highly prevalent among women in the criminal justice system. Female offenders may be reluctant to share mental health concerns with male staff if they have a history of male abusers.

Research on mental health screening tools for adult offenders is ongoing. Some specific areas in need of attention include further refinement of measures to improve utility with women and ethnic minority offenders and development of translated tools for use with offenders with limited English proficiency. In addition, researchers have begun to use technology to improve screening, such as using computerized versions of diagnostic interviews or computerized scoring for screens that generates offender classification schemes. As research on these novel measures continues, agencies may be able to identify a higher proportion of offenders with mental illness.

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See also Brief Jail Mental Health Screen (B-JMHS); Jail Screening Assessment Tool (JSAT); Mental Health Assessment; Mental Health Assessment: Screening Tools; Suicide and Self-Harm Screening Tools

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MENTAL HEALTH ASSESSMENT: JUVENILE SCREENING TOOLS

Mental health screening refers to the administration of a brief measure to children and adolescents entering a juvenile justice agency for the purposes of identifying individuals who have a mental health problem or behavioral health concern. Screening ensures that mental health treatment or interventions to prevent self-harm are given to juvenile offenders who are in need of these services. This topic is relevant to the field of criminal psychology because it reflects an application of clinical psychology to the juvenile justice system. This entry focuses on mental health screening among juvenile offenders and describes (a) the purposes of mental health screening in juvenile justice settings, (b) characteristics of effective mental health screening tools, (c) examples of screening tools, and (d) considerations for juvenile justice agencies administering these tools.

Purposes of Mental Health Screening in Juvenile Justice Agencies

Since the mid-1990s, there has been an increasing amount of attention paid to the mental health needs of children and adolescents involved in the juvenile justice system. Policy makers such as the U.S. surgeon general note that many youth become involved in the juvenile justice system because of mental illness, and researchers note that youth with mental illness are disproportionately represented in the juvenile justice system. Although estimates vary depending on setting type and data collection method, most estimates suggest that about two thirds of juvenile offenders have some type of mental illness, such as depression, anxiety disorders, attention-deficit/hyperactivity disorder, substance abuse or behavioral disorders. This is at least twice as high as the prevalence rates found among youth in the community.

Agency administrators look to researchers for guidance on how to better meet the needs of the youth under their care. This may include diverting youth out of the justice system to treatment in the community or providing treatment within juvenile justice facilities to improve the likelihood that juvenile offenders can be rehabilitated and avoid further entanglement with the juvenile (or adult) justice system. In addition, juvenile offenders who are held in detention facilities are entitled to mental health treatment when needed. Upon intake to these facilities, it is important that youth are assessed to determine whether they are taking any medications that need to be continued or assessed, and whether the individual is at risk of self-harm so that suicide prevention procedures can be implemented. In addition, mental illness can be exacerbated in the stressful environment of detention centers, and youth with mental disorders may be at risk of behavioral problems that pose a risk to staff or other youths. As such, nationally recognized experts in juvenile mental health described structured mental health screening as a crucial step in addressing the mental health needs of juvenile offenders.

Characteristics of Effective Screening Tools

There are several characteristics that define effective mental health screening tools for use with juvenile offenders. Importantly, measures developed for use with adults are not developmentally appropriate for use with children or adolescents. Although inquiring about past use of mental health services can be a useful source of information, it cannot be the only source of information regarding a juvenile offender's current need for services, as many youth who need services do not receive them until they have contact with the juvenile justice system—this is particularly common among youth from ethnic minority groups.

Mental health screening tools in juvenile justice serve as a type of triage: distinguishing between youth who most likely do not have a problem needing immediate attention and youth who need immediate attention or further assessment. Screening tools should accomplish these goals in an economical and efficient manner and should assess for all types of mental health problems that

warrant attention in juvenile justice settings; these include major mental illness (e.g., depression, anxiety disorders, psychosis), substance abuse, and behavioral disorders such as oppositional defiant disorder and conduct disorder. In addition, the tools should identify suicide risk.

Mental health screening measures are available in a variety of formats, including paper and pencil, interview, and computerized administration. To ensure that the tool is administered properly, there should be structured administration guidelines such that similar results are obtained regardless of who administered the tool; these guidelines typically are described in an accompanying manual with clear training procedures provided to teach staff members to administer the tool. In addition, there should be clear scoring guidelines with cutoff scores to aid decision-making. For example, a scale assessing suicide risk should have a clear cutoff score to separate youth who are not likely at risk of self-harm from those who need intervention.

Screening tools should be researched extensively before being put to use in aiding decision-making for youth in the juvenile justice system. For example, cutoff scores to determine whether the individuals need further assessment or not should come from evidence across multiple samples of justice-involved youth; there should be evidence that the cutoff score accurately categorizes individuals from a wide range of ethnic backgrounds and both genders. In addition, there should be evidence of strong psychometric properties of the measure. There are many properties that should be evaluated; some of the more important ones to consider are test-retest reliability, interrater reliability, and construct validity. In addition, there should be evidence of clinical utility or the extent to which the measure aligns with the problems it is intended to detect. Information regarding clinical utility can be gleaned by assessing the measure's sensitivity and specificity; both of these reflect the measure's degree of correct classifications (true positive and true negative, respectively). A number of mental health screening tools are routinely used in juvenile justice settings; two of these (the Massachusetts Youth Screening Instrument-Version 2 [MAYSI-2] and the Child and Adolescent Functional Assessment Scale [CAFAS]) are reviewed in the next section, although many others are available, such as the

Problem Oriented Screening Measure for Teenagers and the Diagnostic Interview Schedule for Children (DISC) Predictive Scales.

Examples of Screening Tools

The MAYSI-2 is both the most well researched and widely used mental health screening tool developed for use in juvenile justice agencies. The MAYSI-2 was developed in samples in Massachusetts and California but has been tested in dozens of sites since its development. The MAYSI was designed to detect symptoms indicative of a wide range of mental health and substance abuse problems as well as suicide risk among youth between the ages of 12 and 17. It consists of 52 yes-no items and seven scales for boys and six for girls: Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Traumatic Experiences, and Thought Disturbance (the Thought Disturbance Scale is not valid for girls). Administration of the MAYSI-2 takes approximately 15 min and can be done via paper and pencil or with the MAYSIWARE software. Scoring the MAYSI-2 is done by summing the number of yes responses for each scale, and each scale (except Traumatic Experiences, which does not have a cutoff score) generates a score of Normal, Caution (indicating the individual may have a clinically significant problem in that domain), or Warning (the individual is in the 10% of youths on that domain). Since its development, it has been translated into at least 12 languages, although less research exists regarding the utility of the translations compared to the original English version. Substantial research on the English version of the MAYSI-2 supports its correspondence with lengthier measures of psychopathology including clinical interviews. The MAYSI-2 has been widely adopted across facilities in the United States and other nations.

Another available screening measure is the CAFAS. The CAFAS was developed to detect problems or risk of problems in a number of domains, including behavioral, mental health, and substance abuse. It is appropriate for use with youth between the ages of 5 and 19 in the juvenile justice system as well as other contexts (e.g., schools). The CAFAS has 10 subscales that yield a total score. Eight subscales assess the youth's

functioning across important domains (School, Home, Community, Behavior Toward Others, Moods, Self-Harm, Substance Abuse, and Thinking); two subscales assess the caregiver's ability to meet the youth's needs (Material Needs and Social Support). The CAFAS is designed to detect need for further evaluation or services across the domains it assesses in addition to change over time during intervention. The CAFAS is scored by a trained rater; items primarily assess observable behaviors gathered from observation and reports from the youth and caregivers. Subscales yield scores indicating the level of impairment in that domain: minimal or no impairment, mild, moderate, or severe impairment. The CAFAS is available in both English and Spanish versions. There is substantial evidence of the CAFAS's ability to identify youth with serious problems in the juvenile justice system.

Implementation of Screening

For screening to be effective, every individual entering a juvenile justice agency should be screened at intake. In custodial settings, it is particularly important that screening occurs soon after entry (e.g., within a few hours) to quickly identify individuals at risk of suicide. It is important that screens are administered in a standardized manner, so staff who administer screening measures should receive appropriate training on administration of these tools. In addition, staff should be trained on how to maintain the privacy of youth both during the screening process and afterward when managing the data from these tools. It is recommended that agencies have clear policies on how staff should respond to youth who are identified by a screening measure as being in need of further attention.

When selecting a screening tool, implementing administration, and training staff, administrators should account for the specific needs of the specific population in their agency. This includes known differences in mental health needs for subgroups of juvenile offenders. For example, boys have higher rates of externalizing (behavioral) problems compared to girls, whereas girls have higher rates of internalizing (depression, anxiety) problems. Furthermore, girls have a higher prevalence of mental illness in general and

higher rates of co-occurring mental illness and substance abuse. There is some evidence that ethnic minority youth report lower rates of mental health concerns, but it is not clear the extent to which this is due to differences in prevalence or reporting of symptoms. Importantly, ethnic minority youth who are in need of services are disproportionately less likely to receive services compared to European American youth; as such, careful attention should be paid to the needs of ethnic minority youth during screening and service referral.

Although researchers note that mental health screening has not yet been implemented universally, there is strong consensus that mental health screening is an important first step toward identifying youth in the juvenile justice system with mental health, substance abuse, or emergent behavioral problems so appropriate interventions can be administered.

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See also Juvenile Offenders; Massachusetts Youth Screening Instrument; Mental Health Assessment; Mental Health Assessment: Screening Tools; Offenders With Mental Illness

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MENTAL HEALTH ASSESSMENT: SCREENING TOOLS

While screening can include a wide range of activities (e.g., laboratory tests, genetic screening), in the criminal justice system screening typically refers to a brief, but systematic process to aid in the detection of mental illness. Screening tools can often be administered by nonmental health professionals, including correctional officers. They may also be self-report questionnaires, which can be completed either by paper or on a computer. They are not intended to make a diagnosis, rather they aim to distinguish persons who likely have an illness from those who are unlikely to have an illness. Individuals who screen positive should be seen by a mental health professional for a full assessment to arrive at a diagnosis and treatment plan as appropriate.

People with mental illness are overrepresented in the criminal justice system. These inmates often have poorer outcomes including difficulties completing correctional programs, self-harm and suicide, institutional violence, and more time in segregation. Studies in various countries have reported that only 25% of inmates with mental illness receive treatment in jails and prisons. Screening is proposed as a solution to address this issue by supporting improved detection of mental illness. The end goal is to improve outcomes of offenders with mental illness. Several criteria have been proposed to evaluate how effective screening is at achieving this goal. The best

known criteria are a series of 10 criteria proposed by James Maxwell Glover Wilson and Gunnar Jungner for the World Health Organization in 1968. This entry reviews four criteria that influence the effectiveness of screening:

1. the accuracy of the screening tool
2. definitions of mental illness
3. the follow-up assessment and treatment services provided
4. the needs and treatability of those who are newly identified by screening.

Accuracy of Screening Tools

Whether a screening tool is accurate is typically determined by comparing the screening result to a gold standard assessment that is thought of as being the best measure of the person's true mental health status. This might include a structured diagnostic interview (e.g., the Structural Clinical Interview for DSM Disorders) or an in-depth clinical assessment. If a person is deemed highly likely to be ill on the screening test (i.e., a positive screen) and diagnosed as ill on the gold standard measure, the person is classified as a true positive. Conversely, a person is classified as a true negative if both the screen and the gold standard measure agree that the person is not ill. False positives (i.e., a positive screen for a person who is not ill according to the gold standard) and false negatives (i.e., a negative screen for a person who is ill according to the gold standard) thus represent screening errors.

There are a number of statistics that can be used to estimate the accuracy of a screening tool. Sensitivity and specificity are the two most common statistics used for this purpose. The sensitivity represents the percentage of people who have an illness who are identified by the screening tool as having a probable mental illness. That is why it is also referred to as the *true positive rate* of a screening tool. The specificity, or the *true negative rate* of the test, is the percentage of people who do not have an illness who are identified by the screening tool as unlikely to have a mental illness. When developing or implementing a test, one must decide the relative importance of true and false positives. On most tests, a cutoff score is

used to convert total scores into those who are classified as positive or negative screens. A lower cutoff score will increase sensitivity but decrease specificity and would be favored if missing cases of illness is the top priority, and the harms associated with false positives are low. A higher score can be used to increase specificity but decrease sensitivity. This would be favored if the harms associated with false positives are high (e.g., resource implications for follow-up services, high risk of side effects if treatment is provided to a person who is not ill).

Sensitivity and specificity are commonly reported because they are in most cases constant properties of a test that are not affected by prevalence (however, this property will not hold, if the screening accuracy of the test varies between groups of differing individual or clinical characteristics, such as disease severity; this is referred to as *spectrum bias*). To illustrate, Prison A is a maximum security prison, and Prison B is a minimum security prison. Because inmates with mental illness have higher rates of risk factors and behaviors, the prevalence of mental illness is 35% at Prison A and only 5% at Prison B. If all inmates are screened upon their transfer into the prisons, one would expect the same percentage of inmates with mental illness to be identified by screening in both cases. This is because how a person is rated or scored on a screening test should reflect the person's unobservable mental health status. If a person is ill, there is a certain likelihood that the

person will report those symptoms (i.e., the sensitivity of the test). Similarly, among those who are not ill, the specificity is the likelihood that they will not report symptoms.

While sensitivity and specificity are useful from a research perspective, they are less useful to a clinician reviewing screening results. This is because sensitivity and specificity start from the outcome and work backward to predict the screening result. Clinicians do not know the inmate's illness status (if they did, the assessment would not be needed) and therefore need to judge how accurate the screening result is. The positive and negative predictive value (NPV) of a test provide this information. The positive predictive value (PPV) indicates the percentage of people who are identified by screening as likely to have an illness (i.e., screen positive) who are in fact ill. The NPV indicates the percentage of people who are identified as unlikely to have an illness (i.e., screen negative) who are not ill. The limitation of PPV and NPV is that they are related to prevalence. The same test will have a higher PPV and a lower NPV in population with a higher prevalence (i.e., Prison A in the illustration) compared to a population with a lower prevalence (i.e., Prison B). If the prevalence is higher in the population, it must also be higher within the two groups defined by the screening result. Table 1 shows the calculations of these four statistics for Prisons A and B.

As seen in Table 1, the sensitivity (80%) and specificity (60%) of the test are the same in both

Table 1 The Accuracy of a Screening Tool in Settings With Different Prevalence

<i>Prison A</i>				<i>Prison B</i>			
	Not ill	Ill	Total		Not ill	Ill	Total
Screen negative	390	70	460	Screen negative	570	10	580
Screen positive	260	280	540	Screen positive	380	40	420
Total	650	350	1,000	Total	950	50	1,000
Sensitivity = $\frac{\text{ill and screen positive}}{\text{ill}} = \frac{280}{350} = 80\%$				Sensitivity = $\frac{40}{50} = 80\%$			
Specificity = $\frac{\text{not ill and screen negative}}{\text{not ill}} = \frac{390}{650} = 60\%$				Specificity = $\frac{570}{950} = 60\%$			
PPV = $\frac{\text{ill and screen positive}}{\text{screen positive}} = \frac{280}{540} = 52\%$				PPV = $\frac{40}{420} = 10\%$			
NPV = $\frac{\text{not ill and screen negative}}{\text{not ill}} = \frac{390}{650} = 85\%$				NPV = $\frac{570}{580} = 98\%$			

prisons. However, in Prison A, 52% of inmates referred by screening have an illness, whereas only 10% of inmates referred by screening in Prison B have an illness. In other words, in Prison B, inmates referred to clinicians for follow-up assessments are much more likely to not have an illness, whereas in Prison A, approximately half of the inmates referred following screening will have an illness. The situation in Prison A reflects the major challenge of trying to predict rare events. This issue has received considerable attention in screening for rare outcomes such as suicide and self-harm.

A 2013 systematic review found that the best studied mental health screening tools for use in jails and prisons have a sensitivity between 60% and 75% and specificity between 50% and 75%. At these levels of accuracy, screening would detect 2–3 times as many inmates with illness as compared to studies in settings without screening but with a relatively large number of inmates without illness also requiring assessments. Many screening tools are less accurate when used with women offenders. There was little research conducted with minority ethnic and cultural groups identified in the review. Gender- and culturally sensitive screening are important gaps in research and practice. Since accurate diagnosis is a precursor to treatment that can improve outcomes for inmates with mental illness, well-validated screening tools are an important component of a correctional mental health strategy. The following sections discuss some of the issues that must be attended to once an accurate screening tool is identified.

Diagnosis Definitions and Screening

There are a number of important issues surrounding the definition of mental illness that will affect decisions about when to screen and how effective screening is. These include the following: (a) the distinction between incident and prevalent illnesses, (b) whether there is a presymptomatic (or prodromal) phase during which early intervention can prevent onset or course of illness, and (c) overdiagnosis.

Incident Versus Prevalent Illness

The distinction between incidence and prevalence is critical to understand the risk that a person with mental illness poses. Incidence (or an incident illness in the individual case) refers to a new illness that has

its onset within the days or weeks prior to screening. Prevalence (or a prevalent illness) refers to a long-standing illness, which, in the case of discussing newly detected cases through screening, was previously undiagnosed. This question is important in terms of determining the timing at which screening should be offered. Most research on screening in jails and prisons focuses on the intake period. In the context of suicide risk screening and assessment, this is often recommended following transfers between institutions. If most illness in prisons predates incarceration (i.e., is prevalent), then intake screening is an appropriate strategy. If screening seeks to identify illness that has its onset during incarceration, then repeated screening at critical risk periods or at a regular interval is needed.

Prodromal or Presymptomatic Phase

In many health screening contexts (e.g., cancer), the goal is to identify abnormalities before they cause the individual to experience symptoms. This is less common in mental health screening, although some researchers have explored the preventive value of identifying prodromal symptoms (i.e., early signs that indicate a developing mental illness, prior to its actual occurrence), especially in schizophrenia and other psychotic disorders. Given that the age distribution of jail and prison populations overlaps with the typical time of onset of many mental illnesses, some have argued for screening for prodromal symptoms. This area is much less developed than other areas of screening, possibly owing to challenges in defining and measuring prodromal symptoms.

Overdiagnosis

Overdiagnosis refers to the situation in which an individual may be diagnosed with an illness that would not have been diagnosed in the absence of screening, but the diagnosis is not associated with impaired functioning or increased risk of adverse outcomes. In other words, the prevalence rate of the illness may be higher after introducing screening, but the newly identified cases are mild in severity. This should not arise in the context of diagnoses of mental illness made by a mental health professional given that most diagnostic criteria include a functional impairment criterion. However, critics of diagnostic classification systems (e.g., the

Diagnostic and Statistical Manual of Mental Disorders; *International Classification of Diseases*) argue that each revision has lowered the threshold for what constitutes an illness and thus increased overdiagnosis. Overdiagnosis has been raised in many other areas of medical screening (most notably cancer). Discussion of overdiagnosis in the context of mental health screening has only begun since about 2005 in the general population, and this issue has not been discussed in a criminal justice context where the emphasis has been largely on preventing missed cases of illness. If screening results in overdiagnosis, it may appear as though screening is ineffective as the prevalence of mental illness and potentially the rate of treatment use will increase. However, since the new service users are low risk, there may be no change in long-term outcomes. Overdiagnosis may also create a situation in which the highest needs cases do not receive the treatment needed due to a lack of resources to meet the demand created by screening. In this case, screening could lead to higher rates of adverse outcomes due to undertreatment.

Follow-Up Assessment and Treatment Services

As screening is not meant to determine an offender's diagnosis by itself, follow-up services by a mental health professional are required. Ensuring that there are sufficient resources to provide timely structured assessments for all those who are referred by the screening tool and treatment for all those who are identified by screening as likely to be ill is essential. These follow-up services represent an opportunity to identify mistakes that are made by screening tests (i.e., to rule out illness for inmates without illness who are incorrectly referred). However, if the PPV of a test is low, there is a greater risk that an individual with mental illness may be overlooked by the clinician. Conversely, if clinicians place too much emphasis on screening results and set out to confirm them, there is a risk of starting treatment for an inmate without mental illness, which may have important side effects or contribute to stigma.

Needs and Treatability of Newly Identified Cases

In most medical contexts, screening is offered only to those who are not known to have an

illness; in mental health research and practice, screening has often been offered to all individuals. Many mental health screening tools (e.g., the Brief Jail Mental Health Screen, Jail Screening Assessment Tool) include items about prior mental health service use, owing to fragmented service delivery among civil, forensic, and correctional mental health services. Despite their illness being known to a service provider, this information is often not available quickly enough to staff in jails and prisons to act on it. Most studies that have looked at detection of mental illness in prison have reported that detection is reasonably high for inmates who used mental health services in the community, and thus screening may have little or no impact on the outcomes of these inmates since they would likely be identified and treated even in the absence of screening. However, this finding is not consistent across countries, and given the importance of ensuring continuity of care, effective strategies for obtaining inmates' mental health histories (either through improved information sharing or self-report screening) are essential. As of the end of 2015, no research looking at the needs and treatability of inmates whose mental illness is first detected by screening had been conducted. Studies in primary care in the community have found no benefit of screening in terms of symptom reduction associated with screening, and that psychotherapy is less effective for individuals who are referred by screening compared to those who are referred by a physician or other health professional. Given that rates of detection of illness are lower in correctional settings than in the community, and inmates have many co-occurring health and social functioning needs, it is unclear whether these findings generalize to the jail and prison context. The question of long-term outcomes following screening represents an important clinical and research question moving forward, that has only recently begun to attract attention.

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See also Mental Health Assessment; Mental Health Assessment: Adult Screening Tools; Mental Health Assessment: Juvenile Screening Tools; Prevalence Estimates of Mental Illness Among Offenders; Suicide and Self-Harm Offender-Specific Screening Tools; Suicide and Self-Harm Screening Tools

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MENTAL HEALTH COURTS

Mental health courts (MHCs) are specialty courts designed to divert adults with mental illnesses from jail into behavioral health services. At any given time, the large and growing number of persons with mental illnesses in jails and prisons and under community supervision arrangements (i.e., probation and parole) presents significant challenges to mental health and criminal justice authorities. Persons with mental illnesses in the justice system have high rates of substance use disorders and chronic physical health problems and often have difficulty accessing health and behavioral health services, safe and adequate housing, and employment upon release from jail or prison. As a result, persons with mental illnesses have higher recidivism and probation revocation rates compared to justice-involved persons without mental illnesses.

A variety of interventions at the interface of the criminal justice and mental health systems have evolved to address the overrepresentation of persons with mental illnesses in the justice system. Crisis intervention training for police officers and MHCs is designed to divert persons with mental illnesses from jail to treatment; forensic assertive community treatment and forensic intensive case management are designed to prevent recidivism for justice-involved persons with mental illnesses; and specialty mental health probation is designed to ensure probationers with mental illnesses complete probation successfully without recidivism or revocation. This entry focuses on MHCs as one diversionary tool embraced by some local judicial systems to divert persons with mental illnesses to community-based treatment.

MHCs Defined

Since the first MHC in 1997, interest in the model has continued to grow. In 2000, U.S. president Bill Clinton allocated \$10 million toward the development and proliferation of MHCs through the America's Law Enforcement and Mental Health Project Act, which created the MHCs Program under the Bureau of Justice Assistance. Federal funding for MHCs continued throughout the 2000s and as interest in these courts has grown, so has their number.

In 2009, the United States registered more than 250 MHCs, and as of 2017, there were over 350 nationally. MHCs aim to reduce the frequency of contact between people with mental illnesses and the justice system by linking them to supportive resources, including community-based treatment, case management, employment, and housing. The rationale for developing MHCs in most communities is remarkably consistent and reflects a collective desire to increase public safety, improve quality of life among persons with mental illnesses, and maximize use of limited criminal justice and mental health resources. Typically, in exchange for successful completion of an MHC, a defendant's criminal charges are dismissed.

In general, MHCs share the following core components: (a) a docket exclusive to persons with mental illnesses, (b) voluntary participation as an alternative to the traditional court system, (c) a general goal of reducing jail time by directing participants to community-based resources, (d) a

team approach emphasizing cooperation through strong relationships between legal and behavioral health-care professionals, and (e) ongoing observation and monitoring by an MHC team to ensure participants adhere to explicit terms of participation. In addition, there are a number of process-oriented components shared by many MHCs, including obtaining stakeholder input, ongoing and meaningful use of collected outcomes data, mechanisms to ensure informed choice and confidentiality, and ongoing training for the MHC team.

MHCs also have distinct features that, to a large extent, are driven by local factors such as the availability of funding, the availability of services, and the willingness of a judge and treatment team to broaden MHC eligibility criteria to include more serious charges, such as violent felonies or sex offenses. Some MHCs have a single dedicated judge whereas others utilize a rotating panel of judges. Differences also exist in the use of sanctions and incentives, with some MHCs more likely to use jail as a sanction for noncompliance relative to others. Length of participation varies across MHCs, depending on the level of charge, degree of monitoring, and terms of participation. Finally, a number of MHCs started with federal seed money whereas others were developed with local or state funds.

Development, Theoretical Perspectives, and Criticisms

A number of factors stimulated the rapid dissemination of MHCs. These factors include deinstitutionalization, which moved greater numbers of adults with mental illnesses to community settings where adequate services and treatments were lacking and where there was continued deterioration of the social safety net for vulnerable populations. Other contributors include limited funding for mental health services at state and local levels and the existence of few criminal justice diversion programs for persons with mental illnesses in the 1990s.

Arguably, the perspective that untreated mental illness is a primary driver of low-level, nuisance crimes among persons with mental illnesses (i.e., the criminalization of mental illness) has motivated the development of MHCs across the United

States. The justice system has been described metaphorically as a revolving door for persons with mental illnesses in which jail serves to exacerbate symptoms of mental illness, thus contributing to a repeat cycle of offending. The prevailing sentiment is that if justice-involved persons with mental illnesses could be diverted into treatment, future criminal activities would desist. More recently, however, scholars point to criminogenic factors (i.e., antisocial attitudes, antisocial peers) as a primary cause of criminal activities, and there is evidence that these criminogenic factors are the same and equally, if not more, prevalent in justice-involved persons with mental illnesses relative to those without mental illness.

Finally, guided by the success of the drug court model, MHCs increased the visibility of justice-involved adults with mental illnesses and promoted the philosophy of therapeutic jurisprudence or *law as therapy*, which supports the assumption that law can be a social force used to foster behavioral change. In the context of MHCs, therapeutic jurisprudence incorporates current knowledge of best treatment practices and considers how they may be used therapeutically when applying the law to improve behavioral health outcomes. This concept has frequently been used to justify MHCs and is reflected in their design: MHCs incorporate voluntary participation and respect for autonomy, both of which are hoped to make MHCs more ethical and conducive to behavioral change.

Although MHCs have flourished in recent decades, they have not been immune to criticism. Whether defendants with mental illnesses can voluntarily agree to participate in an MHC is an ongoing criticism. Because MHCs, like other specialty courts, rely on the role of the judge to enforce behavioral change, MHCs may eliminate the role of the judge as a neutral figure and increase the coerciveness of participation. Threats to defendants' due process rights are another central criticism. Concerns about procedural justice center on whether defendants with mental illnesses are competent to engage in plea bargaining as part of the MHC process.

Furthermore, some critics argue that the adversarial system of justice is compromised when defense attorneys engage in a team-based approach to legal decision-making on behalf of their clients.

In addition, MHCs may exacerbate stigma toward persons with mental illnesses by creating visibly segregated and disparate legal processes. Finally, success of MHC is contingent on availability of community-based resources, and resultant demand on limited local infrastructure increases the potential for resources to be preferentially diverted to justice-involved persons with mental illnesses rather than those who are not justice involved.

Evidence for MHCs

A number of studies have demonstrated that MHCs' participation reduces recidivism. This effect has been demonstrated in terms of fewer arrests, fewer new charges, and reduced jail time when comparing MHC participants and nonparticipants as well as MHC participants before and after MHC participation. Research has also considered what factors are important for MHC success (i.e., graduation and lower recidivism). MHC participant traits associated with lower recidivism include completion of the MHC program, less substantial criminal history, and older age. Other factors, such as active substance abuse, may be associated with poor MHC outcomes, though findings have not been wholly consistent. In general, studies examining the effectiveness of MHCs on recidivism are characterized by observational designs with small, local samples and limited follow-up periods.

Considerably less research has considered physical health outcomes, though what does exist suggests that a greater percentage of MHC participants receive treatment more quickly than those in traditional courts. Moreover, the cost-effectiveness of MHCs has yet to be widely explored, and current research is inconclusive. Although the justice system can incur reduced costs as participants spend less time incarcerated, treatment costs are often greater for MHC participants, which contribute to mixed cost-effectiveness findings. The cost-effectiveness of MHCs is likely contextually dependent; settings with efficient outpatient treatment systems are more likely to see overall savings compared to settings that depend on local emergency services. As such, further research should consider the potential and expected effects of MHCs from an appropriate systemic perspective.

Future Directions

There is growing recognition in both the social science and legal fields that mental illness interacts with criminogenic risk in complex ways. As such, designing interventions to address the overrepresentation of persons with mental illnesses in the justice system requires an understanding of this relationship. The extent to which there is a synergy between mental illness and criminogenic factors has yet to be explored, and it is likely that interventions for justice-involved persons with mental illnesses will need to utilize multifaceted solutions to address both factors. Given their increasing prevalence across the United States and the growing body of evidence supporting their effectiveness, MHCs represent a promising tool for addressing the mental health needs of justice-involved persons.

Future research should continue to consider what design, process, and participant features are most important for success of MHC. The body of knowledge on MHCs would benefit from more rigorous research designs such as randomized controlled trials or comparative research studies as well as cross-site studies of factors contributing to the effectiveness of MHCs. Future research and quality improvement could also benefit from incorporating broader metrics for success, particularly clinical measures, and the standardization of evaluation techniques. Translating this research into effective and cost-effective practices is also essential, both for existing and for future MHCs.

From a practice perspective, translation of this growing body of research into practice is essential to ensure the long-term viability of MHCs, particularly with respect to their effectiveness. On a systems level, MHCs cannot broker mental health services where no such services exist. Implementation of an MHC without addressing broader problems of the mental health system may jeopardize valuable health and legal resources, and thus any effort to start an MHC should involve a critical appraisal of the current state of local mental health services. Moreover, in communities where community mental health resources are scarce, it could be that MHCs need to provide their own services, such as supportive counseling, case management, or brief solution-focused therapies, especially services that address substance use. Thus,

blending service brokerage with service delivery might be a necessary step for MHCs in environments wanting for high-quality, evidence-based mental health practices.

On a policy level, the long-term sustainability of MHCs requires identification of federal, state, and local resources to support the ongoing development and operation of these courts in an increasingly competitive funding climate. Because ownership of MHCs lies at the interface of the criminal justice and mental health systems, the timeless issue of *who benefits and who pays* is at play here. That is, the criminal justice system benefits from MHCs by diverting persons with severe mental illnesses from the jail into treatment, whereas the mental health community must find a way to serve these individuals, many of whom come without insurance or an ability to pay out of pocket.

In addition, although some guidelines exist on the ideal structure and operation of MHCs, growing research on the key features of MHCs may necessitate a reconsideration and revision of best practice guidelines. Finally, local and state policies are needed to foster data sharing and communication between MHCs, jails, probation and parole, and mental health authorities and providers. Barriers to communication and data sharing present significant obstacles to coordinating care and treatment to justice-involved persons with mental illnesses.

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See also Basic Mental Health Services Versus Rehabilitation; Mental Illness and Crime, Etiological Linkages Between; Offenders With Mental Illness; Specialty Courts

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MENTAL HEALTH TREATMENT

It has become increasingly apparent that persons with mental health problems are overrepresented within criminal justice systems internationally. In addition to the offenders themselves, this reality has important implications for policy makers and

professionals concerned with policing, criminal adjudication, community supervision of offenders, management of correctional institutions, and human rights. Depending on the individual case, mental health problems may be, to varying degrees, an impediment to, a cause, a correlate, or a consequence of interactions with the criminal justice system. Mental health treatment may take many forms but broadly refers to interventions intended to ameliorate problems in thoughts, emotions, and behaviors. Mental health treatment may be offered to address criminogenic factors or to facilitate criminal justice processes, but it may also be offered as an end in itself. This entry introduces the types of mental health problems faced by criminal justice systems, common targets and justifications for mental health treatment, and the types of mental health treatment offered in criminal justice settings.

Estimating the Extent of Mental Health Problems Faced by Criminal Justice Systems

Describing and estimating the prevalence of mental health concerns among criminal justice populations are difficult tasks. Relying on a formal diagnostic system, such as the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* or the *International Classification of Diseases and Related Health Problems, 10th Revision*, can provide a structure but also requires considerable professional resources. Even where sufficient resources are available to arrive at formal diagnoses, questions arise about the relative importance of historical versus current concerns and whether such an approach overlooks significant mental health problems that do not necessarily fulfill diagnostic criteria.

Despite these problems with measurement and definition, various researchers have attempted to estimate the rates of mental health problems among criminally involved individuals. According to a 2017 report from the U.S. Department of Justice, approximately 68% of female and 41% of male jail inmates, and 66% of female and 35% of male prisoners reported having a history of a mental health problem. U.S. data have indicated that offenders serving community sentences are also at elevated risk of mental health problems relative to

the community at large. In Canada, all offenders serving a sentence of greater than 2 years are supervised by a federal agency, the Correctional Service of Canada (CSC). Starting with 2010, CSC stopped reporting rates of mental health problems in their yearly disclosure of statistics, citing difficulties in documenting such concerns. However, the Annual Report of the Office of the Correctional Investigator for 2011–2012 noted that 45% of the Canadian federal offender population received some type of mental health intervention. A study conducted with police detainees in Australia in 2011 found that over half of the sample had a history of receiving mental health services. A 2011 study of Indian prisoners found that approximately two thirds had a current psychiatric disorder. What these examples demonstrate is that despite disparate research contexts and methodologies, mental health problems are common among criminal justice populations.

Justification for and Targets of Mental Health Treatment Among Criminal Justice Populations

Forensic Mental Health Populations

Among particular forensic mental health populations, mental health treatment represents the primary focus of criminal justice interventions. For example, various nations and jurisdictions have developed legislation designed for offenders with a mental illness to receive alternative dispositions and sentences depending on the circumstances of their particular offences. Generally speaking, an offender may be deemed not criminally responsible or not guilty by reason of insanity if it is determined that, at the time of the offense, the offender had a mental disease or illness that impaired his or her ability to understand the nature of the act or that it was wrong. In these cases, offenders are often detained or supervised in the community, with the expectation that they will receive treatment for the mental health problem that led to their offense, in order to decrease or manage their risk to the community if released.

Mental health treatment may also become the primary focus of criminal justice interventions in cases of impaired legal competencies or fitness to stand trial. Persons may be deemed incompetent or unfit to participate in various aspects of

criminal proceedings, whether they are attempting to waive their rights during an arrest, presenting a defense during a criminal trial, or facing execution. In cases in which the accused individual or offender cannot participate in the legal process due to a mental disorder, the process may be halted until such time as competency or fitness can be restored.

Mainstream Criminal Justice Populations

Among offender populations for whom mental health problems were not deemed to have mitigated their criminal responsibility, the justifications for mental health treatment may be less obvious. However, in some cases, mental health care may be indicated as a component of criminogenic interventions intended to reduce the individual's risk for recidivism, facilitate participation in correctional or rehabilitation programming, or improve opportunities for community reintegration. In other cases, mental health treatment is indicated within correctional facilities to improve offenders' institutional functioning or to facilitate operational activities. Even in cases where mental health treatment has no obvious criminogenic justification, access to mental health treatment may be offered as a means of fulfilling offenders' basic rights to healthcare. For example in Canada, CSC is legally required to provide all inmates under its supervision with access to essential mental health services and, in some cases, nonessential services that would facilitate offender rehabilitation. Similarly, mentally ill offenders in the United States are considered to have a constitutional right to basic mental health care. Suicide and self-harming behaviors are also areas of significant concern among offender populations.

Types of Mental Health Treatment

Medication

One of the major forms of mental health treatment for criminally involved individuals is psychiatric medication. There are many classes of psychiatric medications, which may be used to increase or stabilize moods, reduce acute or chronic problems with anxiety, improve attention and concentration, or manage aggression. Antipsychotic medications are often used to treat

offenders who have psychotic disorders characterized by hallucinations or delusions, which are common among offenders found not criminally responsible or not guilty by reason of insanity. Antilibidinal drugs may also be prescribed to individuals for whom inappropriate or excessive sexual behaviors are an area of concern.

While the uses and purposes of psychiatric medications are similar among community and criminal justice populations, criminal justice settings present a number of unique considerations. For instance, substance use problems are more common among criminal justice populations, and a number of psychiatric medications have the potential to be abused. Within correctional facilities, psychiatric medications have the potential to be misused or to become part of the illicit exchange of goods and services among inmates. Another issue is that within correctional facilities, the effective and timely administration of medications may be impacted by security, operational, and staffing considerations. For example, professionals' ability to distribute fast-acting medications in times of crisis may be impeded during times of increased security restrictions. Thus, the selection of medications requires the medical practitioner to be mindful of various factors beyond the symptoms that the individual reports.

Primarily Psychological Interventions

In addition to psychiatric medications, much of the mental health treatment offered to criminal justice populations takes the form of psychological or behavioral interventions. Cognitive behavioral therapy (CBT) is one of the most commonly used and validated approaches to mental health treatment, both in the community and among offender populations. This approach emphasizes interactions among one's thoughts, behaviors, and emotions. Cognitive behavioral interventions involve assisting individuals in gaining insight into and challenging their own irrational or problematic thoughts. For example, an offender presenting with depression and anxiety about her probability of success upon release may magnify the importance of her past failures and minimize her previous achievements. To address her emotional disturbance, a CBT practitioner might focus on assisting this individual to arrive at a more

balanced view of her positive and negative experiences or arrive at an objective estimate of her probability of success. CBT has received considerable empirical support for its effectiveness with a variety of mental health problems, including mood and anxiety-related disorders, and there is emerging evidence to suggest that it can improve outcomes among individuals with schizophrenia and other psychotic disorders.

The relapse prevention approach was developed for use among individuals with alcohol and substance use disorders. It is based on the observation that reducing substance use during a treatment program does not guarantee that an individual will remain abstinent over the long term. The approach involves identifying high-risk situations in which an individual has previously engaged in substance use in the past, or might reasonably expect to do so in the future, and developing a plan for alternative behaviors. Both CBT and relapse prevention have received empirical support for their effectiveness in reducing alcohol and substance use among offender populations, and both have proven superior to punishment.

More generally, behavioral interventions focused on social and general skills deficits have also proven effective among offender populations. Regardless of the specific diagnostic category, some offenders with mental health problems experience problems in social interaction or in completing activities of daily living. Programs focused on improving social skills or general functioning have been found to improve both mental health and criminogenic factors.

Dialectical behavior therapy (DBT) is an intensive intervention designed for persons with severe difficulties in emotion and behavior regulation. In addition to CBT principles, DBT emphasizes mindfulness, distress tolerance, and emotion regulation skills. Evidence suggests that DBT can be used to decrease a variety of psychological symptoms, including suicidal and self-harming behaviors among persons diagnosed with personality disorders. For example, DBT has been implemented within CSC's women's institutions, and outcome data collected and published in 2011 suggested that the benefits included significant reductions in both psychological symptoms and problems with institutional functioning. A systematic review of

interventions for self-harming behavior and suicide among incarcerated offenders, published in 2017, also indicated that DBT is an efficacious treatment intervention.

Mental Health Treatment in Criminal Justice Environments: Special Considerations

An understanding of mental health treatment in criminal justice contexts also requires an awareness of some of the unique practical and ethical considerations relevant to mental health professionals in these settings. For example, treatment providers have to consider questions regarding the identity of their client (e.g., the offender, the courts, the correctional institution, or the public), increased limits to the confidentiality (e.g., security considerations in a correctional environment), and freedom of consent (e.g., offenders required to participate in therapy to obtain a community release).

Conclusions

Mental health problems are common among persons involved with criminal justice systems, and treatment for these concerns is often warranted on criminogenic or noncriminogenic grounds. Treatment can take the form of medications and/or primarily psychological/behavioral interventions. Regardless of the form of the intervention, mental health treatment services offered to criminally involved persons require consideration of the population and setting in question.

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See also Basic Mental Health Services Versus Rehabilitation; Bipolar Disorder in Incarcerated Offenders, Treatment of; Mental Health Treatment Planning; Mental Illness as a Predictor of Crime and Recidivism; Offenders With Mental Illness in Prisons, Treatment for

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MENTAL HEALTH TREATMENT PLANNING

International research evidence has suggested that persons with mental health problems are overrepresented within criminal justice systems. This is a matter of significant concern for professionals and policy makers involved in law enforcement, courts, community supervision of offenders, and the management of correctional institutions. Mental health treatment refers to interventions intended to ameliorate problems in cognitive, emotional, or behavioral functioning. These types of interventions may be offered to persons involved in the criminal justice system to address criminogenic risk factors, facilitate various criminal justice processes, or fulfill basic human rights to essential healthcare. Mental health treatment planning is the process of identifying and prioritizing interventions that correspond to the individual's particular mental health concerns. This entry includes estimates of the extent of the mental health problems faced by criminal justice populations, justifications for and types of mental health treatment, an overview of the basic elements of mental health treatment planning, and unique criminal justice considerations.

Mental Health Problems and Criminal Justice Systems

A number of factors can impede the development of accurate estimates of the number of persons with mental health problems within criminal justice systems. First, mental health problems vary widely along multiple dimensions, including symptomatology (e.g., depressed mood vs. disordered perceptual experiences), severity or degree of functional impairment, and expected course (e.g., remission after a few weeks vs. chronic problems persisting across the life span). Thus, estimates will vary depending on the types of problems included and how they are counted (e.g., a single time-point snapshot vs. counting any historical symptoms). Second, formal diagnoses are imperfect and can be costly to obtain. The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* and the *International Classification of Diseases and Related Health Problems–10th Revision* are widely used and accepted by mental health practitioners. However, use of the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* or the *International Classification of Diseases and Related Health Problems–10th Revision* requires training and thus can be costly in terms of human resources. Finally, in criminal justice contexts, a reliance on formal diagnoses may miss relevant concerns that do not fulfill diagnostic criteria. Thus, arriving at a meaningful estimate of mental health problems is not a straightforward task.

Acknowledging the difficulties associated with measuring rates of mental health problems, existing data can still provide some insight into the extent of these problems in criminal justice settings. In Canada, a 2015 prevalence study indicated that 40% of incoming male federal offenders (i.e., offenders receiving a custodial sentence of 2 years or more) met criteria for a mental disorder (the rate was approximately 70% when antisocial personality disorder and substance use problems were included). The U.S. Department of Justice released a report in 2017 estimating that 68% of female and 41% of male jail inmates, and 66% of female and 35% of male prisoners reported having a history of a mental health problem. High rates of mental health problems have also been observed among criminal justice populations

outside North America, including among prisoners in India and police detainees in Australia. Thus, mental health problems among criminally involved persons represent an international issue.

Mental Health Treatment in Criminal Justice Settings

Justifications for the Provision of Mental Health Treatment

For some individuals, mental health treatment is the main focus of the criminal justice interventions they receive. For instance, in many jurisdictions, an offender may be found not guilty by reason of insanity or not criminally responsible if he or she had a mental illness at the time of the offense that impaired his or her ability to understand the nature of the act or that it was morally wrong. In such a case, the individual may receive a legal disposition requiring detention or community supervision, with the expectation that he or she will be provided with treatment to address the mental health problem that contributed to the offenses. Persons found to have impaired legal competencies or a lack of fitness to stand trial as a result of a mental health problem may also receive mental health treatment. One may be found incompetent or unfit to participate in any one of a number of criminal justice processes, from making decisions to waive certain rights during an arrest, to presenting a defense during a trial, to facing execution. Given that criminal justice processes may be paused until the individual's competence or fitness can be restored, mental health treatment can be offered to restore competence.

For other individuals, mental health treatment is not the primary focus of criminal justice interventions. Nonetheless, mental health treatments may be employed as part of criminogenic interventions to directly reduce risk of recidivism, facilitate participation in other programming, or improve prospects for community reintegration. Mental health treatments for particular problems can also be offered on the grounds that they are considered essential healthcare. In the United States and Canada, for example, correctional inmates are considered to have legal rights to essential and some nonessential mental health services.

Types of Mental Health Treatment Offered in Criminal Justice Settings

Psychotropic Medication

Psychotropic medications are a common form of mental health treatment. Medications vary widely on a number of dimensions, including method of administration (e.g., orally administered pills vs. injections) and intended effects (e.g., increase mood, reduce anxiety, increase concentration). Psychotropic medications are generally prescribed (a) to directly treat mental health symptoms (e.g., hallucinations, delusions) in an effort to restore mental health and reduce symptomatology and/or (b) to behaviorally and emotionally stabilize agitated patients to increase staff and patient safety and institutional security. The net effect of these combined functions is that patients are able to benefit from psychosocial or criminogenic interventions when they are more behaviorally and emotionally stable, and their mental health is less compromised. For instance, antipsychotics (e.g., Risperdal, Seroquel), in addition to treating the symptoms of schizophrenia, may be used to curb impulsivity, aggression, agitation, and angry outbursts. The same may be said for anticonvulsants (e.g., Tegretol, Epival), which have similar stabilizing properties, in addition to being used to treat seizures or to control symptoms of mania.

Psychological or Behavioral Interventions

Other mental health treatments are primarily psychological or behavioral. For instance, some mental health treatment approaches are based on the cognitive behavioral therapy (CBT) model. According to the CBT model, an individual's thoughts, emotions, and behaviors exert reciprocal influences on one another. Following from these assumptions, CBT interventions might focus on assisting a client to identify and alter irrational or problematic thoughts, develop healthier behaviors, or regulate emotions, in order to address a mental health concern. The relapse prevention model is another approach to mental health treatment that was developed for alcohol and substance use problems. Relapse prevention interventions involve the development of an individualized plan comprised of high-risk situations

and corresponding strategies to successfully navigate such situations. It is also common for offenders with diverse mental health problems to demonstrate deficits in social functioning or life skills, which may result from or contribute to their primary concerns. For these individuals, behavioral interventions may be offered to remediate their functional deficits, regardless of the underlying mental health concerns.

What Is Mental Health Treatment Planning and Why Is It Necessary?

As mentioned previously, mental health treatment planning involves identifying and prioritizing treatment targets as well as corresponding interventions. While treatment plans will vary depending on the practitioner's specific training and skills, they contain some common elements. Broadly speaking, treatment plans involve the application of a structured or systematic approach to interventions, informed by an assessment of problem areas. These plans require practitioners to explicitly identify what they are doing and why are they doing it. In doing so, practitioners allow themselves to monitor the effectiveness of a given intervention at the level of the individual patient and at the level of a patient population more broadly (e.g., through research evaluations).

Effective and evidence-based treatment plans often require mental health practitioners to obtain and synthesize a broad range of information, from general research trends to more specific data from the individual's personal circumstances. As a result, a case formulation informed by a thorough assessment of the client's functioning is an important element of treatment planning. For instance, the practitioner might consider and explore factors that cause, maintain, or exacerbate particular mental health difficulties, while also considering how various factors interact with one another. Mental health treatment plans based on poor or incomplete case formulations may not only fail to remedy mental health problems, they may actually make them worse. For instance, consider the case of an offender presenting with the following symptoms: low mood, decreased energy, impaired appetite, insomnia, and thoughts of suicide. A practitioner might reasonably conclude that the offender is experiencing a major depressive

disorder, caused or maintained by an organic disturbance in the brain, and prescribe an antidepressant medication to elevate his or her mood. However, if the offender has previously experienced manic symptoms (e.g., elevated mood, inflated self-esteem, risky behavior), it is likely that the depressive symptoms are better understood as part of a bipolar disorder. This additional information would have important treatment implications, given that certain antidepressant medications could exacerbate mental health problems by triggering a manic episode. Thus, an accurate and comprehensive formulation of the individual's mental health problems is a necessary element of treatment planning.

The selection of appropriate and evidence-based interventions is also a critical component of mental health treatment planning among criminal justice populations. Treatments offered to persons demonstrating psychopathic personality traits represent a good illustration of this concept. In the early 1990s, some researchers arrived at the conclusion that mental health treatment offered to psychopathic offenders increased their probability of criminal recidivism. However, in the mid-2000s, a review of the treatment literature suggested that the data were inconclusive in this regard and identified significant problems with the specific intervention approaches that had previously been offered (e.g., the administration of LSD, nude marathon encounter sessions). In contrast, subsequent research studies evaluating treatment programs that target cognitive and behavioral factors that are theoretically and empirically associated with criminal behavior have produced more promising results for reducing recidivism in offenders with psychopathic traits.

Variations in Treatment Planning

Mental health treatment plans can take many forms depending on the mental health practitioners involved in a case, the patient's mental health problems, and the setting, or the nature of the patient's involvement in the criminal justice system. For example, a treatment plan for a case of moderate depression developed by an individual CBT practitioner might involve the following: written homework challenging negative thoughts, education regarding sleep hygiene, and instructions

to engage in exercise. In contrast, a treatment plan developed by an interdisciplinary team (i.e., comprised of various mental health professions) for a not criminally responsible patient with a psychotic disorder (i.e., characterized by thoughts and perceptions that are inconsistent with reality) could include the following: medication to stabilize severely disordered thoughts and behaviors, education and counselling to encourage commitment to treatment, cognitive and behavioral interventions to develop coping strategies for chronic symptoms (e.g., ongoing voices), vocational rehabilitation to increase employability, and clinical discharge planning to establish stable housing and access to professional supports in the community.

Special Treatment Planning Considerations in Criminal Justice Settings

Treatment planning in criminal justice settings can present unique challenges. The following are a sampling of some of these challenges. First, practitioners must often explicitly consider criminogenic factors in identifying appropriate techniques. For instance, they may prioritize the reduction of symptoms that increase the risk of aggression over symptoms that the client finds more distressing. Second, some interventions could be impractical or even harmful in certain settings. For example, behavioral experiments designed to practice social skills or reduce social anxiety may be contraindicated in settings containing high numbers of aggressive and antisocial individuals. Third, many offenders have alcohol or substance use difficulties. This must be considered in dispensing psychiatric medications, which have the potential to become substances of abuse. Fourth, many individuals involved in the criminal justice system present with multiple and complex difficulties (e.g., mental illness, substance use, trauma, a history of head injury, antisocial personality features), making the development of a treatment plan a complicated and difficult task. Thus, to develop effective treatment plans in criminal justice settings, it is prudent to be mindful of assessment practices, emerging research evidence, and the need for flexibility in approach.

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See also Basic Mental Health Services Versus Rehabilitation; Bipolar Disorder in Incarcerated

Offenders, Treatment of; Mental Health Treatment; Mental Illness as a Predictor of Crime and Recidivism; Offenders With Mental Illness in Prisons, Treatment for

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MENTAL ILLNESS AND CRIME, ETIOLOGICAL LINKAGES BETWEEN

The issue of whether mental illness and crime are linked has been the focus of mental health and criminological research for decades, coming under increasing scrutiny in the wake of dozens of mass shootings that have occurred since the 1990s because several of the perpetrators had mental health issues. Although such incidents are rare, media attention may help to perpetuate the notion among both the general public and professionals working with this population that mental illness and crime go hand in hand. To truly address this

issue, however, it is necessary to explore the empirical literature that examines the etiological linkages between crime and mental illness so as to promote better prevention and intervention efforts and implement well-informed policy.

Before proceeding, it is important to define what is meant by mental illness, crime, and etiological linkages. With respect to mental illness, this entry focuses on only those diagnosable psychiatric disorders that have been shown to cause severe functional impairment in persons who experience them; these include disorders such as schizophrenia (and other psychotic disorders), bipolar disorder, and major depressive disorder. In this entry, these disorders are referred to collectively as *severe mental illnesses* (SMI). Crime, as it is discussed in this entry, refers not only to general criminal offending but also to violent behavior, one of the more extreme forms of antisocial and criminal behavior. The research that has informed understanding of the mental illness–crime link has utilized official criminal records, self-reports, and institutional records as indices of crime and violence involvement. Finally, when referring to etiological linkages, this entry focuses on associations between the two constructs. Because human behavior, particularly criminal behavior, is vastly complex, it is quite difficult to say that any one factor is a *cause* of crime. As such, SMI is viewed in this entry as a risk factor. Throughout this entry, the reader will be exposed to what the current and most methodologically sound research available has concluded about the relationship between mental illness and crime.

Establishing a Basic Relationship Between SMI and Crime

One of the most basic ways to investigate whether crime and mental illness are related is to simply observe the co-occurrence of SMI and criminal behavior. It may be unknown whether crime preceded mental illness or vice versa, but both have occurred at some point in an individual's life. To put base rates of criminality among those with SMI in context, one needs to know whether people with SMI engage in more, less, or about the same amount of crime and violence as people without SMI. Epidemiological studies suggest that a very small proportion of people in both groups

commit violence and that the rate of violence is slightly higher among people with SMI (e.g., ~3% to 7%) than people without SMI (~2%). When examining just those with SMI, there are some important third variables that exacerbate this risk, such as co-occurring substance abuse, noncompliance with psychiatric medication, and positive symptoms of psychosis (e.g., delusions and hallucinations, particularly threat/control-override [TCO] symptoms).

Supplementing the aforementioned nationally representative epidemiologic surveys are several smaller scale prevalence studies of SMI within correctional populations. Findings suggest that people with SMI are overrepresented among criminal justice populations; that is, the base rate of people with SMI in jail, prison, and community corrections is about 2–3 times as high as the base rate of people with SMI in the general population. Research in correctional contexts suggests that approximately one fifth of those who are under correctional supervision have SMI.

Although these prevalence and epidemiological studies suggest a clear association between mental illness and crime, it is unwise to conclude that mental illness is a cause of crime, simply because these variables appear to be related. In fact, meta-analytic findings suggest that clinical factors such as psychiatric diagnoses and treatment history actually have a negative association with criminal recidivism. A slightly more advanced way to study the mental illness–crime link is to establish ordering. In other words, it is important to demonstrate that the symptoms of mental illness precede criminality. The next section offers a brief review of the evidence that seeks to establish the ordering of mental illness prior to the criminal behavior.

Determining Whether Mental Illness Occurs Prior to Criminal Behavior

For studies to conclude that mental illness leads to criminality or determine that mental illness is a strong epidemiologic risk factor for criminal behavior, research must establish that mental illness precedes criminal behavior. To establish this ordering effect, researchers have examined detailed accounts of particular criminal acts, both as reported by the offenders themselves and as recorded in police records or institutional files. In

each of these studies, researchers reliably coded the antecedents of the criminal acts committed by individuals who have SMI.

Findings have been largely consistent across researchers, offender subgroups, and contexts: Only for a small proportion of cases (approximately 10%), the criminal act was a direct or indirect result of psychiatric symptoms. Most crimes committed by those with SMI are not influenced or motivated by psychiatric symptoms. Instead, they are motivated by factors not unique to mental illness, such as substance abuse, reaction to provocation, or disadvantage (e.g., survival crime). Moreover, among people with SMI who have committed a criminal act motivated by psychiatric symptoms, many also have committed an act that was not motivated by symptoms. Although there is intraindividual variability within the group who has experienced a symptom-motivated crime (i.e., psychiatric symptoms do not always influence their criminality), there is a substantial amount of consistency among offenders with SMI who never committed a crime that was motivated or influenced by symptoms (i.e., a large group of offenders are repeatedly involved in crime that is not influenced by symptoms). Taken together, these studies suggest that mental illness can play a role in criminality and violence but only for a small group of people, some of the time. In other words, psychiatric symptoms are not a prerequisite for crime and violence among those with SMI.

Although limited in number, some studies have used a longitudinal design to ascertain whether the onset of criminal behavior or psychiatric symptoms occurs first during the life span. Results from this avenue of inquiry indicate that, for some people, criminal and antisocial patterns start before the onset of mental illness. Many individuals have individual and environmental risk factors that place them at greater risk of violence and criminal behavior—regardless of whether or not they develop mental illness later in life. Although some scholars have suggested that early-onset antisocial tendencies may actually be prodromal symptoms of mental illness that manifest later in life, it is yet unknown whether criminality or criminal propensity is a separately occurring phenomena from mental illness or a manifestation of some of the earliest signs and symptoms of mental illness for this group.

For the other group, psychiatric symptoms begin to appear before criminal or antisocial behavioral patterns. However, even though ordering can be established for some offenders with SMI using this life course perspective, the mental illness–crime link is not straightforward. In fact, often, individuals who become criminals after the onset of symptoms also have a number of other general risk factors strongly predictive of crime (e.g., homelessness, joblessness, lack of education, living in impoverished neighborhoods, poor family relationships, abuse, antisocial peers, and substance use) that are not unique to mental illness (i.e., people with and without SMI share the same risk factors for crime). It is difficult for researchers to establish the exact sequencing of these multiple risk factors, and studies suggest that different people have different routes by which mental illness can influence later criminal involvement. It is possible that the general risk factors for crime that are shared with individuals who do not have SMI are either stronger for those with SMI or that people with SMI may be disproportionately exposed to them. Regardless, it does not appear that the symptom–crime link is direct. Instead, symptoms experienced earlier in life may be related to later criminality through many different routes or pathways, and exposure to additional known risk factors for crime only seem to exacerbate this relationship.

Ruling Out Rival Explanations for Crime and Violence

At this point, it can be concluded that the relationship between crime and mental illness is quite complex. When establishing a causal link between two variables, one major methodological concern is ruling out potential third variables, or rival explanations, for the correlation between the two. The best research conducted on the issue to date not only has sought to establish that mental illness (symptoms) occurs prior to the criminal behavior but also employs a comparison of similarly situated (e.g., similar demographics, living situation) individuals without mental illness (as a point of comparison) and accounts for other strong risk factors for crime. The 1992–1995 MacArthur Violence Risk Study is one of the most methodologically rigorous studies conducted to date that examines the mental illness–violence relationship.

In this study, researchers identified a group of individuals with SMI who visited psychiatric emergency rooms and followed up with them in the community at several points throughout the course of the year. Researchers assessed participants' experience with mental health symptoms, their use of substances and involvement in violent incidents from self-report and information gathered from collateral sources (e.g., family, friends of the participants, hospital records). Through interviews, researchers could both order mental illness symptoms and violence and establish the extent to which the former had a direct influence on the latter. Researchers also repeatedly assessed, as a control group, individuals living in the same neighborhoods as the psychiatric sample, which helped account for some key risk factors for both crime and violence. When all else were held equal, people with SMI were no more likely than their neighbors without SMI to be involved in violence. When individuals in both groups used drugs or alcohol, their risk of violence involvement increased, but this risk was significantly higher for the group with SMI. Furthermore, when researchers took a closer look at only the SMI group to assess what symptoms preceded any violent incidents, they found that no symptom unique to SMI preceded violence (e.g., threat/control override, somatization, anxiety, depression), but one symptom not unique to SMI—anger/hostility—did. Even in this methodologically rigorous study, results suggest that mental illness alone does not increase one's risk of violence involvement and that other factors shared with those who do not have SMI seem to drive violent acts.

Treating Mental Illness

A final way to examine whether mental illness is an etiological risk factor for crime or violence is to test whether treating the problem (e.g., symptoms) changes the outcome (e.g., crime/violence reduction). Specialized programs that emphasize psychiatric treatment are able to reduce recidivism for offenders with SMI but not by reducing psychiatric symptoms. One meta-analysis that examined treatments focused on targeting mental health symptoms found that, among the most methodologically rigorous studies, addressing psychiatric symptoms has no significant impact on recidivism for people

with SMI. Instead, several studies indicate that the *active ingredients* in interventions seem to focus factors such as establishing high-quality *dual role* (e.g., firm but fair, caring, trusting) relationships between offenders and practitioners.

Concluding Statements

The body of research that examines the mental illness–crime link is both growing and complex. Nevertheless, two important themes emerge from the findings. First, mental illness rarely influences crime and violence. Most people with mental illness will not commit a crime or become violent. For those who do, antisocial behavior is not usually motivated by psychiatric symptoms. Second, crime and violence among those with mental illness are generally motivated by multiple risk factors that are also shared with people who do not have mental illness. These risk factors may or may not be consequences of mental illness, and the relationship between mental illness, other risk factors, and crime/violence is vastly complex. Rather than oversimplifying the mental illness–crime link, practitioners and researchers should concentrate their efforts on understanding the vastly complex array of risk factors that places anyone—not just those with SMI—at risk of crime and violence

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See also Bi-Adaptive Model of Mental Illness and Criminalness; Mental Illness as a Predictor of Crime and Recidivism; Prevalence Estimates of Crime Among Persons With Mental Illness

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MENTAL ILLNESS AND VIOLENT BEHAVIOR: PERCEPTIONS AND EVIDENCE

The potential association between mental illness and violence has fascinated scholars, jurists, and the public alike for millennia. Indeed, archival evidence indicates that the ancient Greeks considered mentally ill people dangerous, as did early American

settlers. In this entry, the focus is on the link between violence and more serious mental disorders (e.g., psychotic disorders, major mood disorders), rather than the full spectrum of psychopathology, which also includes personality disorders and substance use disorders. It addresses some of the myths about mental illness and violence and presents a synopsis of the vast empirical evidence.

Perceptions of the Link Between Mental Illness and Violence

It was not only the ancient Greeks and early American settlers who feared those with mental illness, it is the contemporary public as well. Evidence suggests that, pan-culturally, people with mental illness experience stigma, and part of this stigma is due to the perception that they are unpredictable and violent. Admittedly, some of the symptoms and associated features of serious mental illness can appear as bizarre—talking to oneself, screaming at shadows, disorganized and stereotypic gestures, and at times unintelligible speech. However, does this make someone with severe mental illness more likely to be violent?

Survey evidence indicates that for as many as 50% of people, some of the first words that come to mind when asked to think about what mental illness means to them are *violent* and *dangerous*. Similarly, people often overestimate the percentage of those with mental illness who are violent. Furthermore, people may frequently seek social distance from those with mental illness. That is, research suggests that a large proportion of people would refuse to allow someone with mental illness to rent a room in their house, date their son or daughter, marry into the family, babysit their kids, or look after their pets. To some extent, this might be due to lack of knowledge and awareness of mental illness, in concert with natural human tendencies to be wary of behavior that is out of the norm. For instance, social psychologists have found that the behavior that does not follow a script often leads to wariness, anxiety, and caution among observers. Even behavior as simple as standing backward (facing away from the doors) in an elevator if alone can lead people who get onto the elevator to react with uncertainty and even fear. Why? Because this violates a very strong social script about how to behave on an elevator.

There is also evidence that many members of the public confuse constructs and terms such as *psychosis* and *psychopathy*. Psychosis is a syndrome or cluster of symptoms that exists in some major mental disorders such as schizophrenia, schizophreniform, or schizoaffective disorders; some major mood disorders such as mania or major depression; and in some substance-related disorders. Common features of psychosis include delusions (fixed, maladaptive, false beliefs that may be bizarre—such as believing that your neighbor is really an alien who wants to kill you) and hallucinations (perceiving external stimuli that are not there—such as hearing voices or seeing people). There are also the so-called negative symptoms of psychosis defined by the absence of typical functioning (e.g., lack of joy and pleasure or anhedonia).

These phenomena are starkly different from psychopathy, which comprises symptoms such as callousness, manipulativeness, lack of empathy, and hostile dominance. Yet, the public widely believes that psychopaths are violent and evil. To the extent that members of the public confuse these constructs, they may also, based on misperception of disorders, believe that people with psychosis are similar to those with psychopathy.

The media might also have a role in creating this fear of people with mental illness. For instance, analyses of print and television media indicate that roughly three quarters of news stories and television shows about people with mental illness portray them as violent. That is, sensational instances of people with mental illness committing horrific instances of violence are the norm, not the exception, in terms of the focus of the news. Rarely are there stories of the millions of people with mental illness who are simply living their lives as best as can, demonstrating resilience, raising families, going to work, and spending time with friends.

A 1996 study by Matthias C. Angermeyer and Herbert Matschinger demonstrated the potential impact of media on perceptions of people with mental illness. These German researchers were studying the issue of social distancing and rejection. Part way through their study, by complete happenstance, there was an assassination attempt of two high-ranking German politicians by a person with schizophrenia. This incident, and the fact that the suspect had schizophrenia, received an enormous amount of media attention. The

researchers were able to extend their study to essentially create a *pre-post* research design and compare the degree of social distancing and rejection before and after the media attention. Not surprisingly, already reasonably high rates of social distancing went up substantially after the media coverage of the assassination attempt.

Evidence of the Link Between Mental Illness and Violence

There are literally thousands of research articles that touch on the link between mental illness and crime or violence. Despite this, there remains disagreement among scholars about the nature of the link. Some scholars argue that there is a very small, if not completely absent or even inverse, association between mental illness and violence. However, the bulk of the literature allows some relatively firm conclusions to be drawn.

It is important to state that there is strong evidence that the majority of people with mental illness are not violent. It is the minority of those with mental illness who act violently. In addition, people with mental illness are more likely to be victimized by violence rather than to perpetrate violence. They are also at very high risk of suicide relative to people without mental illness.

However, there is also evidence—from epidemiology, meta-analysis, and primary studies—that some forms of major mental illnesses are indeed associated with higher odds of violence. But the association is not simple, and there remains more to learn. There has been considerable epidemiological research on the link between major mental illness and violence. Such studies are able to focus on large cohorts of people, sometimes even entire birth cohorts within a population. Such studies, mainly from Europe where better recordkeeping allows this type of epidemiological research, have tended to show that serious illnesses such as schizophrenia are associated with 5–10 times the odds of violence compared to people in the population who do not have schizophrenia.

The proper way to interpret an odds ratio is as follows: The odds of observing violence among those with mental illness are 5–10 times greater than the odds of observing violence among those without mental illness. As such, this statistic, commonly used in epidemiology, is much less concerned

with absolute base rates or frequencies than it is about relative frequencies. Nonetheless, this is considered a robust finding in epidemiology, and it has been observed in a few American studies as well.

The downside of epidemiological approaches is that, while they are strong in capturing many people, often the information about these people is relatively superficial because it is drawn from administrative data registers, which in turn depend solely on the quality and depth of information that is entered into such registers. As such, there may be simple diagnostic information rather than symptom-level information. Similarly, the timing of onset of mental illness relative to onset of violence is hard if not impossible to specify. Contextual variables, such as whether a person was receiving treatment, or was employed, or was in a conflictual relationship, rarely if ever appear in these studies.

Other types of studies support the association, however. A 2009 meta-analysis by Kevin Douglas, Laura Guy, and Stephen Hart reported a mean odds ratio across over 200 studies of roughly 3.5, and median odds ratios of 1.49–1.68. Taking the median odds ratio as a more accurate estimate of central tendency due to the asymmetric distribution of odds ratios, this equates to an increase in the odds of violence given the presence of psychosis of 49–68%. Capturing the variability in findings in the literature, however, this meta-analysis also reported a solid quarter of studies that observed an inverse association between psychosis and violence. That is, despite an overall elevated association, roughly 50 of 200 studies found lower odds ratios for violence given the presence of psychosis. This implies that there might be some features of mental illness itself, or in how it is studied, that lead to lower or higher odds of violence.

This meta-analysis, along with numerous primary research studies, has started to identify moderators of the link between serious mental illness and violence. For example, the association between serious mental illnesses involving psychosis and violence is stronger when measured at the symptom level rather than at the diagnostic level. In particular, the so-called positive symptoms (pathological by their presence rather than their absence) such as delusions and hallucinations are more strongly related to violence than is a mere diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder.

There is also considerable evidence from meta-analysis and primary studies that when mental illness and substance use co-occur, the impact on violence is increased substantially—more so than by the sum of their parts. This suggests that people with mental illness may be particularly likely to be violent if they are also abusing drugs or alcohol. At the same time, it suggests that people with substance use problems may be even more likely to be violent if they have a serious mental illness. Given that both mental illness and substance abuse can act as motivators and disinhibitors for violence, this interactive effect makes sense.

It also appears that who the comparison group is matters when asking, are people with serious mental illness more likely to be violent than those without? As it turns out, those with serious mental illness are likely somewhat less likely, on average, to be violent than those with externalizing disorders, such as antisocial and psychopathic personality disorder, or substance-related disorders. Compared to people with internalizing disorders such as depression or anxiety, however, people with serious mental illness are more likely to be violent. Similarly, compared to people with no disorders whatsoever, elevations in violence for people with mental illness are seen.

It is important to point out that much of this reasoning does not directly address why a person with mental illness might be violent. The link in some cases very well may be indirect. For instance, mental illness is associated with stress, difficulty coping, symptom-related distress, lower levels of social support, relationship problems, and employment problems—all of which also elevate risk of violence in some people. As such, some indirect pathways between mental illness and violence would be expected. For other people, there may be a direct, proximate link between mental illness and violence. For example, a person may have a delusion that her partner or neighbor is trying to poison her and for this reason may take pre-emptive action by striking that person first.

A greater deal of theoretical attention to this complex and important topic is necessary to more fully explicate the link. Professionals responsible for evaluating risk of violence should always consider the potential relevance of major mental illness with respect to violence but should never assume that the mere presence of mental illness indicates higher risk. It is vital to explore whether

mental illness played a role in a person's past violence prior to concluding that it has acted as a risk factor for any given person.

Kevin S. Douglas

See also Criminal Risk Assessment, Structured Professional Judgment of; Historical-Clinical-Risk Management (HCR-20); Criminal Risk Assessment, Violence; Female Violent Offending, Theoretical Models of; General Violence in Prisons; Genetic and Environmental Influences on Violence and Aggression; Mental Disorders and Violence

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MENTAL ILLNESS AS A PREDICTOR OF CRIME AND RECIDIVISM

A mental illness may be deemed present when an individual demonstrates a pattern of abnormal thoughts, emotions, or behaviors that causes

significant impairment or distress. Crime and recidivism (i.e., repeated criminal behavior) reflect behaviors that are deemed abnormal and that break the formalized laws or rules of a society. Both concepts are broad and capture a diversity of human behavior and experience. While the concepts differ in important ways, a review of mental health, criminal, correctional, and legal institutions suggests that they are also inextricably linked. Given the complexity inherent in the concepts, whether mental illness predicts crime and recidivism is a complex question. This entry includes a review of the research linking mental illness to criminal behavior and a discussion of the place of mental illness among other known predictors of crime.

Public and Media Portrayals of Mental Illness as Cause of Crime

When serious crimes come to the attention of the public, speculation and questions about the motivations of the offender arise. Public discourse often focuses on the mental health of the offender. Consequently, media accounts of crime, trials, and sentencing often communicate implicit and explicit messages about the relationship between mental illness and crime. For example, after several individuals were fatally shot in a movie theater in Aurora, CO, in 2012, much of the media coverage included debates about whether the shooter's actions were driven by a mental illness. Similar public debates occurred in relation to the perpetrator of a series of bombings in Norway in 2011. In Canada, the news media reported extensively on the case of an individual who was found *not criminally responsible on account of mental disorder* for the decapitation of a co-passenger on a bus, in 2008, with reports often focused on whether this individual could ever be safely returned to the community. Research on public attitudes toward persons with mental illnesses has uncovered similar themes. Data from the 1996 General Social Survey indicated that the U.S. public assumed persons with a mental illness (e.g., schizophrenia, substance use disorders) to be at elevated risk for perpetrating violence. Various other studies have produced similar results, suggesting that members of the public tend to endorse a connection between mental illness and violence. Taken together, these news media portrayals and

research findings suggest that mental illness is viewed by many as a potential cause of egregious offending behavior.

Mental Illness Among Offender Populations

Research on the prevalence of mental health problems among criminally involved individuals also raises important questions about the relationship between mental illness and crime. Estimates vary depending on the illnesses being considered and how they are measured, but data obtained from Canada, the United States, and the United Kingdom suggest that observed rates of mental illness are considerably higher among individuals involved in the criminal justice system than the rates observed among the general public. For example, according to the U.S. Department of Justice, in 2005, more than half of all incarcerated individuals in the United States had a mental health problem. It is clear that mental illnesses are prevalent among persons involved in the criminal justice system. However, whether mental illness actually predicts criminal behavior is another matter altogether.

Defining the Predictor: Mental Illness

To empirically evaluate the relationship between a predictor and an outcome of interest, one must first clearly define the concepts that are being evaluated. Consider a researcher who is interested in establishing a link between physical illnesses and mortality; he or she would likely expect different results depending on whether he or she included patients with the common cold or with cancer. Like physical illnesses, mental illnesses vary considerably on a number of important dimensions, including symptoms, severity, and expected course. Generally speaking, mental disorders reflect significant difficulties or impairments associated with a person's thoughts, emotions, or behavior. While a comprehensive discussion of mental disorders and diagnostic systems is beyond the scope of this entry, it is important to bear in mind that mental illnesses are heterogeneous. They reflect problems that vary on a number of dimensions, including whether they last a few weeks or persist across the life span, whether they are associated with increases or

decreases in goal-directed behavior, and whether they primarily impact the individual's internal experiences or the individual's interactions with others. Some of the mental health concerns that have been of particular interest to researchers in this area include psychoses, which are characterized by thoughts and perceptions that are inconsistent with reality, substance- and alcohol-related disorders, and personality disorders, which reflect relatively stable patterns of behavior, such as anti-social personality disorder (reflecting behavior that infringes on the rights of others).

Even research focused on a specific disorder can produce different findings depending on how that disorder is conceptualized as a predictor. For example, some researchers compare the outcomes of participants who have ever been diagnosed with a particular disorder in their lifetime to the outcomes of participants who have never received the diagnosis. Other researchers assess whether a person currently meets criteria for the disorder at the time of the study. Still other researchers may evaluate particular symptoms or acute increases in symptoms. Mental illness is a complex and a multifaceted concept, and the research assessing its value as a predictor of crime reflects this complexity.

Possible Associations Between Mental Illness and Crime

Predictive relationships and statistical associations between variables do not require a causal relationship to be present. That being said, various theorists and researchers have proposed causal links between mental illness and crime; they are discussed here briefly to help the reader understand the diverse findings found among the research literature. Broadly speaking, mental illnesses may contribute to criminal behavior through one of three mechanisms: motivation, disinhibition, or destabilization. Active symptoms of psychosis, for example, could motivate an individual to engage in violent behavior if the individual perceived voices encouraging him or her to act out aggressively. Alternatively, symptoms of mental illness may act as disinhibitors. For example, they may contribute to social isolation or a negative self-concept, thereby reducing the perceived risks associated with robbing a bank. Finally, mental illness

may act as a destabilizing risk factor by simply reducing an individual's ability to solve problems effectively, as a result of disorganized behavior or acute confusion. For example, an acutely disorganized individual may inadvertently provoke conflicts with strangers while demonstrating bizarre behavior in a public place.

Defining the Outcomes: Crime and Recidivism

Adding further complexity to the relationship between mental illness and crime is the fact that criminal behavior is diverse and is often difficult to measure. With regard to the diversity among criminal behavior, consider the differences among these hypothetical offenders: a callous and calculating gang member convicted of a series of violent murders, a remorseful former teacher convicted of a single count of possession of child pornography, a businessperson convicted of tax evasion, and a homeless individual convicted of petty theft from a grocery store. A researcher could reasonably expect a given risk factor to be differentially predictive of these types of crimes.

What's more, deciding how to measure when a crime has occurred can be difficult. Researchers using formal criminal records in their research may miss important data, given that many crimes are never detected by the legal system and given that official charges and convictions may not reflect the true nature of an offense (e.g., plea bargaining, the absence of physical evidence). Numbers of unreported and undetected crimes, sometimes referred to as the *dark figure of crime*, are difficult to estimate, with national surveys in North America demonstrating that as much as two thirds to three quarters of all crime go unreported.

Thus, the types of crimes being predicted, and how crimes are measured, vary across research studies. For example, many researchers make distinctions among violent, sexual, and general offending behaviors. Some studies employ formal charges and convictions whereas others include self-reported or observed behaviors. As a result, the question of whether mental illness is a predictor of crime has necessarily been broken down in the research literature into a series of more specific questions, focused on whether specific

groupings of symptoms or disorders predict specific types of criminal behavior.

Mental Illness as a Singular Predictor of Crime and Recidivism

Some research studies have found little to no evidence for mental illness as a predictor of crime. For example, research based on the landmark MacArthur Risk Assessment Study followed a sample of civil psychiatric patients in the United States after discharge to the community and found that a diagnosis of schizophrenia was negatively associated with violent behavior over a 1-year follow-up period. Other research has also failed to find a significant predictive relationship between clinical variables, including symptoms of a mental illness and violent recidivism among particular offender samples. Furthermore, broad reviews of the risk assessment literature among offender populations have indicated that eight risk factors, often referred to as the *Central Eight*, consistently emerge as the most robust predictors of recidivism and that mental illness is not among them.

On the contrary, there is also strong evidence linking particular mental illnesses or symptoms with particular types of criminal behavior and the commission of new offenses (i.e., recidivism) following release from custody. First, there is strong evidence to suggest that certain personality disorders predict recidivism, specifically, psychopathic personality disorder, antisocial personality disorder, and other personality disorders involving behavioral impulsivity and emotional instability (commonly referred to as *Cluster B*). Second, additional research has demonstrated substance-related disorders (i.e., illicit drug or alcohol abuse) to be predictive of recidivism. A series of studies have demonstrated major mental disorders that co-occur with a substance use disorder, what is known as *dual diagnosis*, to be a strong predictor of recidivism; major mental disorders (e.g., depression, schizophrenia) on their own minus substance-related concerns, however, have increasingly been shown to be weaker predictors of recidivism. Third, research suggests that deviant sexual interests, including disorders of sexual preferences such as pedophilia (sexual attraction to children), are significant predictors of sexually violent recidivism. Finally, meta-analyses combining the results

of many research studies have found a significant, if small, relationship between psychosis and violence on average. That said, the literature on psychosis and violence has also elucidated an important feature of the relationship between mental illness and violence: The observed predictive effects vary significantly depending on the setting, populations, and symptoms in question.

Mental Illness as a Component of Structured Risk Instruments

It is well established that the best known predictors of crime and recidivism are structured risk instruments. Notably, many of the most widely used and validated risk instruments have items that capture mental illness. For example, three instruments that have been found to predict general, violent, and sexual recidivism—the Level of Service Inventory–Revised, the Historical–Clinical–Risk Management–20, and the Violence Risk Scale–Sexual Offender Version—each have an item tapping one or more of the mental illness domains noted earlier. However, even among research studies using structured instruments, the predictive relationship between mental illness and recidivism is complex and variable. Among forensic psychiatric inpatients, for example, research indicates that scales capturing acute symptoms of a mental disorder can predict institutional aggression best over the short term, while scales capturing more stable risk factors (e.g., criminal history) tend to be better predictors of community recidivism over the long term.

Conclusions

Despite the conflicting conclusions drawn by individual researchers in the past, the literature as a whole indicates that specific symptoms and particular mental illnesses can contribute to the prediction of crime and recidivism under certain circumstances. In practice, the risk-relevant aspects of mental illness tend to be assessed using risk instruments that tap a variety of other risk factors. To date, these structured risk assessment instruments have proven to be the best known predictors of crime and recidivism. Given research on public opinions and the stigma associated with mental illness, it is important to note that the

majority of persons with a major mental disorder will not engage in violent or criminal behavior.

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See also Criminal Justice Correlates of Psychopathy; Criminal Risk Assessment, Combined Static and Dynamic Approaches to; Criminal Risk Assessment, Generations of; Criminal Risk Assessment, Violence; Minor Criminal Risk Factors; Criminogenic Needs; Mental Disorders and Violence; Mental Illness and Crime, Etiological Linkages Between

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META-ANALYSIS

Meta-analysis is a method for statistically combining research results. Prior to the creation of meta-analytic techniques, research was reviewed by reading all articles on a topic and then drawing an overall conclusion. For example, a researcher investigating the relationship between a police officer's age and use of force might search for every study on the topic, count the studies showing significant results, and then conclude, "Because 15 studies showed a significant relationship and 16 did not, it does not seem that an officer's age is related to his or her use of force." However, due to a variety of issues, such as small sample sizes, such conclusions were often wrong.

The goal of a meta-analysis is to arrive at one number, called the *mean effect size*, which

represents the average finding across all studies. This effect size provides an estimate of the magnitude of effect. There are two commonly used effect sizes. The first, a correlation coefficient, is used when the question being asked involves the relationship between two variables. The following are the examples for questions:

- What is the typical correlation between IQ and performance in the police academy?
- What is the relationship between job satisfaction and job performance?
- What is the relationship between age and the ability to detect deception?

The second common effect size, the d (Cohen's d) score, is used when the question being asked involves differences. The following are the examples for questions:

- Are women better than men at detecting deception?
- Are inmates who receive counseling less likely to commit future crimes than inmates who do not receive counseling?
- Are abused children more likely to be violent as adults than children who were not abused?

This entry explains the meta-analysis process and discusses understanding the results of meta-analyses.

The Meta-Analysis Process

Locating Studies

The first step in conducting a meta-analysis is to locate studies on the topic of interest. Typically, there are boundaries applied to this search. For example, a researcher might limit the search by location (e.g., the United States, only English-speaking countries), time period (e.g., studies conducted since 1950), or source (e.g., published journal articles). Time boundaries are usually set when the topic of interest is thought to change across time. For example, a meta-analysis on the effects of working from home would probably only use studies conducted since people commonly used computers, whereas a meta-analysis of sleeping habits might not have a temporal boundary.

In terms of source, some meta-analyses include studies from any source available, whereas others limit the sources to certain journals. For example, a meta-analyst might concentrate his or her search on journal articles and dissertations published between 1970 and 2016 in one of three major journals or referenced in an article published in one of the three journals. In contrast, another meta-analysis on the same topic might include all published journal articles as well as dissertations, conference presentations, and other unpublished studies.

Because there is a tendency for journals to publish articles that have statistically significant results, many meta-analysts contact colleagues to see whether they have conducted any studies on a topic that have not been published. By taking this step, the meta-analyst tries to avoid the *file drawer* problem caused by the bias of not publishing studies finding no statistically significant differences (i.e., studies not published end up locked away in a file drawer).

Determining the Studies to Include in the Meta-Analysis

Once the relevant studies have been located, the next step is to determine which studies will actually be included in the meta-analysis. To be included in a meta-analysis, a study must report the results of an empirical investigation and must include the actual effect size (d or r), another statistic that can be converted into an effect size or tabular data that can be analyzed to yield an effect size. Studies that report results without the aforementioned statistics (e.g., "We found a significant relationship between age and ability to detect deception" or "We didn't see any real differences between our older and younger subjects") cannot be included in a meta-analysis. As a result, there has been an emphasis in recent years for journal articles to contain the information needed for future meta-analyses. This trend is important as authors of older studies commonly included only the statistically significant findings in their tables. As a result, meta-analyses of these older studies would overestimate the average effect size because the smaller effect sizes were left out of the journal articles.

Often, meta-analysts will have other rules about including studies. For example, a meta-analysis on the effectiveness of anger management programs might include only studies using both pre- and post-measures of aggressive behavior and experimental and control groups. These inclusion rules can greatly affect the number and quality of the studies included in a meta-analysis.

Converting Research Findings to Effect Sizes

Once it has been determined which studies are appropriate to include in the meta-analysis, statistical results (e.g., F , t , chi-square) that need to be converted into effect sizes are converted using standard formulas. In some cases, raw data or data listed in tables can be used to directly compute a correlation coefficient or d score.

Cumulating Effect Sizes

After the individual effect sizes have been computed for each study, each effect size is multiplied by the sample size of the study, the products summed, and then the total divided by the total sample size to arrive at a mean effect size. This procedure ensures that larger studies—presumed to be more accurate and stable—carry more weight than smaller studies.

Correcting for Artifacts

In many meta-analyses, the effect sizes are adjusted to correct for error associated with study artifacts such as sampling error, measurement error, dichotomization, and restriction of range. The idea behind these corrections is that the *real* relationship between two variables (e.g., job satisfaction and correctional employee performance) is underestimated because the job satisfaction and performance measures are not perfectly reliable. Furthermore, employees with very high or very low scores are often not in the study (i.e., low performing employees would have already been fired and thus not available to be in the study).

Using the job satisfaction example, artifact corrections allow the meta-analyst to answer the question, “If there was a perfect measure of job satisfaction, a perfect measure of job performance, and no range restriction, what would be the ‘true correlation’ between these two variables?”

Artifact adjustments for predictor and criterion reliability are usually made when the meta-analysis topic is more theoretical than practical. For example, compare a meta-analysis of the relationship between cognitive ability and police officer performance with a meta-analysis of the relationship between a particular cognitive ability test and police performance. In the first example, the variable of interest is a theoretical construct, cognitive ability, whereas in the second example, it is a specific test.

Determining the Presence of Moderators

In an ideal world, the results of a meta-analysis could be generalized across all similar organizations and settings. In meta-analyses, it is common to generalize results when at least 75% of the observed variability in effect sizes can be attributed to sampling and measurement error. When less than 75% can be attributed to sampling and measurement error, a search is conducted to find variables that might moderate the size of the effect size. For example, women might be better than men at detecting deception in friends but not in strangers.

The idea behind this 75% rule is that, due to sampling and measurement error, effect sizes are expected to differ from study to study. The question is: Are these observed differences simply due to sampling and measurement error, or do they represent real differences in studies? That is, Is the difference between the correlation of .40 found in one study and the correlation of .15 found in another study due to sampling error, or is the difference due to the subjects in one study being police officers and the subjects in the other fire fighters?

Understanding Meta-Analytic Results

Table 1 presents the results of a hypothetical meta-analysis investigating the relationship between extraversion and police performance in the academy and on the job. This table is similar to those found in many published meta-analyses.

Number of Studies and Sample Size

The K column contains the number of studies used in the meta-analysis, and the N column contains the total number of subjects across the

Table 1 Hypothetical Meta-Analysis Results for Extraversion

Criterion	K	N	r	95% Confidence Interval		ρ	90% Credibility Interval		Var (%)	Q_w
				Lower	Upper		Lower	Upper		
Academy grades	46	10,447	.08	0.01	0.15	.16	0.06	0.26	77	80.82
Supervisor ratings	69	18,237	.25	0.20	0.30	.41	0.36	0.46	82	71.4

K = number of studies; N = sample size; r = mean correlation; ρ = mean correlation corrected for range restriction, criterion unreliability, and predictor reliability; VAR = percentage of variance explained by sampling error and study artifacts; Q_w = the within-group heterogeneity.

studies. Because the number of available studies varies tremendously across research topics, the number of studies found in a meta-analysis could range from 3 to several hundred.

Mean Observed Effect Size

The *r* column in Table 1 is the mean correlation coefficient across all of the studies (weighted by the size of the sample). This coefficient answers the question, “What is the typical correlation found in studies investigating the relationship between extraversion and police performance?” The hypothetical meta-analysis results in Table 1 indicate that the correlation between extraversion and academy grades is .08 and that the correlation between extraversion and supervisor ratings of on-the-job performance is .25.

Confidence Intervals

To determine whether the average correlation coefficient is statistically significant, we look at the next two columns: the lower and upper limits to the 95% confidence interval. If the interval between the lower and upper limits includes zero, the correlation coefficient is not statistically significant. From the data in Table 1, we would conclude that there is a small, but statistically significant, relationship between extraversion and academy grades and a moderate and statistically significant relationship between extraversion and performance as a police officer.

Confidence intervals allow meta-analytic results to be communicated with a sentence such as, “Though our best estimate of the validity of

extraversion in predicting supervisor ratings of police performance is .25, we are 95% confident that the correlation is no lower than .20 and no higher than .30.” Although the current example used a 95% confidence interval, some meta-analyses use 80%, 85%, or 90% confidence intervals. The choice of confidence interval levels is a reflection of how conservative a meta-analyst wants to be: The more cautious one wants to be in interpreting the meta-analysis results, the higher the confidence interval used.

Corrections for Artifacts

The next column, labeled ρ (rho), is the average correlation coefficient corrected for criterion unreliability, predictor unreliability, and range restriction. This coefficient represents what the *true validity* of extraversion would be if we had a perfectly reliable measure of extraversion, a perfectly reliable measure of academy grades and supervisor ratings of performance, and no range restriction. Notice how the observed correlations of .08 and .25 increase to .16 and .41 after being corrected for study artifacts. When interpreting ρ , it is important to consider how many artifacts were included in the corrected correlation. That is, two meta-analyses on the same topic might yield different results if one meta-analysis corrected for three artifacts, whereas another corrected only for range restriction.

Credibility Interval

Credibility intervals are used to determine whether the corrected correlation coefficient (*r*) is

statistically significant and if there are other variables that potentially moderate the relationship between the variables being studied. As with confidence intervals, a credibility interval that includes zero indicates that the corrected correlation coefficient is not statistically significant. If a credibility interval contains zero or is large, the conclusion to be drawn is that the corrected validity coefficient cannot be generalized and that there may be moderators affecting the relationship.

Percentage of Variance Due to Sampling Error and Study Artifacts

The “Var” column in Table 1 is the percentage of observed variance that is due to sampling error and study artifacts. Notice that for grades and performance, these are 77% and 82%, respectively. Because the percentage is greater than 75, the findings can be generalized and a search for moderators is not necessary.

Rather than using the 75% rule, some meta-analyses use a test of statistical significance. The results of these tests are reported as a Q_w or H_w statistic. If this statistic is statistically significant, a search for moderators is made. If the statistic is not significant, the findings can be generalized. In Table 1, the Q_w statistic was not significant for either academy grades or supervisor ratings of performance. This lack of significance is consistent with the fact that sampling error and study artifacts accounted for at least 75% of the observed variance.

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See also Research in Criminal Psychology

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MEXICAN DRUG CARTELS

According to the U.S. Department of Justice, Mexican drug trafficking groups, commonly called *cartels*, pose the greatest criminal threat to the United States. These groups dominate the production and trafficking of most of the illicit drugs that come into the United States. Mexico is a major producer of heroin, marijuana, and methamphetamine and, since the late 1980s, serves as the main transshipment route for South American cocaine reaching the U.S. market.

Mexico's drug cartels have diversified into other criminal activities, but many analysts contend that the largest portion of their profits continue to be derived from the lucrative drug trade. Competition between cartels and armed resistance to a Mexican government crackdown resulted in an estimated 100,000–150,000 organized-crime style homicides in Mexico since 2007.

Are They Cartels?

In the 1980s, the cartel moniker was used to describe the large Colombian drug trafficking organizations. Popular usage extended the term to all major drug trafficking groups outside the United States. Some of Mexico's organizations, in their heyday of the 1980s through the mid-2000s, controlled defined territories, enforced monopoly control over transport routes to the United States called *plazas*, and reduced market competition through bribery and violence. Although they never fixed prices, formally acting as oligopolies, Mexico's drug cartels attempted to insulate themselves from government law enforcement operations to ensure their businesses could flourish in impunity.

Mexico's drug cartels have steadily diversified into other types of crime and extended their activities to some 60 countries across the globe. The larger Mexican cartels are now important actors in *transnational organized crime*.

Background on Drug Trafficking in Mexico

Mexican trafficking of marijuana and heroin (from opium poppies grown in Mexico) into the United States began early in the 20th century. Mexico's drug cartels became entrenched during the one-party rule of the Institutional Revolutionary Party between 1929 and 2000. Alcohol smuggling during the U.S. prohibition was an early criminal activity of the organizations that became the cartels. The Guadalajara cartel was founded in 1980 by Miguel Angel Félix Gallardo, a former police officer from Sinaloa state. His organization spawned a network of traffickers that eventually battled one another and vied to exploit the cocaine trafficking business from Colombia to the United States.

The major Mexican cartels, such as the Gulf cartel, the Arellano-Félix organization, the Beltrán Leyva organization, the Juárez cartel, Los Zetas, and the Sinaloa crime group, sometimes produce and traffic multiple drugs. Some cartels or regional wings of a larger crime group may specialize in a particular drug, such as the now-decimated group called *La Familia Michoacana* that specialized in methamphetamine production in southwest Mexico, although a new transnational criminal organization, the Cartel Jalisco New Generation, has become prominent in the methamphetamine trade.

Since 2006, because of intensified conflicts, these groups have merged or more frequently splintered and have been in a state of almost constant flux. The number of fragmented groups (*cartelitos*) is estimated in 2015 to have grown to between 60 and 200 groups. In 2015 and 2016, the more prominent new organizations that have emerged include the Cartel Jalisco New Generation, Los Viagras, Guerreros Unidos, and Los Cuinis.

In addition to fragmentation, there has been a major shift into other types of predatory crime including natural resource theft (e.g., oil smuggling, illegal logging, and illegal mining), domestic drug sales, kidnapping, human smuggling, and extortion of legal businesses of all types.

There is no agreement on the dollar value of the Mexican drug traffic or the revenues of the criminal organizations. From 2010 and 2011, plausible estimates of Mexican drug-related proceeds were

between US\$4 billion and US\$29 billion. A 2015 study by the Financial Action Task Force of bulk cash smuggling over the U.S.–Mexico border produced a range between US\$6 billion and US\$36 billion annually (with US\$25 billion as a generally accepted figure), but the share returned to the drug cartels is unknown.

Sinaloa Cartel

The Sinaloa cartel controls roughly 60% of Mexico's drug trade overall. Sinaloa rose to dominance through corruption of high-level Mexican officials and violent battles with rivals. Its leaders are Joaquín “El Chapo” Guzmán, who twice escaped from Mexican prisons and was recaptured in January 2016 and extradited to the United States a year later, and Ismael Zambada García. Sinaloa's drug income is derived from cocaine, marijuana, methamphetamine, and also reportedly heroin, having pushed Colombian suppliers from another market they once dominated. It is unclear at what point in heroin production the cartel takes control of the product—at the farm gate or later. Also, Sinaloa's control of wholesaling and retailing of heroin in U.S. communities has been little examined in open-source publications.

Continual Evolution but Violence Remains a Constant

The Mexican cartels have changed their names and alliances regularly. Following a crackdown launched by Mexican president Felipe Calderón in 2006, violence in Mexico related to organized crime and drug trafficking soared through 2011. The security situation stabilized in 2012, and violence declined for a couple of years by roughly 15% a year. However, the murder rate started to rise again in 2015 and reached a record level in 2017.

Exports of heroin have grown dramatically since 2014, feeding a growing demand for opioids in the United States. The U.S. Drug Enforcement Administration reports that fentanyl, a powerful synthetic opioid, is being illegally produced in Mexico and China. Heroin and fentanyl overdoses are contributing to a growing epidemic of fatal opioid overdoses while U.S. cocaine use has

declined. The U.S. market for Mexican marijuana is less profitable due to U.S. state efforts to legalize adult recreational use and to ease other restrictions.

Some analysts suggest that the hyper-violence of the cartels reveals the cartels to share traits with guerrilla insurgents, requiring a military-backed response. However, many analysts counter that Mexico's drug cartels remain fundamentally a crime problem, and the most important tool for effectively combating them is major institutional reform to reduce impunity, lower corruption, and inculcate the cultural and political respect for human rights necessary to establish the rule of law.

June S. Beittel

See also Criminal Organizations and Networks; Drug Trafficking; Transnational Gangs

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MEXICAN MAFIA

The Mexican Mafia is a prison gang, being the first such gang to establish extralegal governance over prison inmates as well as criminal street gangs conducting gang-related criminal operations outside prison walls. It achieved this power and control by offering protection services to incarcerated gang members in return for payment of *taxes* (percentages of criminal profits) and extralegal jurisdiction over the allied street gangs.

This umbrella of protection was first offered for incarcerated gang members but was later extended to include protection services for the allied gang itself, including protection for any allied gang member, regardless of whether the gang member was inside or outside prison walls. Any failure to pay taxes or follow Mexican Mafia orders results in issuance of a *green light* to assault, batter, or kill any and all members of the noncompliant gang.

Through psychological and physical coercion, the Mexican Mafia prison gang became one of the strongest and most feared prison gangs in the United States. More than 400 allied criminal street gangs willingly pay taxes and submit to extralegal governance by the Mexican Mafia. This jurisdiction includes the authority of the Mexican Mafia to resolve issues such as turf ownership, dispute resolution, control of drug trafficking operations, or other gang-related criminal activity. As a result, the Mexican Mafia controls more than 21,000 Hispanic and Mexican American gang members operating in the United States, Mexico, and parts of Central and South America. After reviewing the history and the structure of the Mexican Mafia, this entry explores the gang's extralegal governance and its ability to maintain solidarity.

History of the Mexican Mafia

In 1957, the Deuel Vocational Institution housed some of the worst youthful offenders in California. The inmates would align along racial, ethnic, cultural, or religious ties and prey upon less organized Hispanic and Mexican American inmates. In response, inmate Louis "Huero Buff" Flores founded the Mexican Mafia prison gang. Designed after the Sicilian Mafia, the Mexican Mafia provided social support and protection for the less organized Hispanic and Mexican American inmates. But the goal was more than mere protection and social support: Flores's stated goal was to create an elite *prison gang of gangs* that not only aligned prison inmates but also served to align Hispanic and Mexican American criminal street gangs operating outside prison walls.

The premise was simple. Drug dealers and most gang members realize that they are likely to get caught committing gang-related crimes and are likely to serve time in prison. Once incarcerated, they become prey for more organized groups of

prisoners and prison gangs who are often armed with homemade prison weapons. Because of this vulnerability, the street gangs are willing to align with the Mexican Mafia prison gang, pay taxes, and follow orders issued by the Mexican Mafia in return for protection services.

Organizational Structure of the Mexican Mafia

The Mexican Mafia does not have a rank and file. In prison, each Carnal (i.e., full pledged member) has one vote, with each vote being equal. This organizational structure provides insulation should a Mexican Mafia Carnal be relocated, die, or be killed by rival prison gang members.

Due to a continuous supply of inmates, the loss of a few Carnals does not threaten or cause collapse of the Mexican Mafia prison gang. Instead, many inmates line up to become Mexican Mafia prospects. As a measure of precaution, the Mexican Mafia performs extensive background checks on prospective members. In addition, any prospect must abide by the Mexican Mafia *regales* (rules) and follow orders for approximately 2 years before being considered for full membership as a Carnal. Upon completion of the initiation phase, the prospect must attain unanimous approval of all sponsoring Mexican Mafia Carnals. This thorough initiation process makes it highly unlikely that the Mexican Mafia will be overthrown by a rival prison gang or infiltrated by an undercover law enforcement officer.

During the initiation phase, the prospect must pledge allegiance to the Mexican Mafia, follow the Mexican Mafia *regales*, and abide by the Mexican Mafia Constitution. To show bravery and loyalty to the Mexican Mafia, the prospect is required to physically attack or kill another inmate. The Mexican Mafia has established a “blood in, blood out” initiation oath, whereby a prospect must draw blood or shed blood to become a member.

Loyalty to the Mexican Mafia is also for life. All prospects and members are duty bound to attack anyone who does not display proper respect to the Mexican Mafia. Should a Carnal or associate become disloyal, all Mexican Mafia members, prospects, associates, and allied street gangs are duty bound to kill that disobedient individual.

Psychological Coercion

Understanding the Mexican Mafia’s vast network of control and extralegal governance of allied criminal street gangs requires an understanding of the nature of incarceration. A newly incarcerated individual is stripped of personal belongings, weapons, and any protection afforded by fellow street gang members remaining outside prison walls and is thrown into unfamiliar surroundings, most frequently a cell or barracks. Being alone, the inmate becomes prey for more organized, predatory inmates.

In part, it is a numbers game. Most street gangs (as opposed to prison gangs) have fewer than 40 members. As such, it is unlikely that more than three or four members of the same street gang will be incarcerated in the same prison at the same time. As a result, most incarcerated gang members are outnumbered by the more organized inmates or rival prison gangs. These prisoners and established prison gangs pose serious physical threats to a new inmate, as they are often armed with homemade prison weapons and are familiar with blind spots in the prison yard where they can victimize a new inmate without detection.

Consequently, incarcerated street gang members face a choice: either join a prison gang or become prey for roving bands of prison predators. The street gangs have a similar choice: either align with a prison gang or watch helplessly as their members are victimized, harassed, or even killed once inside prison walls. The allied street gangs willingly pay taxes and submit to extralegal governance by the Mexican Mafia prison gang to ensure their own protection.

Mexican Mafia Solidarity

The Mexican Mafia Constitution further establishes solidarity. It affirms that “the Mexican Mafia comes first—even before your own family.” As a condition of membership, gang members must lay aside any former gang rivalries or personal conflicts to further the interests of the Mexican Mafia. Since membership is for life, this remains true regardless of whether the Mexican Mafia member is inside or outside prison walls. The number one priority must be the Mexican Mafia, and the number one goal must be to further Mexican Mafia criminal interests.

Furthermore, the Mexican Mafia solidarity is synergistic. Through a pledge of absolute loyalty to the Mexican Mafia, the gang psyche strengthens any individual weaknesses, making each gang member bolder, braver, and stronger than if acting alone. Carnals, associates, and allied street gang members are willing to take risks, knowing that the entire Mexican Mafia, including 21,000 Sureño street soldiers and 1,500 associates, will back them if conflict arises. As such, the Mexican Mafia and allied street gangs act as a collective that is unified and ready to attack if confronted with disrespect, insubordination, or violence.

This solidarity serves to strengthen power and control over allied street gangs. As noted earlier, allied street gangs are willing to pay taxes, ranging between 10% and 30% of the street gang's criminal profits, to become a member of the elite *prison gang of gangs*. If the taxes are not paid, the Mexican Mafia issues a green light for all Mexican Mafia members, associates, and aligned street gangs to attack and take over the noncompliant gang's street territory and criminal operations. Without the Mexican Mafia's protection, the green light makes the noncompliant street gang vulnerable to overthrow by a rival street gang, resulting in a loss of gang-related profits or gang-related territory, or both. Accordingly, allied street gangs seldom fail to pay taxes to the Mexican Mafia.

Solidarity is also strengthened once a Mexican Mafia member or associate is released from prison. Association with the Mexican Mafia is viewed as a status symbol and most often allows the released inmate to assume a position of leadership in the former street gang. In some instances, the Mexican Mafia Carnal rejoins the street gang as a tax collector who secures payment of taxes to the Mexican Mafia prison gang. Through this symbiotic relationship, power and control over aligned street gangs are further strengthened, and Mexican Mafia solidarity is enhanced.

Power and Control Over Street Gangs

As noted, the Mexican Mafia is solidly entrenched in U.S., Mexican, and Central American prison systems. It stands strong with more than

400 members, at least 1,500 prison associates, and more than 21,000 Sureño street gang members (soldiers) that stand in alliance with the Mexican Mafia. As a result of such numbers, most street gangs are without sufficient numbers to pose a threat to Mexican Mafia control.

This is evidenced by the 1992 conflict when the Mongols outlaw motorcycle gang refused to pay taxes to the Mexican Mafia. As a show of force, the Mexican Mafia issued a green light on any Mongol gang member. Once the green light was issued, all Mexican Mafia members, associates, and Sureño soldiers were obligated to enforce the green light through acts of violence, regardless of whether the Mongols were on the streets or behind prison walls.

On the streets, the well-organized motorcycle gang of approximately 2,600 members was able to fend for itself. However, the same was not true inside prison walls. Incarcerated Mongols were severely outnumbered and became targets for harassment, physical violence, and murder. The only alternative to continual harassment was to seek protective custody that afforded 23-hr lockdown. As a result, the Mongols submitted to taxation and control by the Mexican Mafia 1 year after the Mexican Mafia's display of violence and aggression.

Mara Salvatrucha also refused to pay taxes to the Mexican Mafia. In retaliation, the Mexican Mafia issued a green light on all Mara Salvatrucha gang members, regardless of whether the Mara Salvatrucha gang members were inside or outside prison walls. The unending harassment disrupted business and recruiting efforts to the point that Mara Salvatrucha agreed to pay taxes and align with the Mexican Mafia. As a sign of allegiance, Mara Salvatrucha added the Mexican Mafia identifier "13" (representing the 13th letter of the alphabet or "M") to their name, thus acquiring the notorious nickname "MS-13."

Emergence of Other Prison Gangs

Once the Mexican Mafia emerged, other prison gangs followed. Similar to the Mexican Mafia, these prison gangs initially formed to provide social support and much needed protection from harassment or physical violence. But once the

prison gangs became established, the focus shifted from social support and protection to gang-related profits and organized crime. They engaged in extortion of taxes and more control of gang-related criminal activity, both inside and outside prison walls.

One such example of a well-established prison gang is the Nuestra Familia prison gang. It was established in the 1960s to provide protection for Hispanics and Mexican Americans incarcerated in Northern California prisons. Since Norteño street gangs (located in Northern California) are hostile enemies of Sureño street gangs (located in Southern California), Nuestra Familia served as an alternative to joining the Mexican Mafia, especially since the Mexican Mafia is highly saturated with Sureño street gang members.

Since the 1960s, the Nuestra Familia prison gang has become a very powerful prison gang not only in Northern California prisons but also in the southern and Western states. It exerts extralegal jurisdiction over approximately 1,000 allied criminal street gangs (primarily Norteño street gangs), both inside and outside prison walls.

Similarly, the Barrio Azteca in Western Texas, the Mexikanemi in Southwest Texas, the United Blood Nation in New York, and the Black Guerrilla Family in Maryland are examples of well-established prison gangs that provide protection services for inmates and allied street gangs in return for extralegal governance and payment of taxes.

With growth, alliances naturally form. For example, the Mexican Mafia aligns with the Aryan Brotherhood, and the Nuestra Familia prison gang aligns with the Black Guerilla Family. Such alliances, both inside and outside prison walls, serve to enhance criminal operations such as smuggling inside prison walls and drug trafficking operations on the streets.

Solidarity Through Segregation

The rules and regulations of the correctional systems in the United States may serve to strengthen solidarity of the Mexican Mafia and other prison gangs. Generally, rival gang members are not placed in the same prison cells or pods. Instead, rival gang members are most often housed in segregated units. Because gangs generally align along

racial, ethnic, and cultural ties, this segregation often perpetrates growth of new prison gangs and serves to strengthen solidarity and loyalty to existing prison gangs.

To compound the issue, correctional facilities are seldom able to control all aspects of inmate conduct. Budgets and lack of correctional officers minimize the extent of such power and control. Moreover, inmates and prison gangs seldom look to correctional officials or the judiciary for protection or dispute resolution. Instead, the prison evolves its own prison culture and its own governing system, with prison gangs often serving as the governing bodies that provide extralegal governance, protection services, and dispute resolution. The prison gangs become pseudo-governments that further spawn their growth, expansion, and control.

Furthermore, prison gangs make it clear that a green light will be issued if their orders are not followed. As a consequence, decisions of these extralegal governing bodies are most often upheld. Otherwise, incarcerated members of aligned gangs risk daily brutality, loss of life, and an almost unbearable prison existence. As a result, this physical and psychological coercion makes any prison sentence, even a short sentence, extremely difficult.

Conclusion

The Mexican Mafia has become one of the most feared and violent prison gangs in the United States. Its span of control encompasses not only U.S. prisons but also prisons in parts of Central and South America. As such, the Mexican Mafia is not only a growing concern for correctional officials but also a growing concern for federal and state law enforcement agencies throughout the United States.

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See also Aryan Brotherhood; Mara Salvatrucha; Nuestra Familia; Street Gangs; Transnational Gangs; American Gangs Biker Gangs; Prison Gangs and Security; Threat Groups Prison Gangs, Major

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MILITARY PRISONS

See Federal Prisons

MILITARY SERVICE SCREENING

Military personnel are responsible for the defense of the nation, and military service is physically and mentally demanding. Successful adaption to military service requires a high degree of physical and psychological health and fitness, aptitude for specialized education and training, and the personal resources to uphold good order and discipline and tolerate the hardships associated with military service, including combat. Unsurprisingly, many individuals fail to complete their first assignment, and for the majority, this is a result of adjustment and behavioral issues. Consequently, the U.S. military uses employment-screening procedures to evaluate an individual's trainability and potential to successfully adapt to the unique demands of military service. Personnel are screened prior to entry into service to determine eligibility for critical and sensitive positions as well as to determine suitability for high-risk, specialized military duties (e.g., Special Operations Forces [SOF]). This entry describes the processes typically used to screen candidates at each of these points, with an emphasis on psychological standards and screening methods.

Psychological Screening for Entry Into Military Service

The U.S. Department of Defense sets by directive the minimum qualification standards for entry into service to ensure that recruits are able to successfully adapt to service and perform military duties. Individuals desiring to enter military service must meet exacting aptitude, medical and physical, and conduct/behavioral standards. Requirements for some of the branches of the Armed Forces may be more restrictive than the minimum standards, especially with respect to drug and alcohol use and character and conduct problems.

Aptitude

Screening for aptitude has been employed in military entry procedures since World War I and grew out of the exigencies of having to screen large numbers of draftees for the war. Intelligence tests, newly developed at that time, allowed for rapid and effective ability screening. The Armed Forces Qualification Test (AFQT), derived from the Armed Services Vocational Aptitude Battery, is now used to assess eligibility to enlist and facilitate appropriate career placement. Educational level and AFQT scores predict training success and completion of a service term and are used together to determine eligibility for service. For example, an individual who has not completed high school is ineligible for military service unless that person scores at or above the 31st percentile on the AFQT. Certain military occupational specialties involving highly technical training are not open to individuals scoring below specified AFQT scores. Of note, the AFQT is used for enlistment purposes only; there is no one specific aptitude measure used for appointment as an officer in the military.

Medical and Physical Standards

All service members must be medically, psychologically, and physically fit for deployment regardless of job classification, as all may be required to put themselves in harm's way. Each of the services has established medical standards, and applicants are screened for disqualifying medical and mental health conditions with a

general medical examination at entrance. There is no psychiatric evaluation; rather, mental health is screened by a medical history form completed by applicants. History of severe mental health disorders, such as psychoses, severe mood and anxiety disorders, and substance use disorders are disqualifying, as are history of conduct disorder and suicide attempts. Some disqualifying mental health conditions may be eligible for waiver, but such waivers are difficult to obtain.

Currently, there is no formal testing for physical fitness at entry, but all recruits must meet minimum height and weight standards. All individuals are required to pass stringent physical fitness tests to successfully complete basic military training.

Conduct and Behavior

Military service requires discipline as well as the ability to conform oneself to rules and standards. Applicants are screened for past legal and conduct issues in order to minimize the entrance of individuals who are likely to be a security risk, or may disrupt moral, good order, and discipline. Services collect fingerprints at entry and conduct a criminal background investigation. U.S. Code (Title 10 §504) prohibits anyone convicted of a felony from entering military service. In exceptional circumstances, this may be waived; however, individuals convicted of a sexual offense are prohibited from entering service. A pattern of antisocial behavior reflected by repeated legal encounters or conduct problems reflecting difficulty conforming to legal or moral standards, immaturity, or poor impulse control may also render an individual unfit for military service. Any pattern of drug or alcohol abuse or dependency is medically disqualifying. Illegal drug use that is habitual, or involves drugs other than marijuana, as well as a positive test for certain illegal drugs during the enlistment process is disqualifying for military service and requires review and waiver to enter service.

Screening for Special Military Duties

There are some jobs within the military that require specially screened personnel because of the skills and training and the psychological

competencies required to perform them successfully. Military aviation is a prominent example. Others require access to classified programs and information.

Military Aeronautics

Pilot training is the most expensive training in the military, and military aircraft are among the most technologically advanced and expensive pieces of equipment in the nation's arsenal. Pilots in the U.S. Air Force, Navy, and Marine Corps are all commissioned officers, whereas the U.S. Army uses both commissioned officers and warrant officers. All commissioned officers are required to have a bachelor's degree. Educational requirements differ for warrant officers, who are not required to have a college degree upon entry into flight school.

Regardless of education, all pilot applicants in the military must demonstrate flight-training aptitude. This is assessed using specially developed aviation selection test batteries tapping a number of cognitive abilities relevant to flying (e.g., spatial, psychomotor, mechanical). These tests have been shown to predict success in flight training. In addition, pilot candidates must be medically qualified for flight duties, and pilot candidates must pass special medical evaluations. There are no specific psychological screening measures used, but flight surgeons assess interest in, and psychological suitability and motivation for, military aeronautics in their medical evaluation of pilot candidates.

Critical and Sensitive National Security Positions

Certain positions within the U.S. military involve duties that are sensitive and critical to national security. The positions include access to classified information and programs (Personnel Security Programs) as well as those associated with nuclear weapons (Personnel Reliability Program; including nuclear submarine duties and nuclear missile operations and defense). Personnel must obtain and maintain a security clearance in order to perform these duties, and special screening is required to ensure that such individuals are psychologically stable, reliable, and trustworthy.

An extensive background investigation is used to determine eligibility for entry and continued participation in these jobs. In some instances, polygraph examination may also be required.

Personnel complete the Questionnaire for National Security Positions to begin the investigative process known as a *Single Scope Background Investigation*. This intensive investigation involves a personal interview covering personal, sexual, and criminal conduct; finances and credit; alcohol and drug use; psychological conditions; and importantly, foreign interests and allegiance to the United States. Agents conduct checks of employment, education, organizational affiliations, and criminal records. They also interview coworkers, friends, neighbors, and employers.

Adjudicative guidelines are used to determine eligibility requirements for a security clearance, which is a prerequisite to qualifying for any of these high-reliability positions. An individual may be disqualified if findings from the investigation reflect a recent or recurrent pattern of poor judgment or irresponsible or unstable behavior. Of note, historical or current mental health counseling is not a basis for ineligibility but will result in further inquiry to assess risk factors relevant to suitability for these programs. In addition to the screening requirements, individuals are continuously monitored for their continued suitability for such duties.

Screening for Suitability for Special Military Units

Although all military personnel might be expected to deploy into harm's way, there are certain specialized personnel (e.g., SOF, bomb disposal personnel) who routinely perform high-risk missions under conditions of extreme threat, often with dire consequences for mission failure. Some, such as SOF personnel, deploy frequently to hostile environments and operate highly autonomously, with little tactical or logistical support. These forces often confront novel, complex, and ambiguous military situations requiring them to be tactically competent and agile. They are specially selected and highly trained, possessing technical and psychological competencies beyond those of their peers. Among the essential competencies

required for successful SOF personnel are high stress tolerance, emotional stability, adaptability to rapidly changing demands, teamwork, and sound judgment and decision-making.

Assessment and Selection (A&S)

Personnel who volunteer for these special military assignments must complete stringent A&S programs. These assessment programs represent the most intensive physical, medical, psychological, and occupational screening efforts in the U.S. military. The methods used by A&S programs descend from those used by the Office of Strategic Services to screen clandestine intelligence operatives during World War II. Modern military A&S programs are physically and psychologically rigorous events designed to both screen out those who are unsuited for the work and identify those with the most potential to perform effectively in the job.

A&S programs are structured to mimic the harsh operational environments these military personnel will find themselves in and use demanding physical events (e.g., obstacle courses, ruck marches, swims) as situational tests. In addition to these physical challenges, sleep and food deprivation are used to test performance under extreme physiological and psychological depletion. These rigorous physical demands assess tolerance for hardship, perseverance, and effective performance under stress. Assessment methods also include detailed psychological evaluations (cognitive ability tests, personality tests, and psychological interviews) and situational tests (team and individual). The use of situational tests (or simulations) closely follows the assessment center model, with tasks designed specifically to assess the unique job demands and competencies required for success in a given position. Thus, the content of these tasks differs in A&S programs for various specialized personnel depending upon unique mission and job requirements. However, the psychological screening processes used in various military A&S programs to assess suitability are similar and comprise interviews, cognitive tests, and personality tests.

Psychological Interview

The interview informs the overall assessment of suitability focusing specifically on the candidate's psychological and emotional stability, training

and performance potential, and behavioral and security risks. Interviews often focus on motivation for the job; learning capacity as reflected in past academic and military training and job performance; lifestyle and relationship stability; legal, moral, and ethical behavior; and psychological competencies, including resilience and emotional stability.

Cognitive Testing

The training and operational requirements for these positions demand strong cognitive and intellectual abilities. As in the general work world, cognitive ability proves to be a strong predictor of future training and job performance success in personnel for special military missions. In A&S programs, assessment of cognitive ability is most commonly accomplished using group-administered, well-validated, and usually brief measures of general cognitive ability, such as the Wonderlic Personnel Test or the General Ability Measure for Adults.

Personality Tests

Personality tests are used in the detection of psychopathology to screen out unsuited individuals and in the assessment of general personality traits thought to be important in the work world in general (e.g., conscientiousness) and in the performance of high-risk military duties. Given that emotional stability is a major competency required for success in high-risk military operational personnel, A&S programs routinely incorporate clinical personality instruments. Clinical instruments (e.g., Minnesota Multiphasic Personality Inventory) assist in the detection of psychopathology and are generally used to screen out individuals who are unsuitable for assignment. Tests of personality traits, such as the NEO Personality Inventory–Revised (which corresponds to the Five Factor Model of Personality), are often used to assess desirable personality qualities for success.

James J. Picano

See also Police Officer Evaluations: Suitability for Hire and Fitness for Duty; Law Enforcement Employment Screening; Mental Health Assessment: Adult Screening Tools; Resilience and Positive Psychology

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MINDFULNESS

Mindfulness is the practice of actively paying attention to the present moment without judgment and with acceptance. As a practice, it involves building attentional awareness through various forms of meditation *and* practicing attitudes that support emotional balance, thought reframing, tolerance, and compassion for self and others. When practicing mindfulness, attention is on accepting the present moment as it is, without judging the events in the moment as good or bad, the associated feelings, or the thought commentary running through the mind. It is being present with oneself and the world with open attention and acceptance. In this entry, mindfulness is introduced first as meditation and then as a complementary therapy for medical problems, stress reduction, substance abuse, and psychological problems, followed by a brief review of the research. The entry closes with an application of mindfulness to the lives of incarcerated people.

Mindfulness as Meditation

Mindfulness has many applications. At its simplest, mindfulness is the practice of meditation, whereby the objective is to cultivate present moment awareness. This is achieved by sitting quietly and focusing attention on the movement of the breath, the beating of the heart, or some sound or image. Learning to redirect attention and maintain awareness is the goal. Mindfulness also can be practiced while active. Yoga is often included in the practice of mindfulness. Yoga, as meditation, is the process of focusing attention on the synchronized movement of the body with the breath. Mindfulness also can be practiced as one actively lives. Here, attention is on being fully present in the moment and letting go of strong attachments to desires, beliefs, feelings, and thoughts. Just letting life be and observing all the moment-by-moment choreography is the practice of mindfulness.

Mindfulness and Stress

Life is stressful. What this means is that through the process of living, humans are exposed to internal and external signals, referred to as *stressors*, which trigger the body and mind to go into a state of alert. These stressors signal danger, independent of whether the threat is real or imagined. In response, the body and mind prepare to meet the danger by producing chemical reactions (a stress hormone called *cortisol*) that generate a protective response, referred to as the *fight, flight, or freeze response*. In general, healthy levels of stress (or eustress) enhance performance and productivity, while unhealthy levels manifest as fatigue, irritability, emotional flooding, exhaustion, ill health, and incapacitation.

Research has increasingly focused on the harmful effects of chronic stressors on health and psychological well-being. When the body's stress-response system is chronically activated, the body is overwhelmed by its own production of stress hormones, which taxes the human immune system, and increases the likelihood of a variety of problems including anxiety, depression, digestive problems, heart disease, sleeping disorders, and memory and concentration problems.

Mindfulness-based stress reduction (MBSR) was created by Jon Kabat-Zinn to help people

with medical problems (e.g., chronic pain, cancer, hypertension, diabetes) use their internal resources (e.g., attention, judgment, acceptance) to respond mindfully to symptoms of illness. The logic of MBSR is as follows: Illness (the stimulus) creates a reaction: stress; the resulting stress (e.g., worry, anger, anxiety) is hazardous to the body and mind and can directly and indirectly exacerbate initial health problems and lower overall well-being. Importantly, between the stimulus and reaction is a choice: to react or not. The client, mindful of the moment and decisional space, can choose to react (impulsively/reflexively) or respond (nonjudgmentally/thoughtfully). For this reason, MBSR is considered a client-empowering intervention. Through mindfulness, clients become aware of these choice points and learn to respond with equanimity and balance. Learning to stop and take a breath or two before responding nonjudgmentally to stimuli is a central feature of mindfulness. MBSR, a combination of mindfulness meditation and yoga, is a group-based intervention delivered over 8 weeks and includes weekly sessions of 3 hr: guided mindfulness exercises, yoga exercises; self-practice; and a daylong retreat. It has been completed by over 22,000 people and is now offered at more than 300 health-care settings.

Mindfulness-Based Therapy

Mindfulness principles have been used to relieve psychological symptoms related to depression, anxiety, and panic. Mindfulness-based cognitive therapy, an 8-week intervention, is designed to prevent relapse of depression. The goal of mindfulness-based cognitive therapy is to help clients develop a practice of meditation that is centering and empowering. Through yoga and meditation practice, clients develop an ability to disengage from reactive and troubling thoughts and feelings and refocus internally on their sense of being, which is separate from thoughts and feelings. Attention is placed on organic changes within the body and mind that are realized through the movement of yoga, breathing, and meditation. At its core, the practice is considered empowering because clients choose to separate from moods and habit thinking and embrace other dimensions of the present moment. By being aware of the separation, clients can actively respond by

nurturing hurtful feelings using compassion and introducing positive thoughts to neutralize harmful moods and thoughts.

Mindfulness-based relapse prevention (MBRP) is a mindfulness-based aftercare approach for substance use disorders. Delivered in eight weekly, 2-hr group sessions, the MBRP curriculum integrates mindfulness practices with cognitive behavioral relapse prevention strategies to support recovery from substance use. In contrast to cognitive behavioral therapy, which seeks to help clients understand and reappraise their cravings and triggers for substances, MBRP focuses on awakening the senses and accepting cravings without reacting. The goal of MBRP is to slow down the *automatic* reaction process by pausing (taking a breath or two), observing the present moment (seeing the warning signs of relapse), and bringing attention to the array of choices (applying coping skills) that exist in every moment. The emphasis is on self-control and conscious choice-making. Instead of mindless reaction, the option exists in the present moment to respond by choosing what is beneficial, not detrimental, to well-being.

Research on Mindfulness-Based Therapy

Research based on community-based samples has found that interventions inclusive of mindfulness improve symptoms associated with chronic stress, anxiety, depression, and attention-deficit/hyperactivity disorder. Meta-reviews of MBSR have found improved affect states, coping abilities, states of mind, and less emotional distress. Mindfulness-based cognitive therapy and MBRP also have been found to be effective in reducing risk of relapse and recurrence. It is argued that people in a more mindful state are better able to regulate their responses to stress (negative moods or cravings) because of their enhanced emotional awareness, insight, acceptance, and ability to revise mood states. Neurological research also shows that mindfulness strengthens the neural pathways between the executive functioning part of the brain (the prefrontal cortex) and the motivation/emotional parts of the brain (the limbic system), which is associated with stress response, emotional states, and pain perception.

Research evidence on mindfulness in correctional settings, while in its infancy, is growing. A

recent meta-analysis of yoga and mindfulness meditation in prison found small improvements in psychological well-being and behavioral functioning among those who completed yoga or meditation programs. Programs of longer duration were found to yield slightly larger improvements in behavioral functioning. One large-scale study conducted between 1992 and 1996 found that MBSR participants showed significant pre-post reductions in hostility, increases in self-esteem, and improvements in mood disturbance. These findings are consistent with other studies of meditation-based interventions (e.g., MBRP, Vipassana meditation, Zen Buddhist meditation) conducted in correctional settings that show significant improvements in criminogenic variables including negative affect, substance use, anger, and self-esteem.

Mindfulness for Correctional Populations

Being incarcerated or under correctional supervision is stressful. Being under surveillance or living under the threat of harm exposes justice-involved people to internal and external stressors that trigger the body and mind to go into a state of alert. Building abilities to better self-regulate and manage stress is an intervention that would likely benefit people confined to correctional settings or returning to the community from prison with or without supervision. Mindfulness-based interventions have the potential to help incarcerated people cope with conditions inside prison or jail, manage the anxieties associated with incarceration and release, and recover from disability, disease, and psychological distress.

Prison Life Is Stressful

Meditation and yoga programming offer a way to help incarcerated people manage the stresses and strains of prison life. Prison systems or individual facilities can partner with a variety of volunteer groups to access books, CDs, and DVDs on yoga and meditation; to provide in-person and online training on yoga and meditation; and to provide guidance on developing and maintaining yoga and meditation activities. Two established groups are Prison Mindfulness Institute and Prison Yoga Project. Training on MBSR is also available

online (see Palouse Mindfulness and Center for Mindfulness websites) and through workshops.

Starting a mindfulness program inside prison requires minimal investment (the purchase or donation of meditation cushions and yoga mats), a physical location (perhaps in the chapel, school, or gymnasium), and a volunteer to lead the program (until peers are trained). Meditation programming should build the leadership capabilities of prison residents by training them in MBSR and yoga, with certification as the end goal. Adding a sangha, a meditation community, which meets regularly after completing the MBSR or similar meditation program, supports the maintenance of a meditation practice and builds a community of support to sustain the practice of mindfulness.

Promoting Recovery and Rehabilitation Are Goals of Correctional Settings

Prisons employ a variety of cognitive behavioral therapies for anger management, changing thinking styles, and drug treatment. The effectiveness of these programs could be enhanced by adding mindfulness-based programs, such as MBSR and MBRP, as an aftercare component. Relapse prevention, whether defined in terms of preventing the use of substances, violence, or deviance, is critical to rehabilitation and recovery. Teaching skills and attitudes that help residents respond to distressing triggers or symptoms through mindfulness practices is made easy by the availability of manualized interventions and professional training opportunities online and through workshops.

Reentering the Community After Prison Is a Chronic Stressor

Not being able to find or keep a job, stable housing, reunite with family and friends, and function in a fast-paced world, combined with the constant threat of returning to prison, can trigger relapse and elevate risks of returning to prison. Chronic stress also interacts with two factors associated with reoffending: self-regulation—the ability to consciously moderate one's behavior and emotions; and negative affect states—including anxiety, anger, and depression. Being able to regulate thoughts, emotions, and actions translates into an ability to respond more judiciously to people, places, and things.

Mindfulness-based approaches have great potential as a reentry resource. By teaching people how to identify stressors, apply acceptance-based practices, and respond mindfully (not impulsively), mindfulness provides tools for living prosocially and with less stress, while also reducing factors that increase the risk of recidivism. Maintaining a mindfulness practice, however, can be challenging once a person is in the community. As with any practice, reinforcement is needed. Technology-based (e.g., computers, web, mobile devices) interventions are now available to support the practice of mindfulness in the community. Because stress is experienced in real time, support is needed immediately. There are web-based MBSR practices (including guided meditations, calming music, reinforcing messages, and readings on mindfulness) available at no cost. Furthermore, mobile devices, such as smartphones, offer the opportunity to get support as stress happens. As of 2017, there were more than 700 mobile apps related to mindfulness available, with many offered free or for a small fee. These apps vary in functionality, with some offering guided meditations or calming music.

The application of mindfulness to correctional programming and reentry is gaining momentum but there is resistance. Cultures of conflict and hierarchy have not traditionally embraced practices that espouse cooperation, compassion, and equality, although the latter are more likely to promote safety and security. Yet with more experimentation and evidence supporting the effectiveness of mindfulness-based practices in correctional settings, acceptance is building and adoption is happening.

Nancy Wolff

See also Imprisonment and Stress; Prevention Versus Intervention; Reentry; Reentry, Best Practices for; Trauma Informed Treatment; Treatment of Criminal Behavior: Individual and Group Psychotherapy

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MINNESOTA SEX OFFENDER SCREENING TOOL–REVISED (MnSOST-R)

The MnSOST-R was one of the earliest validated, actuarial risk assessment tool for sexual offenders. This entry describes the development and validation of the MnSOST-R in the context of evolving

risk assessment strategies and methods, which are essential for effective decisions in the criminal justice system.

Risk Assessment With Sexual Offenders

Determinations of risk occur across the criminal justice system. From decisions for setting bail, to sentencing, to establishing custody level, to determining conditions of release—implicit or explicit judgments about risk must be made. This has been true throughout modern correctional history.

Sexual offenders present even more challenges to the legal system because of additional risk assessment to inform additional high-stakes decisions unique to them. These include registration, community notification, and civil commitment.

In 1994, the U.S. Congress passed the Jacob Wetterling Crimes Against Children's Act, which required states to set up sexual offender registries in order to better track sexual offenders. Megan's Law, which took just 2 days to pass through the U.S. Congress in 1996 as an amendment to the Jacob Wetterling Act, authorized law enforcement agencies to notify the public about convicted sex offenders living, working, or visiting in their communities. It also required all states to develop a procedure for notifying the public when a convicted sex offender is released into their community.

To address these statutes, many states incorporated a three-tier system of risk (low, medium, or high) rather than identifying the specific types of offenders that are to be subject to notification. In Minnesota, for example, the Community Notification Act of 1996 called for a risk assessment scale to be implemented by January 1, 1997, and identified a series of factors to be used in assessing risk and assigning risk levels. As in many other states, those sex offenders determined to present the greatest risk received the highest level of community notification as well as supervision.

Also in the 1990s, states began to implement existing, or passed new, civil commitment statutes, often referred to as *sexually violent predator laws*. These statutes enabled states to commit the most dangerous sexual offenders to forensic hospitals rather than release them back into the community.

The policy justification for registration, community notification, and civil commitment statutes was protection of the public from the most dangerous sexual offenders. Clearly, then, the assessment and prediction of dangerousness is essential for the constitutional and effective implementation of these statutes.

While accurate assessment has always been important, the high-stakes decisions regarding sexual offenders helped focus attention on the objectivity, consistency, and accuracy of existing methods of risk assessment. The practice of sexual offender assessments in the 1980s and early 1990s was largely clinical and subjective in nature because of the standards of practice at that time and the absence of research on empirically validated risk indicators.

However, a compendium of studies, particularly in the 1980s, demonstrated that the clinical prediction of any type of longer term violence, including sexual violence, was essentially no better than chance. Consequently, reliance on clinical judgment alone resulted in numerous inaccurate predictions of sexual recidivism. On one hand, *false-positive* offenders were unnecessarily deprived of liberty, and the incorrect placement of offenders in prolonged and expensive treatment facilities put a great financial burden on the state. On the other hand, *false-negative* predictions risked placing dangerous sexual offenders in the community without appropriate supervision. There was a clear and compelling need for more accurate forms of risk assessment.

Since the 1950s, a growing body of evidence indicated that fully empirical approaches to diagnosis and prediction of future behavior outperformed clinical judgment. Such instruments included only variables that were linked to the target behavior by sound research, and each of these variables was assigned a relative weight empirically based on the strength of its relationship with the target behavior. This approach to assessment is now widely referred to as *actuarial assessment*.

By the early 1990s, several actuarial risk assessment tools had already established moderate predictive accuracy with general criminal recidivism (future commission of any criminal offense). However, those instruments were generally less successful at predicting violent recidivism,

including sexually violent recidivism. Clearly, a different set of variables were needed for the actuarial assessment of risk of sexual recidivism.

Minnesota Sex Offender Screening Tool

Doug Epperson, Jim Kaul, Steve Huot, and Robin Goldman began development of MnSOST in response to a 1991 Minnesota Department of Corrections special report calling for a more formal and uniform process to identify predatory and violent sex offenders. Few prediction models existed at that time, and many of those were dependent on clinical and/or phallometric data. A major limitation of such models is the fact that many sex offenders are not offered or refuse treatment and/or phallometric assessment, making clinical and phallometric data unavailable. From the outset, then, the goal was to create a reliable and valid predictive instrument that could be easily scored by correctional case managers using only information routinely available in correctional records.

Based on an extensive review of the relevant literature, an initial inventory of 14 items was developed. Although the items were empirically selected, the weights assigned to each item on this initial tool, the MnSOST, were based on clinical judgment. The initial MnSOST, thus, represented a structured clinical judgment approach to risk assessment in that it included only items with an empirical relationship to sexual recidivism but still involved a degree of clinical judgment. Results of two preliminary studies indicated that the MnSOST had acceptable reliability and modest predictive accuracy, demonstrating value to taking a more empirically structured approach to clinical judgment.

A major revision of the MnSOST was initiated in 1996. This was based on updated review of the literature to identify additional potential predictor variables and a commitment to making the revised tool a fully actuarial one in which both item selection and item scoring/weighting was empirically determined.

Minnesota Sex Offender Screening Tool–Revised

Development

Analyses to select and weight items for the MnSOST-R were performed on case files from

256 incarcerated sexual offenders in Minnesota from three cohorts: a random subsample of sex offenders released in 1988 ($n = 107$), a random subsample of sex offenders released in 1990 ($n = 107$), and a subsample of offenders readmitted to the Minnesota Department of Corrections for any reason during the time the sample was being put together, regardless of release year ($n = 42$). Most of the people in the last subsample were sexual recidivists ($n = 32$). This group was deliberately oversampled to provide more stability to any observed relationships between sexual recidivism and potential predictor variables.

The sample included sex offenders with a history of extrafamilial child molestation or rape of unrelated victims. For the purposes of this research, offenses involving vaginal or anal penetration of a victim aged 13 or younger were classified as rape. Forcible penetration was required for offenses against older victims to be classified as rape. Thus, the only group of sexual offenders excluded from the sample was those with an *exclusive* history of intrafamilial offenses that would *not* be classified as rape using the aforementioned criteria. This group was excluded because preliminary analyses indicated that this group was substantially different from the other groups on multiple dimensions.

Sexual offenders in the sample ranged in age from 17 to 70 years (mean = 32.42), and the ethnic mix of the sample was 66% European American, 23% African American, 5% Hispanic, 4% Native American, 2% other minority groups. On average, offenders in the sample had 0.82 *prior* sex convictions, with a range from 0 to 8.

To ensure that the tool could be used with a wide range of male sexual offenders, only variables that would be routinely documented in correctional case file were considered as potential items on the tool (predictors of sexual recidivism). The criterion variable, sexual recidivism, was defined as a formal charge for a new sexual offense within 6 years of release from prison.

Complex analyses identified 16 items that each made a unique contribution to the prediction of sexual recidivism (maximum identification of recidivists and nonrecidivists based on MnSOST-R total scores). With these 16 items in the predictive model, no other items significantly added to the prediction of sexual recidivism. Twelve of the

items were historical/static in nature, meaning that a score could only increase with time and not decrease. For example, once a person had one conviction for a sexual offense, the person could never have fewer in the future. However, future convictions for sexual offenses could add to that score. The historical/static items were number of convictions for sexual offenses, length of sexual offending history, commission of a sexual offense while under court supervision, commission of a sexual offense in a public place, use or threat of force in any sexual offense, perpetration of multiple sex acts in a single event contact, offending against victims from multiple age groups, offending against a 13- to 15-year-old victim with more than a 5-year age difference between the offender and the victim, victimization of a stranger in a sexual offense, persistent pattern of adolescent antisocial behavior, recent pattern of substantial substance abuse, and recent employment history. The remaining four items were institutional/dynamic items, meaning that they were reset to 0 at the beginning of any new incarceration for a sexual offense. These variables included discipline history, chemical dependency treatment recommendations and outcomes, sex offender treatment recommendations and outcomes, and age of the offender at the time of release from prison.

The MnSOST-R demonstrated good overall accuracy within the development sample. The most common statistic used to reflect overall accuracy of a risk assessment tool is the area under the receiver operating characteristics curve (AUC). An AUC value of .50 reflects chance levels of overall predictive accuracy, so a risk assessment tool must demonstrate an AUC value that is significantly greater than .50 using conventional statistical standards. In the development sample, the AUC was .77, significantly greater than chance. Furthermore, the tool performed equally well for various subgroups of offenders (rapists vs. child molesters and minorities vs. nonminorities).

Reliability

At least seven studies have assessed the reliability of MnSOST-R scores (agreement between raters on the scores of sexual offenders). Reliability coefficients can range from 0 (no reliability) to

1.00 (perfect reliability). The overall average reliability coefficient was .81. Five of the seven studies yielded reliability coefficients of .80 or higher, and the other studies produced coefficients of .68 and .76. There was minimal training of scorers in the latter two studies. Collectively, these studies demonstrated that, with modest training (a 1-day workshop), the MnSOST-R can be scored reliably.

Predictive Accuracy

Cross-validation studies are essential to demonstrate the predictive accuracy of the MnSOST-R with samples other than the development sample. In nine of 11 such studies, the predictive accuracy of the MnSOST-R was significantly greater than chance. The median AUC value across all 11 studies was .70, which reflects a moderate to high level of predictive accuracy.

The Current Context

The MnSOST-R always compared very favorably in reliability and predictive accuracy to other contemporary actuarial risk assessment tools for sexual offenders. In fact, the MnSOST-R and the Static-99 (and later the Static-99R), developed by Robert Karl Hanson and David Thornton, were the two most widely used tools of their type for about a decade in the United States. The latter tool was largely developed in Canada, which has a national tracking system for sexual offenders, making outcomes easier to determine. Because of this, the Static-99R established the most robust research base of all similar tools and is now the most widely used risk assessment tool for sexual offenders. Although the MnSOST-R was a pivotal tool in the transition to actuarial risk assessment, it is no longer supported by its authors. Anyone still using the MnSOST-R is encouraged to switch to the Static-99R.

Douglas L. Epperson

See also Juvenile Sex Offender Recidivism Risk Assessment Tool-II (JSORRAT-II); Risk Assessment, Actuarial; Sex Offender Risk Appraisal Guide (SORAG); Static-2002 and Static-2002R; Static-99 and Static-99R

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MINOR CRIMINAL RISK FACTORS

Minor criminal risk factors are a broad set of individual and environmental characteristics. Compared to moderate and major risk factors (identified later in this entry), minor risk factors have a weaker association with criminal behavior. Examples of minor criminal risk factors include family structure, race/ethnicity, and socioeconomic status. Also included are mental health disorders, cognitive challenges, and community demographics. Despite their low predictive ability, minor risk factors are often the focus of crime research, crime prevention efforts, and offender treatment programs. This is because minor risk factors are theory-driven and retain the potential to contribute to criminal behavior. This entry focuses on minor criminal risk factors in the context of the Risk-Need-Responsivity (RNR) model. Theoretical origins of common minor risk factors and two important roles they have in reducing criminal behavior are highlighted.

RNR

A major approach to offender rehabilitation today is based on the three principles underlying the RNR model. The *risk principle* posits that an offender's level of risk of criminal behavior can be measured and that offender treatment services should be proportional to this risk level. The *needs principle* recommends this treatment be focused on addressing risk factors (termed

criminogenic needs) that are directly related to recidivism (e.g., antisocial cognitions and substance abuse). The *responsivity principle* has two main categories: general and specific responsivity. General responsivity refers to the use of programming that has been shown to be effective at addressing antisocial thinking and behaviors. This has typically been assumed to be cognitive behavioral programs. Specific responsivity pertains to individual characteristics and circumstances that impact engagement in and the effectiveness of treatment aimed at reducing criminal risk. General responsivity suggests an overall method for delivery of risk reduction efforts. Specific responsivity is necessary to tailor those efforts to an individual's abilities and resources.

Minor, Moderate, and Major Risk Factors

In 1994, Don A. Andrews and James Bonta introduced a theory of criminal behavior that focused on social learning. It would evolve into what is now known as the *General Personality and Cognitive Social Learning* perspective of criminal conduct. The General Personality and Cognitive Social Learning encompasses the RNR model. Supported through extensive research, the General Personality and Cognitive Social Learning categorized criminal risk factors as minor, moderate, and major. Research has identified a set of *big four* risk factors that predict criminal involvement most reliably. These major risk factors are antisocial personality patterns, criminal history, antisocial attitudes and cognitions, and antisocial associates. The four moderate risk factors have weaker associations with criminal behavior than the big four. They include low levels of performance and satisfaction in education and/or employment, lack of family and marital supports, substance abuse, and lack of involvement in prosocial leisure activities. The four major criminal factors combine with the four moderate risk factors to form what is known as the *central eight* risk factors. Minor risk factors represent a set of attributes that are not specifically defined aside from their relatively low association with criminal behavior and their shared history of being identified as contributors to crime.

Origins of Minor Risk Factors

Theories to explain crime and criminal behavior have identified a wide variety of criminal risk factors. This section focuses on theories in criminology that aim to identify objective and measurable predictors of criminal behavior. These theories can be categorized based on whether biological, psychological, or social structures and processes are proposed to determine an individual's involvement in crime.

Early biological theories of criminal behavior focused on outward physical traits and appearances (e.g., physical abnormalities and body type, skull shape, skin color). Later biological approaches have attempted to identify heredity and genetic characteristics that predict crime. Early biological theories have largely been discredited. However, the principal that structure influences function remains at the heart of modern neurobiological approaches exploring the role that biology plays in producing criminal behavior.

Serious mental illnesses and low intelligence have been explored as predictors of criminal behavior. This research has been justified largely upon the observation that people with these conditions are overrepresented in jails and prisons. However, studies testing the relationships among these mental characteristics and crime have shown them to have poor predictive ability relative to the moderate and major risk factors identified in the previous section.

Control theories of criminal behavior focus on socialization processes that promote ties to social norms unsupportive of crime. Psychoanalytic theory emphasizes the role of the family in promoting socialization. It directed research to focus on the roles family structure (e.g., single vs. dual parenting), familial patterns of crime, and family cohesiveness play in crime. Social bond theory of crime broadens the focus from bonding with the family to an individual's bond with society. Social bond theory centers on an individual's involvement with prosocial activities and one's belief in the value of a conventional moral order.

Elements of these theories have appeared as major and moderate risk factors. For example, a lack of nurturing and caring family and marital supports (a moderate risk factor) reflects psychoanalytic theory's focus on the role of the family.

Antisocial cognitions and attitudes (a major risk factor) reflect the value and belief in moral order component of social bond theory. However, due to a lack of strong evidence of their direct relationship with crime, family structural features have been referred to the category of minor risk factors.

Looking more toward social-structural determinates of criminal behavior, sociologists have posited several criminal risk factors. For example, anomie theory suggests that unclear social standards and a lack of social controls lead to individual feelings of isolation (a minor risk factor) and criminal behavior. Strain theory suggests emotional distress (a minor risk factor) that arises from one's desire to attain culturally defined goods along with barriers to lawful methods for attaining those goods (e.g., poor educational and employment opportunities) can lead to criminal involvement.

Social disorganization theory and broader ecological perspectives suggest that low income, highly mobile, and ethnically diverse neighborhoods hinder the development of a shared prosocial value system. Such neighborhoods are also suggested to lack the formal and informal social controls to promote adherence to this value system. As a result, lower class origins have been identified as a criminal risk factor. Again, relative to major and moderate risk factors, measures of anomie, emotional distress, and low social class origin have less ability to predict criminal behavior.

Minor Risk Factors as Indirect Risk or Responsivity Factors

So the question then is why consider minor risk factors at all if they have weak relationships with criminal behavior? The answer is that these risk factors have an important role to play in crime prevention efforts. Two examples of this role are provided here: (1) as indirect, *upstream* targets for crime prevention and (2) as characteristics of offenders and their environments that should be considered to improve engagement in treatment.

Several of the minor risk factors identified in this entry are weak indicators of criminal risk due to being relatively removed from actual criminal

behavior. That is, their relationship with crime is often realized through major and moderate risk factors. Community-level risk factors highlight this point. For example, research has shown that the strength of the direct relationships among neighborhood characteristics (e.g., minor risk factors of neighborhood crime, disadvantage, and low socioeconomic status) and crime is reduced when considering family characteristics (i.e., the moderate risk factor of parental caring and monitoring) and personal risk levels of residents (i.e., the moderate risk factor for lack of attachment to school/work and the major risk factor for antisocial associates).

The role major mental illnesses play in crime provides another example of minor risk factors having a less direct (and thus weaker) relationship with crime than moderate and major risk factors. Research has shown that mental illness (a minor risk factor) increases the odds of a person being unemployed, engaging in substance use, possessing antisocial personality patterns, and having antisocial associates and friends. These are all either moderate or major risk factors that have strong associations with criminal behavior and, as such, may put some people with mental health problems at increased risk of engagement in crime.

Finally, barriers to conventional methods of obtaining valued goods (a minor risk factor identified from strain theory) can result in low levels of performance in school and/or work, thus increasing an individual's risk for criminal involvement. These relationships point to important criminal precursors that can serve as targets for crime prevention efforts. For example, mental health treatment and supported employment services may prevent crime by increasing employment. Mentoring programs may help to reduce criminal risk by providing prosocial role models and associates in communities where these are lacking.

In addition to having a role in crime prevention, several minor risk factors should be considered in the delivery of services aimed at reducing the negative impact of moderate and major risk factors. That is, some minor risk factors may be more appropriately considered under the rubric of specific responsivity in the RNR model. For example, anxiety, low self-esteem, and serious mental

illness may impact delivery of cognitive behavioral programs aimed at reducing antisocial cognitions. Individual treatment and programming that moves at a slower pace may be more effective than traditional group-based programming when these conditions are present.

Community characteristics such as availability of services and safety accessing services are minor risk factors identified from social disorganization theory. However, these factors need to be taken into consideration when attempting to engage people in community-based programming that targets criminal risk factors. Similarly, serious offending and low spirituality among offenders (both minor risk factors) may impact access to and engagement in programming. Those with serious criminal histories may be restricted from certain service settings. Those who do not consider themselves spiritual should not be expected to participate in faith-based programming. Thus, minor risk factors can play a substantial role in an individual's response to treatment programs, ultimately influencing outcomes related to criminal risk.

Space limitations do not allow for the identification of the full potential minor risk factors have for contributing to criminal behavior. However, their theoretical underpinnings, along with their potential to function as crime prevention targets and as responsivity factors, indicate that minor risk factors should not be dismissed as unimportant. Indeed, the use of the term *minor* may be a bit of a misnomer. The concepts that constitute minor risk factors play important roles in criminal involvement and have implications for how treatment for major and moderate criminal risk factors can be most effectively employed.

Jason Matejkowski and Aaron Conrad

See also Criminogenic Needs; Mental Illness and Crime, Etiological Linkages Between; Mental Illness as a Predictor of Crime and Recidivism; Neurobiological Bases of Aggression; Neurobiological Models of Psychopathy; Psychoanalytic Theory of Crime; Psychology of Criminal Conduct; Risk-Need-Responsivity, Principles of; Social Bond Theory; Social Control Theory; Social Disorganization Theory; Sociological Theories of Crime; Strain Theory of Crime

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MIRANDA V. ARIZONA (1966)

Miranda v. Arizona was a landmark case decided by the Supreme Court of the United States in 1966, in which the Court articulated the idea of “*Miranda* warnings.” In brief, the *Miranda* decision held that suspects questioned by police must be informed of certain rights; otherwise, any statements the suspects make will not be admissible in court. Although the *Miranda* rights are unquestionably important, suspects can—and often do—give them up (i.e., waive their rights) and talk with police. Thus, the underlying issue in cases involving *Miranda* warnings is whether the waiver was valid and whether the suspect's statements (e.g., a

confession) are therefore admissible. In some cases, forensic psychologists are brought in to help the court determine waiver validity by evaluating a suspect's ability to waive the *Miranda* rights. This entry focuses on the law surrounding *Miranda* warnings and waivers, and the role of psychologists in conducting research on and evaluations of *Miranda* warnings and waivers.

Miranda Warnings

The Supreme Court's decision in *Miranda v. Arizona* was based on the Fifth Amendment to the U.S. Constitution's protection against self-incrimination—the right not to be forced to make incriminating statements against oneself. The decision resolved four consolidated criminal appeals; in each case, the defendant had been questioned at length by police without being satisfactorily notified of his right to remain silent or his right to a lawyer. The Court held that custodial interrogations by police are inherently coercive, and therefore, police must take certain steps to protect suspects. Specifically, suspects should be told of their rights so that they can make an informed decision about whether to exercise or waive them. The Court therefore recommended a set of warnings informing the suspect of (a) the right to remain silent, (b) use of the suspect's statements against him or her at trial, (c) the right to a lawyer, and (d) the right to an appointed lawyer for indigent suspects. The Court also stated that suspects can invoke these rights at any point during an interrogation, though it did not specify whether police needed to inform suspects about the continuing nature of their rights. One year after *Miranda*, the Court extended the same rights to juvenile suspects with *In re Gault*. Although the Court specified the content of the warnings, as described earlier, it has taken a flexible approach with respect to the specific language used to communicate the warnings. Therefore, hundreds of different versions of the *Miranda* warnings are used across the country.

Two nuances are essential to appreciate how *Miranda* applies to the day-to-day practice of police work. First, *Miranda* did not establish a procedural rule that police are required to follow; rather, it created a rule of admissibility in court: A defendant's statements cannot be admitted into evidence against him or her if he or she was not informed of her

rights. Second, *Miranda* does not apply to every interaction between citizens and police; it only applies to *custodial interrogations*. In subsequent cases, *custody* was defined as whether, given the circumstances of the interrogation, a reasonable person would feel free to leave. *Interrogation* refers to both direct questioning and other comments or actions by police that are reasonably likely to elicit incriminating information from a suspect.

Miranda Waivers

In addition to describing the components of the *Miranda* warnings, the Court also identified the requirements for a valid *Miranda* waiver. *Miranda* waivers must be *knowing*, *intelligent*, and *voluntary*. Broadly speaking, the knowing and intelligent elements refer to a suspect's comprehension of the warnings; voluntariness requires that the waiver was made without police coercion. Therefore, to execute a valid waiver, suspects must have understood the meaning of the warnings and the implications of giving up their rights, and they must have made the decision to waive their rights free from pressure by the police.

Courts determine the validity of *Miranda* waivers using the *totality of the circumstances* approach. This approach, which courts use to evaluate several different types of legal questions, directs courts to examine *all* of the factors relevant to a given issue. For *Miranda* waivers, there are two broad categories of factors: those related to the interrogation and those related to the suspect. Interrogation-specific factors can include the length and timing of the interrogation, the number of officers present, and interrogation methods. Thus, lengthy interrogations that take place overnight, include several officers in the interrogation room, or employ psychologically coercive interrogation strategies could lead a court to find a waiver invalid. Suspect-specific factors often include age, intelligence, comprehension of rights, and prior experience with the justice system. Thus, a *Miranda* waiver by a young suspect with low intelligence and no prior experience with police will more likely be deemed invalid than a waiver by an older suspect of average intelligence and a history of arrests. However, courts are free to consider other factors they find relevant, and each analysis is individualized to the case at hand.

Miranda Research

Miranda research largely consists of studies evaluating how well people comprehend the *Miranda* rights, how people make the decision to waive or invoke their rights, and the *Miranda* warnings themselves. Much of the seminal research on comprehension of *Miranda* rights was conducted by Thomas Grisso. Key among his contributions in this area was the translation of the legal terms *knowing* and *intelligent* into the psychological terms *understanding* and *appreciation*, respectively. Understanding encompasses one's basic grasp of the *Miranda* rights' meaning, and appreciation refers to one's ability to apply the rights to his or her situation and recognize the consequences of waiving or asserting the rights. With the concepts thus defined, Grisso established a set of instruments, the Instruments for Assessing Understanding and Appreciation of *Miranda* Rights, which allow reliable measurement of *Miranda* comprehension.

Over several decades of research, age and intelligence have consistently emerged as the factors most strongly associated with *Miranda* comprehension. Generally, youth under the age of 12 years rarely demonstrate adequate understanding of the *Miranda* rights, whereas youth in middle adolescence (i.e., ages 13–15) demonstrate variable understanding. Older adolescents' *Miranda* comprehension more closely resembles that of adults, though age and intelligence together are better predictors than age alone among adolescents. Differences among adults are primarily due to differences in intelligence as opposed to differences in age. Not surprisingly, intelligence generally, and verbal intelligence specifically, is often correlated with *Miranda* comprehension among youth and adults. Finally, individuals with more severe intellectual impairments (e.g., intellectual disability) consistently demonstrate inadequate *Miranda* comprehension.

Academic achievement, particularly reading and listening comprehension, has also been found to predict *Miranda* comprehension in some studies. Although the results of studies evaluating the relationship between academic achievement and *Miranda* comprehension are more mixed, the inconsistent findings may be partially attributable to the wide variety of *Miranda* warnings described

further later in this section. Researchers have also investigated the relationship between the presence of mental illness and *Miranda* comprehension. Generally, results of these studies indicate that the presence of psychotic symptoms and other symptoms of severe mental illness associated with inpatient hospitalization are related to *Miranda* comprehension, whereas symptoms of depression and anxiety are not. Finally, although courts often rely on experience with the justice system as an indicator of a particular defendant's *Miranda* comprehension, research consistently indicates that prior justice system experience does not predict understanding or appreciation of the *Miranda* warnings.

Miranda researchers have also investigated the factors associated with decisions to waive the *Miranda* rights. Although the rates of *Miranda* waivers are difficult to estimate, research suggests that a high percentage of suspects—roughly 80% of adults and 90% of youth—do waive their rights. Overall, research indicates an inverse relationship between *Miranda* comprehension and waiver decisions. That is, an individual with lower *Miranda* comprehension is more likely to waive his rights, and vice versa. Furthermore, individuals less able to consider long-term consequences are more likely to waive their rights to avoid the negative immediate consequences of invoking their rights (e.g., stress associated with asserting oneself to police).

Finally, regarding the *Miranda* warnings themselves, researchers have found hundreds of different versions of the warnings with dramatic differences in their length and comprehensibility. For example, the reading comprehension levels of *Miranda* warnings can vary from approximately third grade to the postgraduate level. Existing research also suggests that there is variability among jurisdictions with respect to how the warnings are administered (i.e., oral, written, or both), though most officers report administering the warnings orally.

Forensic Evaluations of *Miranda* Waivers

Forensic mental health professionals are sometimes asked to evaluate a defendant's ability to waive the *Miranda* rights. These professionals can be forensic psychologists, psychiatrists, and

on occasion social workers, but the term *forensic psychologist* is used for this entry. Although judges make the final determination on the waiver's validity, forensic psychologists can inform courts about relevant totality of the circumstances factors, particularly a defendant's understanding and appreciation of *Miranda* rights.

Typically, forensic psychologists receive referrals for evaluations of *Miranda* waivers from defense attorneys who are attempting to exclude their clients' incriminating statements from trial. The forensic psychologist will review relevant records, including third-party or collateral information (i.e., information that does not come directly from the subject of the evaluation). This allows the psychologist to corroborate information provided by the defendant, which is particularly important in the context of forensic mental health assessment when the defendant may be motivated to distort facts or conceal information unhelpful to the case. For instance, consider a defendant who shows very poor understanding of the *Miranda* rights and scores low on an intelligence test administered during the evaluation. The forensic psychologist would likely reach different conclusions if the defendant had a history of special education or documented intellectual disability than if he had a history of high academic achievement and successful employment in a competitive field. In the context of *Miranda* evaluations, relevant records include school, employment, mental health, and medical records. Whenever possible, forensic psychologists will also review the *Miranda* waiver form the defendant signed and any audio or video recording of the interrogation.

The next step in the *Miranda* evaluation will be an interview with the defendant. The first part of the interview usually entails a thorough biopsychosocial history (an interview of an individual's biological, psychological, and social history). Then the psychologist will ask for the defendant's account of the arrest, interrogation, and administration of the *Miranda* warnings. If the psychologist was able to obtain the defendant's actual waiver form or a printed version of the *Miranda* warnings used in that jurisdiction, he will then ask the defendant to read each right aloud and paraphrase it.

Many forensic mental health assessments include psychological testing, and evaluations of *Miranda* waivers are no different. Depending on the case, the forensic psychologist may determine that intelligence or academic achievement testing is necessary. For defendants with a history of psychiatric conditions or treatment, broad personality testing or specific symptom inventories may be useful. Finally, there are specialized forensic assessment instruments specifically designed to provide information about an evaluatee's understanding and appreciation of *Miranda* rights: the *Miranda* Rights Comprehension Instruments, an updated version of Grisso's instruments, and the Standardized Assessment of *Miranda* Abilities. Although differences exist between these sets of instruments, both assess individuals' abilities to put the *Miranda* warnings in their own words, define *Miranda* vocabulary terms, and appreciate the significance of waiving their rights.

Finally, the forensic psychologist will synthesize the information obtained into a report. As referenced earlier, the report will not address the validity of the waiver but rather the capacity of the defendant to provide a knowing, intelligent, and voluntary waiver of *Miranda* rights.

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See also Confessions; Forensic Applications in the Criminal Justice System; Forensic Assessment of Offenders; Forensic Measures for Assessing Offenders; Police Interrogations

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MITIGATION

In the U.S. legal system, mitigation (known also as *mitigating evidence* or *mitigating factors*) encompasses facts about a defendant's background, character, and the circumstances of the offense. While not introduced to lessen legal culpability, mitigating factors may lessen a defendant's moral culpability. Thus, mitigation is not introduced to absolve guilt but rather to lessen a sentence or judgment by contextualizing the defendant's behavior. Although sometimes observed in civil cases and criminal sentencing generally, the majority of mitigation is presented by criminal defense in capital (i.e., death penalty) cases. This entry describes the legal roots, definition, and practice of mitigation, concluding with a discussion of research on mitigation in capital jury decision-making.

Legal Roots and Definition of Capital Mitigation

In 1972, the U.S. Supreme Court ruled in *Furman v. Georgia* (1972), that the death penalty had been arbitrarily and capriciously applied and was thus unconstitutional under the Eighth Amendment to the U.S. Constitution's ban on cruel and unusual punishment. The Congress and 35 states responded by rewriting capital punishment statutes, and in 1976, the Court ruled that certain new frameworks satisfied the Constitution, effectively lifting a 4-year moratorium on death sentences in the United States. Frameworks passing constitutional muster provided objective criteria directing and limiting death sentences, ensured appellate review, and permitted the sentence to take into account the defendant's character and record. Today, although nuanced differences exist among the states, three features relevant to mitigation are common: (1) capital trials are bifurcated, with separate guilt and penalty phases heard by the same jury; (2) the jury is allowed to consider evidence of aggravating and mitigating factors during the penalty phase; and (3) jury instructions must provide guidance to juries making life-versus-death recommendations.

Subsequent rulings have further refined capital jurisprudence, including that juveniles and individuals with intellectual disability are ineligible for death and that only murder may be punished by death. Prosecutors must also prove the existence of at least one aggravating factor for a defendant to be eligible for death. While aggravating factors vary by state, they must be statutorily defined and thus generally refer to characteristics of the murder itself. Common aggravators include murder committed for pecuniary gain, murder of a law enforcement officer, and murder perceived as especially heinous, atrocious, and cruel.

If aggravating evidence is presented, then the defense presents mitigation. Some mitigators are prescribed by statute, while others are nonstatutory and unlimited in content. Mitigation can be separated into two broad categories: *proximal mitigation*, which is directly connected to the offense, and *remote mitigation*, which is unrelated to the offense but relevant to the defendant's life history. Commonly presented mitigators reflect childhood trauma, mental illness, and

unlikelihood of future violent behavior. While aggravators must be proven beyond a reasonable doubt, mitigating factors require proof by a preponderance of the evidence.

Since the death penalty was reinstated, the Court has also clarified the defense's duty to investigate and present mitigation in capital cases. It has ruled that juries must consider any potential mitigation and must assign it some weight in decision-making. While the value of mitigating factors is individually evaluated by each juror, the final sentencing recommendation must be unanimous based on a weighing or balancing of the aggravating and mitigating evidence.

The Practice of Capital Mitigation

The American Bar Association has long recognized that capital defense is unique and requires specialized training but only recently has it acknowledged that attorneys lack the skills and knowledge to conduct a mitigation investigation. In the early 2000s, the role of the mitigation specialist was formally established by the American Bar Association, which later published supplementary guidelines on the mitigation function of defense teams in capital cases. These guidelines require the capital defense team to be composed of two defense attorneys, a guilt-phase investigator and a mitigation specialist.

Mitigation investigation is a form of forensic assessment that focuses on the identification and presentation of mitigating factors unique to each capital defendant. Mitigation is considered a fact-based form of investigation, the reliability of which must be established using a cross section of data from multiple sources. Toward that end, the mitigation specialist must collect and analyze records on the defendant then conduct interviews with the defendant, the defendant's family, and any individuals (e.g., teachers, employers, friends) who may have known the defendant well. The end product of a mitigation investigation includes an extensive social history and a chronology of significant life events, often provided to mental health experts who may testify in the sentencing phase.

Qualifications for mitigation specialists vary by state, but most are trained in forensic social work and related mental health professions. Few states

require a specific educational degree, but all require experience and apprenticeships in capital mitigation. Although psychologists and psychiatrists have the prerequisite knowledge of human behavior, many lack training in investigation, which is usually conducted outside of an office setting. A notable weakness of mitigation training is that it is usually offered by attorney-based organizations, which may not be well-grounded in the psychological sciences.

Research on Capital Mitigation

Research on capital mitigation and the penalty phase of capital trials generally has found that not all jurors are equally likely to sentence a defendant to death. All capital jurors must be *death-qualified* during jury selection, which means they must state a willingness to consider both life and death at sentencing. But, compared to their disqualified counterparts, death-qualified jurors are more likely to support the death penalty in general, and they tend to be more open to aggravating factors than mitigating evidence. Much research has focused on race, and indeed, White males as a group tend to be especially death-prone, particularly in cases involving Black defendants. By contrast, Black jurors are most receptive to mitigation, giving it greater weight in sentencing than White jurors. Victim race also plays a role with a death sentence being more likely when the victim is White.

One of the most robust findings about capital sentencing is that jurors often do not understand jury instructions about mitigation or aggravation, and they find it especially difficult to weigh them against each other. Worse yet for the convicted, when juror comprehension of instructions is low, jurors are more likely to give a death sentence.

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See also Criminal Culpability; Death Penalty; Forensic Applications in the Criminal Justice System; Homicide; Sentencing

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MIXED SEXUAL OFFENDERS

Sex offenders are a diverse and heterogeneous group of offenders who differ in age, victim preferences, motivation, degree of planning, type of contact with the victim, and psychological issues that contribute to the commission of a sexual offense. Mixed sexual offenders refer to a subtype of sex offender who generally commit contact offenses (i.e., those involving physical contact with a nonconsenting person in a sexual manner) against adult and child victims. Thus, they may show little discrimination in the age of the victim and whether or not they have developed secondary sexual characteristics. The term *sexual polymorphism* or *victim crossover* has also been used to characterize this group of offenders, reflecting their tendency to switch among victim types.

Mixed sexual offenders have important similarities and differences from other types of contact and noncontact sex offenders such as rapists (i.e., men with adult, typically women, victims) and child molesters (i.e., men who exclusively sexually offend against underage children). The emphasis in this entry is on those differences that primarily pertain to psychological characteristics that have relevance to risk assessment (i.e., will they do it again?) and risk management (i.e., what can be done to prevent them from reoffending?).

Criminogenic Need Profiles

A large array of risk factors has been identified in the existing literature that predict future sexual violence among sex offenders, but two broad domains have special relevance: sexual deviance (e.g., unusual or atypical sexual interests, such as sex with children, evidence of a high-sex drive, and preoccupation with sex) and general criminality (e.g., broad issues that contribute to offending in general such as problems with aggression,

substance abuse, impulsivity, and antisocial personality features). These two broad domains not only predict sexual violence, but some scholars have argued that they may even have causal relevance in the origins and persistence of sexual offending, meaning they are criminogenic (i.e., crime causing). These areas are also stable and enduring but may have the potential to change gradually through treatment or other change agents in order to reduce the risk of sexual violence.

Research demonstrates that mixed sexual offenders can have high levels of sexual deviance, including interests in a range of deviant stimuli (e.g., children in addition to adults), issues with compulsive sexual behavior and problems with urge control, and lifestyle patterns that are conducive to sexual offending (e.g., developing relationships or routine activities that provide an opportunity to engage in deviant interests or to have contact with possible victims). Evidence from studies using penile plethysmography, in which penis erectile patterns are monitored in response to a range of stimuli, has demonstrated that mixed sexual offenders tend to demonstrate higher levels of arousal to images of children than offenders who have exclusively adult victims (i.e., rapists). Given that mixed sexual offenders by definition have multiple victims ranging from childhood to teen or adulthood, this pattern of findings makes sense clinically.

Second, mixed sexual offenders also tend to have pronounced issues in general criminality, including problems with nonsexual aggression (e.g., fighting, assaults), lifestyle impulsivity (e.g., instability in behavior, relationships, employment), substance abuse, and anger/hostility. Often, mixed sexual offenders will have many of the features of antisocial personality disorder, which involves a reckless disregard for societal norms, a persistent pattern of aggression or other forms of criminal activity, and impulsivity. The profile of general criminality characteristics is not unlike that of rapists or men in prison settings who commit nonsexual offenses (e.g., theft, assault, robbery), and usually mixed offenders will have a criminal record that includes both sexual and nonsexual crimes. Comparative examinations among offender subtypes have demonstrated that mixed offenders score similar to rapists on various

indicators of general criminality or antisociality and significantly higher than men who have exclusively child victims.

Psychopathy in Mixed Sexual Offenders: Profiles and Prevalence

Mixed sexual offenders are also more likely than other offender groups to display the features of psychopathy, a serious personality disorder that includes not only many of the behavioral features of antisocial personality disorder but also certain interpersonal and emotional characteristics such as a lack of guilt or remorse, lack of empathy, shallow emotions, failure to accept responsibility, deceitfulness, manipulation, and grandiosity. Research using a structured checklist to diagnose psychopathy, the Hare Psychopathy Checklist–Revised (PCL-R), shows that mixed sexual offenders tend to score substantially higher than child sexual offenders on the PCL-R and to demonstrate a profile more similar to that of rapists. Some of these lines of research have shown that while mixed offenders score similarly to rapists on the antisocial lifestyle features of psychopathy (what is known as *Factor 2*), they sometimes score higher on the interpersonal and emotional features of psychopathy (what is known as *Factor 1*) described previously.

Research examining profiles of psychopathy among sexual offenders featuring the PCL-R, in turn, have found that mixed sexual offenders frequently have the highest rates of being diagnosed as psychopathic. These studies have tended to use prison samples, and while the average rate of psychopathy tends to be about 15–20% in these samples and among sex offenders in general, the rate of psychopathy diagnosis among mixed offenders has ranged from 30% to as high as 60% across Canadian and U.S. samples.

Risk of Future Sexual Violence and Rates of Recidivism

Given that mixed sexual offenders tend to have pronounced concerns on both the sexual deviance and general criminality risk-need domains, including higher levels of psychopathy, naturally they also happen to be at higher risk of future sexual violence as well as other types of offending

compared to many other contact sex offender groups. Specifically, they are more likely to score high risk on structured risk assessment measures, including the Static-99, Rapid Risk Assessment for Sexual Offense Recidivism, Violence Risk Appraisal Guide, Sex Offender Risk Appraisal Guide, Minnesota Sex Offender Screening Tool, Sexual Violence Risk-20, and the Violence Risk Scale–Sexual Offender Version.

In addition to scoring higher on structured risk assessment measures, some studies have shown mixed sexual offenders to have higher rates of recidivism than other sex offender groups, although the results vary depending on the sample and setting. For instance, a large Canadian study published in 2014 conducted on a sample of over 2,000 incarcerated sexual offenders under jurisdiction from the Correctional Service of Canada (i.e., serving sentences of at least 2 years) tracked the reoffending patterns of these men who were followed up an average of 12 years after release. Overall, 12.6% of the sample were convicted for a new sexual offense while over 30% were convicted for a new violent (sexual or nonsexual) offense. Among the 275 mixed offenders included in this sample, roughly 15% were convicted for a new sex offense and 29% any new violent offense; these rates of reoffending were not significantly different from those found among rapists or child molesters. Elsewhere, however, at least two studies, published in 2006 and 2011, have reported rates of sexual recidivism among mixed offenders at approximately 40% with longer follow-ups (i.e., in excess of 10 years). Importantly, these samples were based in high-security forensic psychiatric settings, so it is likely that they were also at higher risk than the men in the large-scale federal cohort sex offender follow-up study.

In light of their profile of risk and needs, there are multiple considerations as to why mixed sexual offenders often have higher rates of sexual and violent offending outcomes compared to men with child victims exclusively or relative to nonsexual offenders in general. For one, the relatively high prevalence of psychopathy diagnoses compared to other offender groups, and by extension, high PCL-R scores, indicates that mixed sexual offenders are criminally versatile. That is, they are likely to commit varied offenses whether these be sexual or nonsexual in nature, and this may partly

account for why mixed sexual offenders sexually victimize both children and adults. It is also likely that sexual deviance (i.e., unusual and varied sexual interests, such as attraction to children) plays an important part in offending, given that mixed sexual offenders also tend to have significant concerns in this area. In addition, the fact that the majority of psychopathic offenders do not sexually victimize children would seem to further speak to the role of sexual deviance in sexual offending among mixed sexual offenders.

The victim crossover literature comparing mixed sexual offenders to child molesters and rapists also identifies important similarities and differences that have risk implications. A 2012 study examining the offense narratives and motivations of sex offender subtypes found that mixed sexual offenders had a greater degree of versatility in the crimes they committed. For example, they may vary the amount of planning, control the victim or situation, or use force depending on the circumstances of the situation and the characteristics of the victim. This so-called target switching has been suggested to be attributable to a high degree of sexualization (i.e., desire for sexual contact regardless of the target), one aspect of the broader sexual deviance construct. This versatility in planning also likely translates into mixed sexual offenders being able to successfully complete attempted sexual assaults more frequently than other sex offender subtypes.

Response to Treatment and Risk Management

The limited research available has demonstrated that mixed sexual offenders are no less likely to fail to complete sexual offender-specific treatment or to derive any fewer benefits from treatment than other sex offender groups. For instance, a 2007 Canadian study of treated incarcerated sex offenders found that mixed sexual offenders demonstrated the same degree of treatment gain in terms of how much their risk was reduced compared to other sex offenders. As mixed sexual offenders tend to have a larger number of treatment targets and often higher rates of recidivism postrelease, this would further necessitate a comprehensive program to manage the many needs of this complex offender group, particularly in the domains of sexual deviance and general criminality.

Given the relatively high prevalence of psychopathic personality among mixed sexual offenders, treatment programs would also need to be alert to behaviors that interfere with treatment that could increase risk of dropout (e.g., disruptive behavior, poor motivation, manipulation, lack of readiness to change) in order to retain this clientele so that they may potentially benefit from treatment.

Conclusion

Mixed sexual offenders are a complex multineed group of offenders, who tend to be higher risk, more psychopathic, and often have higher rates of sexual and other forms of reoffending than other sex offender groups. The victim crossover literature, in turn, identifies this group of offenders broadly as having the greatest offense versatility in their capacity to plan and complete sexual offenses. This mode of planning, coupled with their profile of risk and needs and their potential to respond to treatment, all emphasize the importance of intensive treatment and reintegration efforts to prevent sexual victimization and promote public safety.

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See also Psychopathy; Sexual Offenders; Sexual Offenders: Treatment Approaches; Sexual Offending

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MOTIVATION TO CHANGE

The motivations behind thought and behavior change are subjective and enigmatic: That which impels one person to act may have no effect on another. Confounding the challenge of identifying motivation is the fact that the mechanisms of action for each individual can be greatly influenced by factors such as time and environment. The particularity of motivation has made the psychology of change a critical area of interest for practitioners and researchers across a range of professions and academic disciplines. By gaining a deeper understanding of how and why people choose to change, practitioners and researchers can develop tools, programs, and interventions that effectively help populations eliminate or minimize unhealthy behaviors and/or adopt healthy ones.

Motivational interviewing (MI) is a notable tool that has emerged from this area of interest. This empathically collaborative counseling style aims to draw out the client's own motivation to change, moving the client away from feelings of ambivalence and closer to his or her desired goals. By harnessing the client's intrinsic motivation, as opposed to using extrinsic forces, the desire to change becomes a natural extension of the individual's process. This entry provides a brief overview of MI and discusses its applicability to the fields of criminal justice and criminal psychology.

Overview of MI

Clinical psychologist William R. Miller introduced MI in 1983. Through his work on the prevention and treatment of addiction, MI was developed as a tool to help clinicians work with individuals who expressed ambivalence about a proposed behavior change. The idea of ambivalence is key here, as MI is specifically focused on helping an individual move from a feeling of uncertainty to an organic decision about making a particular change in or choice about his or her life. Since its inception, MI has come to be utilized in a multitude of clinical settings not just its original application in addiction prevention and treatment. While MI is a complex style that must be learned and practiced over time, at its very core, it is

simply a way of being and conversing with people; this fundamental core is what many in the MI field call the style's inherent *spirit*.

Within therapeutic relationships, there is typically a complex dynamic present between the clinician and the client. Clinicians are often seen as (and can perceive themselves to be) experts or educators exerting power and knowledge onto their clients. MI seeks to diverge from this traditional approach, instead viewing therapeutic relationships as a collaborative partnership between the clinician and the client. The MI style requires the clinician or practitioner to level the playing field, so to speak, by entering the relationship as an equal partner and active listener who will work cooperatively with the client to elicit the client's naturally stated goals, as opposed to goals imposed by the practitioner. It is this person-centered, nonexpert-recipient foundation that sets MI apart from other counseling approaches. Building from this base, Miller and Stephen Rollnick identified four key processes that drive the MI approach: *engaging*, *focusing*, *evoking*, and *planning*.

Engaging refers to building rapport with the client. Arguably, the most critical element of a therapeutic alliance, as research has shown, is the quality of the relationship between the practitioner and the client. A strong working relationship between the two parties allows truthful thoughts and goals to be shared more freely and reinforces the foundation necessary for a fruitful therapeutic relationship.

Focusing is the process by which the practitioner gently directs the conversation and maintains its focus on the potential for change. This process keeps the discourse concentrated on the task at hand. By respectfully and skillfully avoiding repeated digressions, the practitioner leaves ample room for the client to explore the presenting issue and uncover thoughts, feelings, and motivations related to their desired change, perhaps for the first time.

Evoking, perhaps the most vital component to MI, refers to drawing out the client's inherent motivation to make a change in his or her life. This is done by:

- *asking open-ended questions*, which gives the client the opportunity and space to talk through his or her thoughts, feelings, and desires;

- *affirming*, or supporting and encouraging the client, not only when the client does something typically seen as positive but also supporting the client's autonomy and self-worth as a human being;
- *reflecting*, or the process of the practitioner hypothesizing what the client means by his or her expressions, both verbal and nonverbal. These guesses are offered back to the client in an effort to elicit a deeper, more insightful response;
- *summarizing*, which is reflecting back to the client a compilation of what the client has shared and expressed. Deciding which points to summarize is up to the practitioner, but the goal should always be to bring forth an accurate representation of what the client has discussed, providing the client with the opportunity to hear a translation of what he or she has expressed. Summarizing shows that the practitioner has been listening carefully to the client, reinforcing the rapport and partnership;
- *providing information/advice*, often prompted by summarizing, which—within the framework of MI—can only be done with the permission of the client. This is one area where MI greatly diverges from traditional therapeutic relationships whereby the practitioner enacts the role of expert and/or teacher. In the MI approach, there is still the belief that a skilled practitioner will have knowledge that, if shared, may help the client, but this information can only be transferred to the client with the client's consent. This process reinforces the equal partnership between the two parties and shows respect for the client's autonomy; and
- *planning*, which involves creating a specific roadmap for accomplishing the client's desired changes. In this process, the clinician works with the client to develop a feasible, strategic plan of action. This planning phase can be greatly beneficial for all clients, especially those who have struggled in the past with making changes in their lives. Taking the time, with an ally, to identify the supports and maneuvers that can lead to change helps bolster the odds of success for the client.

Applicability to Correctional Settings and Criminal Justice Psychology

High incidence of recidivism within the criminal justice system reveals what appears to be a

complex relationship with change among offender populations. Often situated in a complex matrix of obstacles, both personal and structural, individuals involved with the criminal justice system can struggle with making the modifications in their lives that will lead to the desistance of crime. Data on criminal justice-involved persons indicate that a majority of offenders have substance abuse disorders and/or mental illness; may have experienced sexual, physical, and/or emotional trauma; lack formal education; and generally come from what can be categorized as disadvantaged backgrounds. Despite the prevalence of these circumstances, the long-standing approach toward offender populations has been punitive and retributory as opposed to therapeutic and rehabilitative. With increased incarceration rates, the data make clear that this approach has failed in its ability to reduce offender populations and increase public safety, suggesting great potential for the application of dynamic, therapeutic approaches like MI to reduce recidivism.

In the field of criminal justice, the power differential between the client and the worker (e.g., probation officer, attorney, judge) is typically great. Many individuals in the system are repeat offenders and have seemingly become accustomed to their cyclical patterns, feelings of despair, and the system's latent threat of punishment. The spirit and processes of MI provide workers within the system a skill set for a nonjudgmental, collaborative approach. Through the use of MI, key players within the criminal justice system can move away from their roles as experts and disciplinarians and begin to forge respectful, trusting, therapeutic relationships with their clients. By eliciting and strengthening their clients' intrinsic motivation and commitment to change, practitioners in the field can help guide clients to meaningful, sustainable changes that benefit not only the clients themselves but also their families and communities. Viewing the offender population with dignity and humanity, respecting their autonomy, and guiding them through the system in a way that enables positive change are steps aimed at reducing recidivism, increasing public safety, and restoring fractured communities. Interfacing with offenders through a restorative approach can help to shift the criminal justice field's focus from punitive to rehabilitative.

Since its introduction to the field of corrections in the 1990s, MI has been explored and utilized in the setting with increasing regularity. The most common application of MI within the field has been the training and coaching of probation staff. With over 3 million offenders currently under community supervision in the United States, probation officers serve in a unique, frontline position. Officers are charged with the duty to monitor their clients and ensure that they are meeting the legal requirements of their sentence, and clients are forced to conduct their everyday lives while simultaneously meeting the demanding needs of their sentence. The use of MI in this particular setting has the ability to mend the often-fractious relationship and great power differential between probation officer and client, potentially leading to fewer infractions and breaking the cycle of recidivism.

Initial research measuring the effectiveness of the approach in the criminal justice field shows promising results. By and large, the data suggest that MI significantly increases an offender's intrinsic motivation to change. While more research must be done in the area, these initial findings exemplify the benefit of and potential for change within the criminal justice arena.

Sophia P. Sarantakos

See also Behavior Modification; Correctional Rehabilitation Services, Best Practices for; Corrections; Motivational Interviewing; Rehabilitation; Substance Abuse, Untreated Mental Illness, and Crime; Treatment of Criminal Behavior; Substance Abuse Counseling

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MOTIVATIONAL INTERVIEWING

The spirit of motivational interviewing (MI) is characterized by partnership, evocation, acceptance, and compassion and is an effective strategy for working with clients in treatment and assessment capacities. MI incorporates a collaborative partnership between the practitioner (therapist or assessor) and client. MI is effective for enhancing criminal justice assessments. For example, when used in risk assessment, MI has made the process collaborative rather than adversarial and helps the clinician obtain information in an efficient manner. Moving from risk identification and assessment to criminal justice treatment, MI has been used as a stand-alone intervention or part of a multicomponent treatment program. It has been delivered to

adolescents, teenagers, and adults, in-person individually or in groups—and has also branched to telephone and computer-based interventions.

MI is used in closed and open custody settings and in community supervision. Target behaviors have included alcohol and other drug use, driving while intoxicated, interpersonal violence, predatory aggression, and sexual offending. It has been effective in increasing problem recognition, importance of change, readiness to change, treatment uptake, and treatment compliance. Retention in treatment has been shown, with fewer dropouts relative to other interventions. Outcomes include improved treatment compliance, decreases in target behaviors, and decreased risk in subsequent substance use.

MI is also used with probation officers in evidence-based community supervision. Correctional officers and other prison personnel have been trained to use MI (e.g., in Scandinavia and North America). Correctional personnel trained to use MI have shown decreased stress reactions in a prison setting. Criminal justice personnel have diverse responsibilities including diversion, detention, treatment, and supervision of individuals involved with criminal justice. Behavior change in service of rehabilitation and ultimately decreased recidivism is a common goal across jurisdictions, but behavior change can be challenging and imperfect. This is especially true in closed custody settings, community residential facilities, and other settings where inmates and offenders are found. MI is based in sound psychological theory, supported by an empirical evidence base, practiced widely, and a viable approach for use in criminal justice. This entry focuses on the use of MI for behavior change.

The Four Processes of MI

Four processes integral to MI are *engaging*, *focusing*, *evoking*, and *planning*. Engaging develops rapport between practitioner and client. Trust and respect help develop a strong working alliance. Focusing is having clear, mutually agreed-upon goals and a shared direction in the conversation about change. Evoking is strategically eliciting and strengthening the individual's internal motivation for change. Often, this occurs when assisting the individual in resolving ambivalence about change. The goal is to increase the individual's

perceived advantages of change relative to the perceived disadvantages of change. Evoking, and the directive nature of its differential reinforcement of the client's change talk, is unique and central to practicing MI. Planning is strengthening the client's commitment to behavior change and developing an action plan that supports the client's change efforts.

Core Counseling Skills

Four counseling skills essential to the spirit of MI are asking *open questions*, *affirming*, *reflective listening*, and *summarizing*, often referred to as OARS. Open questions help gather information and encourage discussion. Reinforcing individual strengths and positive intentions and steps by using affirmations provides encouragement and support. A fundamental skill of MI is reflective listening. The practitioner uses it to express empathy. Reflective listening is used selectively to choose specific material to reflect. Practitioner use of reflection permits the individual to hear (again) thoughts and feelings that he or she expressed. Reflective listening statements range from simple to complex. Complex reflections add meaning and emphasis and address unspoken content including emotions and nonverbal behavior. They move the conversation forward, in the direction of change, by encouraging the individual to talk, consider, and explore. Summarizing permits the practitioner to gather information that the individual has said and reflect it back to the individual for consideration. Used skillfully, these techniques contribute to MI being person centered, tailored to the individual's needs. Theories addressing self-regulation, self-perception, self-efficacy, and self-determination contribute to understanding behavior change and the practice of MI.

Change Talk

Change talk is client speech expressed as an argument for behavior change. Practitioners use the therapeutic techniques described earlier to selectively elicit and reinforce change talk. Change talk comprises preparatory and mobilizing subtypes. Preparatory change talk reflects the individual's desire, ability, reasons, and need related to the perceived advantages of change. Techniques for

evoking preparatory change talk include asking open questions, using importance and confidence rulers, querying extremes (e.g., exploring the worst outcome if the status quo is maintained and the best outcome if change is successful), looking back and developing discrepancy between the individual's life before the problem existed and his or her current life, exploring goals and values, and developing discrepancy between the individual's current behavior and his or her goals and values.

Mobilizing change talk illustrates the resolution of ambivalence in favor of change. It reflects commitment (e.g., promises/contracts), activation (e.g., movement toward taking action), and taking steps (e.g., completing an action consistent with change). The practitioner responds to change talk by asking for elaboration, affirming, reflecting, and summarizing.

While change talk is the client's speech favoring behavior change, the client's speech can also reflect maintenance of the status quo (i.e., arguments against change). The latter is sustain talk. MI practitioners respond to sustain talk with specific types of reflective listening statements, by emphasizing autonomy and by reframing the issue so the individual can consider a different perspective that could be conducive to behavior change.

Joel I. D. Ginsburg

See also Academic Training for Criminal Justice Careers; Community Corrections; Inmate Denial of Criminal Risk; Mental Health Treatment; Motivation to Change; Offender Treatment Attrition and Retention; Responsivity Issues; Treatment of Criminal Behavior: Group Psychotherapy; Treatment of Criminal Behavior: Substance Abuse Counseling

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MULTIDIMENSIONAL TREATMENT FOSTER CARE

See Treatment Foster Care Oregon

MULTISYSTEMIC THERAPY

Multisystemic therapy (MST) is a family-based treatment that was originally developed to address serious and violent juvenile offending and that has since been adapted to the treatment of other complex clinical problems in youths. MST interventions target risk factors at multiple levels of youths' social ecologies (i.e., individual, family, school, peer, neighborhood) and are delivered in the natural contexts in which problems occur (e.g., home and other community settings). This entry provides an overview of the theoretical, empirical, and clinical foundations of the MST model; describes three adaptations of the model: MST for Problem Sexual Behavior (MST-PSB), MST for Child Abuse and Neglect (MST-CAN), and MST-Psychiatric; and provides information about ongoing efforts to disseminate MST and its adaptations into community settings.

Theoretical and Empirical Foundations

The MST model is based on family systems theory and the theory of social ecology. Family systems theory posits that youth behavior problems are developed and maintained in part by problematic interactions between family members. Therefore, family systems therapists first examine the *fit* between problem behaviors and family relations and then target the family system in interventions. This theory also emphasizes the reciprocal nature of problematic behavior cycles within the family system; for example, a therapist working from a systemic conceptual framework would consider not only how parenting strategies affect a youth's disruptive behavior but also how the behavior of the youth shapes and guides the behavior of the parents as well as what function any misbehavior might serve in the family. The theory of social ecology further broadens the conceptualization of

youths' problem behaviors to include the influences of extrafamilial systems (i.e., peer, school, neighborhood, and broader community) in addition to the characteristics of the individual youth and his or her family members. This latter theory emphasizes the direct effects of familial and extrafamilial systems as well as the interactions between various systems on youth behaviors.

Consistent with these two theories, researchers have identified a number of correlates and causes of behavior problems at each level of the youth's social ecology. Variables associated with youth antisocial behavior are presented next as an illustration; additional risk factors are associated with other complex clinical problems targeted by adaptations of MST. At the individual youth level, antisocial behavior is associated with impulsivity, hostile attributional biases, lack of guilt for transgressions, and positive attitudes toward delinquency and substance use. At the family level, key risk factors include inconsistent and lax discipline, high conflict between family members, low caregiver warmth, and low levels of caregiver supervision. At the peer level, antisocial youths tend to associate with deviant peers and often experience high levels of rejection from prosocial peers. At the school level, youth criminality is related to poor school performance, behavior problems in school (e.g., truancy and suspension), negative attitudes toward school, and ineffective school responses to behavior problems (e.g., zero-tolerance policies). At the neighborhood level, youth antisocial behavior is associated with ease of access to weapons or drugs, exposure to neighborhood violence, and few sources of social support (e.g., prosocial neighbors, community institutions such as places of religious worship). Given the complex and multidetermined nature of youth antisocial behavior, MST is designed to target risk factors across the multiple systems in which youths are embedded.

The MST theory of change builds directly on family systems and social-ecological theories as well as on research findings regarding the determinants of youth antisocial behavior. More specifically, MST interventions focus on empowering caregivers to be more effective in monitoring, supervising, and supporting the youth, which then lead to improvements in other key systems (e.g., disengaging the youth from deviant peers,

enhancing the youth's performance in school) and, ultimately, to reductions in the youth's problematic behaviors. The ultimate aim is to surround the youth with a context that now supports prosocial behavior (e.g., prosocial peers, involved and effective caregivers, supportive school) rather than a context that is conducive to antisocial behavior. Thus, MST therapists address risk factors for youth problem behaviors at multiple levels of the social ecology but place particular emphasis on working with caregivers to develop skills that will maintain such changes (e.g., positive discipline practices, effective communication with school personnel).

The effectiveness of MST in the treatment of serious juvenile offenders is supported by more than a dozen clinical trials. Early studies conducted in the 1970s and 1980s established MST as a promising intervention by demonstrating posttreatment reductions in youth behavior problems, criminal activity, and association with deviant peers, as well as improvements in family functioning and youth peer relations. In addition, follow-ups conducted more than 20 years after treatment completion revealed that compared to a commonly used community outpatient treatment for juvenile offenders (i.e., individual therapy), MST produced lower rates of criminal recidivism and involvement in family-related civil suits among offenders as well as lasting economic benefits to taxpayers and crime victims. Furthermore, groups of independent investigators in the United States, the United Kingdom, Norway, and the Netherlands have conducted clinical trials that also support the effectiveness of MST.

Clinical Foundations

MST is delivered by dedicated treatment teams that consist of two to four therapists and a supervisor. MST therapists are generalists who provide an array of mental health services and coordinate access to additional services (e.g., medical, educational) that are necessary to address youth behavior problems and associated risk factors. Therapists typically have a master's degree in a mental health profession (e.g., psychology, social work) and carry caseloads of four to six families for an average of 3–5 months per case. MST interventions are delivered in community settings (e.g., family

home, school, recreation center) at times convenient to the family (e.g., night, weekends), with therapists available 24 hr a day, 7 days a week for crisis intervention. The intensity of services is varied to meet families' needs, often involving a high frequency of contact initially (e.g., 3–4 times per week) and gradually tapering off as youth and family functioning improves (as infrequently as once a week).

MST therapists vary the sequence and nature of interventions that are implemented based on the strengths and needs of a given family. Thus, rather than following a rigid protocol with sets of prearranged tasks, MST therapists use individualized interventions that are guided by nine overarching treatment principles (e.g., emphasizing the youth's and family's strengths as levers for change; promoting responsible behavior and decreasing irresponsible behavior by family members). Furthermore, intervention outcomes are evaluated continuously from multiple perspectives to identify advances in treatment as well as barriers to success that need to be addressed by future interventions.

Adaptations of MST

Based on the success of MST in treating serious and violent juvenile offenders, several groups of investigators have adapted the MST model to treat other complex clinical problems in youths. Three of these adaptations are currently being disseminated in community settings, including MST-PSB, MST-CAN, and MST-Psychiatric. Each adaptation is guided by the same principles and uses many of the same evidence-based techniques as in standard MST but focuses on aspects of a youth's ecology that are functionally related to the targeted problems.

MST-PSB

The MST-PSB approach has demonstrated positive long-term effects on youth behavior in three randomized clinical trials with juvenile sexual offenders. In general, MST-PSB interventions aim to reduce caregiver and youth denial about the sexual offense or offenses, remove barriers to effective parenting, enhance parenting knowledge, and promote affection and communication among

family members. In particular, the MST therapist works with caregivers and other appropriate persons (e.g., teachers) to develop plans for risk reduction and victim safety. In addition, interventions often target youth social skill and problem-solving deficits to promote the development of friendships with similar-aged, prosocial peers as well as age-appropriate sexual experiences. In some cases, individual interventions are used with the youth or caregiver to modify social perspective-taking skills, belief systems, or attitudes that contributed to the sexual offending.

MST-CAN

The MST-CAN model has shown considerable promise in two randomized clinical trials with youths who experienced physical abuse and their caregivers. Interventions typically begin with a functional analysis of abuse incidents to create a safety plan that outlines the steps family members would take to prevent future incidents of physical abuse. When appropriate, MST-CAN therapists consult with child psychiatrists who have been trained in the MST model to help families with medication management. In addition, the treatment team works closely with child protective service agencies to ensure that child protective service decision-making is based on clinical need and family progress. Moreover, a clarification process is used to help the caregiver who perpetuated the abuse to address cognitions about the abuse incident, accept responsibility for the abuse, and apologize to the child victim. In some instances, individual cognitive behavioral and behavioral interventions are also used with the caregiver and/or youth.

MST-Psychiatric

The MST-Psychiatric adaptation was designed as an alternative to hospitalization for youths with significant functional impairment due to psychiatric illness (e.g., severe mood disorders, suicidal or homicidal ideation, psychotic disorders) and has demonstrated positive effects on youth behavior in two randomized clinical trials. As in the MST-CAN model, MST-Psychiatric teams include child psychiatrists who have been trained in the MST model. Key differences from standard

MST include increased supervisory time for therapists, reduction of caseloads to three families per therapist, and the addition of two bachelor's-level crisis caseworkers to assist the team with clinical and administrative tasks.

Dissemination of MST

The developers of MST have established purveyor organizations to facilitate the transport of the standard MST model and its adaptations to community settings. These organizations license MST teams and provide ongoing quality assurance and training that are essential to maintaining fidelity to the MST model when delivered by provider agencies in the community. To date, there are over 500 MST teams (standard and adapted combined) in 34 U.S. states and in 16 countries, serving approximately 23,000 youths per year.

The dissemination procedures for standard MST and its adaptations ensure fidelity to the MST model in several ways. First, newly established teams participate in a comprehensive 5-day training on the MST model, with supplementary trainings required for teams that deliver adaptations of the model. Second, therapists and supervisors participate in ongoing (weekly) case consultations with an MST expert consultant. Third, these expert consultants provide quarterly 2-day booster training sessions for each team on site. Fourth, treatment adherence for therapists, supervisors, and consultants is continuously monitored through well-validated web-based measures. Given that adherence to the MST model (at all levels of the dissemination process) is associated with treatment effectiveness, MST teams that do not maintain high adherence are targeted for additional training.

Conclusions

Several decades of empirical work suggest that MST is effective in reducing complex clinical problems in youths, including serious and violent offending, sexual offending, child abuse and neglect, and serious psychiatric problems. The clinical effectiveness of MST has important implications that can help guide the continued development of psychosocial interventions for such challenging populations.

A key feature of MST pertains to its comprehensive and flexible nature, which includes an explicit focus on addressing key social-ecological risk factors (i.e., at the level of the individual youth, family, peers, school, and community). In contrast, a major limitation of usual community services for youths is their relatively narrow focus. Another important aspect of MST pertains to the accessibility and ecological validity of services. Specifically, MST is provided in the community contexts in which youth problem behaviors occur, which permits more accurate assessment of identified problems and of intervention results, diminishes barriers to service access, and promotes long-term maintenance of therapeutic changes. In contrast, traditional mental health services for youths (e.g., office-based therapy, residential treatment centers, hospitalization) often have little bearing on the environmental conditions that contributed to the youths' clinical problems. It seems likely that these features, combined with other aspects of MST (e.g., high levels of accountability for engaging families and achieving favorable clinical outcomes, extensive quality assurance protocols), produce the positive effects of MST on complex clinical problems in youths.

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See also Juvenile Offenders: Developmental Treatment Considerations; Juvenile Offenders: Treatment Models and Approaches

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N

NATIONAL INSTITUTE OF JUSTICE

The National Institute of Justice (NIJ) is a research, development, and evaluation agency within the U.S. Department of Justice. It was established in 1986 through the authority of the Omnibus Crime Control and Safe Streets Act of 1986 as a way to provide evidence-based tools to criminal justice agencies and practitioners. The director of NIJ is appointed by the president of the United States to lead the agency.

The mission of NIJ is to advance knowledge and understanding of criminal justice issues through scientific methods. One of the aims of the NIJ is to provide impartial and objective knowledge and tools to better inform decision makers and criminal justice agents with regard to addressing crime reduction justice issues. In order to pursue its mission, the NIJ is guided by a set of principles. NIJ adheres to the belief that research can make a difference at both the individual and community level and can also shape a more effective and just criminal justice system. In addition, the NIJ sets in place a fair and rigorous peer review process for government-funded research. The NIJ has a research agenda that focuses on real-world issues that impact victims of crime, their communities, and practitioners. It focuses on answering research questions through rigorous testing and is supportive of innovative research methods that can lead to practical applications to better address crime.

To achieve success, NIJ partners with other agencies and organizations with shared goals

related to crime and justice. This entry reviews the organizational structure of NIJ and then discusses the priorities and activities of various offices that make up the NIJ.

Organizational Structure

NIJ is led by the Office of the Director, which consists of the principal deputy director and deputy director. These individuals report to the NIJ director who is appointed by the president of the United States. The agency's objectives are guided by the Office of the Director. However, research needs are led by the priorities of the U.S. Department of Justice. NIJ is organized into seven offices including the Office of the Director. The NIJ principal deputy director is charged with overseeing the Office of Investigative and Forensic Sciences (OIFS) and Office of Science and Technology (OST). The OST includes the Policy and Standards Division and the Research Division. The Office of the Director is also charged with overseeing the Office of Research and Evaluation (ORE), which includes the following three divisions: Crime and Crime Prevention Research Division, Justice Systems Research Division, and Violence and Victimization Research Division. The NIJ Deputy Director is charged with managing the Office of Communications, Office of Grants Management, and the Office of Operations.

Office of the Director

The NIJ Office of the Director sets the objectives of the department and works closely with staff

and other leadership across support offices. The priorities of the Director are divided into five main areas. The first priority is to strengthen science. This is done by facilitating the involvement of scientists in helping improve the administration of justice and public safety issues through research endeavors. The next priority of the Director involves increasing diversity. The aim is to broaden the field of researchers and themes studied under NIJ. Emphasis is placed on diversity with respect to race, ethnicity, and gender across the field of social and behavioral sciences. NIJ stresses its contribution to the success of the criminal justice system across the country through increasing diversity in research. The third priority of the Director involves measuring the impact of the work done by the NIJ. This involves investigating how its investments impact the criminal justice system, policies, and practices. The fourth priority involves encouraging multidisciplinary activity. The Director encourages cooperation and engagement across disciplines and agencies. Finally, the Director's priorities include fostering researcher-practitioner partnerships. This is accomplished by expanding its engagement and collaborations with practitioners.

The Office of the Director is also tasked with three major initiatives, which include issues involving the following: building the field through career development of criminal justice researchers, expanding intramural research, and improving customer service. With respect to career development, NIJ works on building and investing in the careers of researchers in the field. The opportunities, investments, and size of those investments have increased over time. To accomplish this initiative, NIJ provides opportunities for researchers, including NIJ Fellowship Programs and the NIJ Research Assistant Program. In addition to the fellowship opportunities, NIJ started an NIJ Director's Early Stage Investigator Award in 2016. This award is meant for researchers in their early career stages who are conducting primary or secondary research in criminal justice, crime control and prevention, violence and victimization.

The second initiative involves intramural research. An intramural research program supplements NIJ's extramural research program and helps to ensure the fulfillment of the mission of the

NIJ. Not only does the intramural research program serve to complement the extramural research program, but it helps to advance and form the extramural research efforts and identify gaps in technology and research. The goal is to improve criminal justice outcomes such as public safety.

The third initiative is to improve customer service. The Office of the Director aims to meet the needs of its grantees, research community, practitioners, and policy makers. To address the needs of its grantees, NIJ set up the Office of Grants and Management. This specialized office is tasked with providing guidelines to award recipients through the life cycle of their grant. In addition to managing the aforementioned priorities and incentives, the Office of the Director oversees the OIFS, the OST, and the ORE.

OIFS

The NIJ OIFS is the leading federal agency charged with forensic science-related research as well as the programs and trainings related to this field. In addition, it is responsible for improving laboratory efficiency and addressing issues related to backlogs. The mission of this department is to improve forensic sciences through research, development, technology, testing, and evaluation. It also creates training resources for criminal justice researchers and practitioners.

The department's major responsibilities can be broken down into three areas. First is research and development. Next is capacity building and technical assistance, followed by collaboration with peers, practitioners, and policy makers. OIFS collaborates with peers across academia, government, and private industry. It offers workshops and meetings to develop research and evaluation activities with policy makers and practitioners. The organizational structure of OIFS includes the Office Director, Associate Office Director, and the Research and Technology Support Division.

OST

The NIJ OST is the leading agency working on criminal justice-related technology. Its mission is to use technology and technology-related knowledge to make improvements upon criminal justice policies and practices. To accomplish this goal,

OST conducts research and testing and evaluation of technology-related issues. It also develops equipment for these purposes, manages that equipment, and assesses how it is used. Finally, OST informs policy makers about how the technology can be used for criminal justice-related purposes. OST works with its staff, scientists, and engineers by using both extramural and intramural research practices.

OST is guided by four major activities that revolve around technology and technology-based advances that are applied to the criminal justice system. The first major activity relates to research and development. Its research and development process follows guidelines that align with NIJ practices. However, the research and development for OST undergoes four phases. First, OST makes technology-related needs decisions based on engagement with practitioners. Next, it develops plans that address the needs of the practitioner community. This is followed by developing solutions. Finally, it tests and evaluates those proposed solutions.

OST's second major activity involves standards development and conformity assessment. This program supports the publication of equipment standards that are unique to law enforcement agents and other criminal justice agents. OST develops and publishes equipment standards in order to address issues related to equipment safety, reliability, and requirements.

The third major activity revolves around national law enforcement and corrections technology. OST manages centers that serve to inform NIJ's research activities and support new tools and practices. Finally, OST focuses on collaborations with peers, practitioners, and policy makers across government, academic, and industry. These relationships and collaborations are a primary focus of OST.

OST is organized into two divisions: the Research Division and the Policy and Standards Division. The Research Division is responsible for research, testing, and evaluating projects and activities related to tools and technologies used by criminal justice practitioners. The Policy and Standards Division is tasked with research, testing, and evaluating activities associated with new or improved technologies as well as equipment standards and assessment programs.

OREs

ORE is the third department headed by the Office of the Director at NIJ. ORE is charged with developing and supervising research activities that aim to prevent and reduce crime and violence. Topics examined include the justice system, criminal justice issues, crime prevention, and violence and victimization.

ORE is also charged with various activities, including research, development, and evaluation. Similar to the other offices, this department focuses on advancing knowledge in the field of criminal justice for practitioners and policy makers alike. There is an established order for the research and development process, which includes the following six steps: identifying needs, developing a research agenda, implementing the research, engaging in monitoring activities after grants are awarded, evaluating results of the research, and disseminating the results of the research. The research focus of ORE is diverse and can touch on several aspects of the criminal justice field.

There is also a focus on emerging trends and established programs. Some of the major research programs of ORE include the Violence Against Women Program, which focuses on researching issues related to teen dating violence, stalking, sexual assault issues, and intimate partner violence. The program aims to spread knowledge regarding tools that can be used to reduce violence against women, teens, and girls. Some of the emerging trends in the research include issues related to longitudinal examination of violence and victimization.

Another major activity of ORE involves collaborating with policy makers, peers, and practitioners to address issues in the criminal justice system. Regular meetings occur between scientists and stakeholders to discuss future research and address emerging trends in the criminal justice field.

ORE encompasses the following three divisions: Violence and Victimization Research Division, Justice Systems Research Division, and the Crime and Crime Prevention Research Division. The Violence and Victimization Research Division focuses on intimate partner violence, sexual assault, human trafficking, stalking, childhood exposure to violence, and elder abuse. The Justice

Systems Research Division focuses on policing, courts and corrections, race/ethnicity and crime, and drugs and crime. The Crime and Crime Prevention Research Division focuses on school safety, gangs, firearms, white-collar crimes, and other substantive areas.

Deputy Director

The NIJ Deputy Director oversees the following three offices: Office of Operations, Office of Grants and Management, and the Office of Communications. The Office of Operations provides support to lines of business, which includes administrative support services, audits, budget issues, and other business-related matters. The Office of Grants Management administers and manages grants. The Office of Communications focuses on publishing and conducting outreach and conferences.

Mercedes Valadez

See also Correctional Agencies; Law Enforcement Agencies; U.S. Department of Justice

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NATIVE AMERICAN TRIBAL COURTS

Native American (American Indian and Alaskan Native) tribal courts are grounded in the principle of sovereignty. Many of the more than 500 tribes recognized by the U.S. federal government have courts for the adjudication of civil and criminal cases. These courts vary in their judicial range and authority and are semiautonomous, consistent with their tribes' histories and limited right to self-government. Accordingly, generalizations concerning their structure and function are unhelpful. To varying extents, the courts reflect the influence of both Native American cultures and

European traditions of jurisprudence. They are subject to the limits imposed by federal law, and state jurisdiction is also authorized under some circumstances.

Early views of Native Americans as racially inferior to Whites endured in stereotypes reinforced by the use of Western psychiatric classification systems and assessment methods. More recent conceptualizations reflect respect for traditional aboriginal ways. Mental health interventions have become more collaborative and diverse, notably Tribal Healing to Wellness Courts. Mental health issues relevant to tribal legal proceedings include historical trauma as well as the heightened risk of Native Americans for substance abuse, sexual assault, and suicide relative to the general U.S. population.

History

The pre-Columbian aboriginal population of North America was nearly annihilated by diseases that were spread through their early contacts with Europeans. American Indian tribes were further reduced by wars and outright slaughter and damaged by policies—forced relocation and acculturation—that disrupted their societies and traditions. According to the 2010 U.S. Census, 1.7% of the U.S. population, 5.2 million persons, were Native American alone or in combination with one or more other races. As of 2017, there were 567 Indian tribes recognized by the U.S. federal government.

In signing treaties with aboriginal tribes on the North American continent, the British government legally recognized their sovereign status. This status was further acknowledged in the U.S. Constitution, and for nearly a century after the American Revolution, the U.S. government continued to negotiate and sign treaties with various tribes, although these were invariably violated by the government or by White settlers.

Early U.S. Supreme Court decisions also helped create the framework for the legal relationships of tribes, states, and the federal government. Notably, in *Worcester v. Georgia*, 31 U.S. 515 (1832), the majority held that the Cherokee tribe was a *Nation*, unbound by the laws of Georgia and subject only to those of the federal government. The first Courts of Indian Offenses, the forerunners of

Native American tribal courts, were established by the Bureau of Indian Affairs in the 1880s. Some are still in existence, although most have since been replaced by courts established by the tribes themselves, as permitted under the Indian Reorganization Act of 1934. The act also gave tribes on reservations the right to adopt constitutions and to incorporate.

Current Status

Tribal court jurisdiction fundamentally pertains to Indian country, consisting of reservation lands, Indian trust allotments, and dependent Indian communities. As of 2017, 175 Native American tribes operate tribal courts. Courts of Indian Offenses still exist in some parts of Indian country, mostly in Oklahoma. Due to their respective tribes' sovereignty, cultural histories, and the varying impact of statutes and case law, current tribal court systems are quite variable, with some structured more like traditional U.S. courts, having tribal prosecutors and defense advocates, while others have more informal systems, including alternative litigation tracks within tribal courts or alternative courts, such as the Navajo Peacemaker Court.

There are adult, juvenile, family, and wildlife conservation tribal courts. Indigenous forums (e.g., sentencing circles, council of elders, peacemaking) operate at a level below tribal courts and serve a dispute resolution function. Some tribal courts provide alternatives to incarceration, including probation, drug and alcohol rehabilitation, counseling, fines, restitution, and community service. Judges may be popularly elected or appointed, typically, in the latter case, by the tribal council. Many appellate courts have been established, and the Seminole Nation of Oklahoma has a supreme court. Tribal police serve as first responders for major crimes and misdemeanors. In civil matters, tribal courts have sole jurisdiction concerning claims arising in Indian country against a tribal member and brought by any person.

With respect to criminal law, jurisdictional matters are complex and subject to change. Public Law 83-280 (Public Law 280) gives six states—Alaska, California, Minnesota, Nebraska, Oregon, and Wisconsin—jurisdiction over criminal and civil offenses committed against or by Native

Americans in Indian country within those states, with some exceptions. In the remaining states, tribal authority is shared with the federal government, although Public Law 280 gives these states the right, whether exercised or not, to assume concurrent law enforcement authority.

In non-Public Law 280 states, discretion regarding the prosecution of major crimes falls under federal jurisdiction. Federal prosecutors may elect to prosecute major crime cases or turn them over to state jurisdiction. Minor crimes involving Native American perpetrators and victims fall under tribal jurisdiction, and in those cases involving only non-Native Americans, the state has the authority.

As of 2016, there were 80 jails in Indian country housing a total of about 2,540 inmates. Most are located in states west of the Mississippi River, with Arizona having the greatest number of these facilities, at 21, and several states having only 1 facility each. Where tribal courts' sentencing authority is ordinarily capped at 1 year, pursuant to the Tribal Law and Order Act of 2010, they have the authority to sentence selected offenders to up to 3 years' incarceration in Indian country correctional institutions. On average, in 2016, jails in Indian country operated at 62% of rated capacity. Native Americans accused or convicted of crimes that fall outside the purview of tribal law and courts (those committed outside Indian country, and, generally, felonies) may be confined in non-Native American jails or state or federal prisons.

Related Mental Health Issues

Medicalized Racial Bias, Coerced Assimilation, and Historical Trauma

Mental health-care scholars and providers concerned with tribal criminal justice matters would benefit from an understanding of the historical framework in which beliefs about Native American pathology have been generated. Nineteenth-century phrenology texts portrayed Native Americans as intellectually and psychologically inferior to Whites, lending a pseudoscientific veneer of credibility to these stereotypes. During the early 20th century, anthropologists began studying Native American cultures and tribe members. However, their research was

compromised by Eurocentric biases, that is, viewing Native American customs from the standpoint of White culture, including the use of tests and techniques such as the Minnesota Multiphasic Personality Inventory and Rorschach. These instruments were not normed or standardized on these populations, so their use effectively reinforced these crude racial constructions. It was only decades later that social and behavioral scientists began to understand the flaws in their methods and attempt a more culture-fair approach, a process that continues as part of a more general appreciation of and respect for ethnic and cultural diversity by the social and behavioral sciences.

Beginning in the late 19th century, as outright war between Whites and Native Americans drew to an end, and sympathy within the dominant culture increased toward remaining Native Americans, the Indian boarding school movement promoted forced acculturation. By government authorization, Native American children were removed, sometimes forcibly, from their homes and sent to boarding schools. In these institutions, now mostly closed, tribal languages, religion, and other aspects of their cultures were suppressed. Many Native American children were abused or died of infectious disease there.

Related Native American Mental Health Concerns

The victimization—through war, disease, dislocation, and intentional cultural destruction—of Native American tribes over the course of centuries has given rise to what has been termed *historical trauma*. This is chronic, collective, and transgenerational psychological disturbance that does not square readily with diagnostic categories in orthodox psychiatric classification systems, such as the *Diagnostic and Statistical Manual of Mental Disorders*, meant to define individual psychopathology.

Native Americans are at increased risk of emotional and behavioral disorders. Suicide rates for Native Americans are the highest for any racial group in the United States. Rates of substance abuse for Native Americans are also relatively high, and the criminal justice system generates nearly half of adult Native American substance abuse treatment admissions. Native Americans are

more likely than members of any other race to be the victims of violent crime. Native Americans aged 12 years and older are twice as likely as the general population to be the victims of rape or sexual assault. These outcomes speak to the need for using appropriate screening and intervention procedures for Native Americans, including those involved with the criminal justice system, and then to implement culturally appropriate and effective therapeutic measures.

Tribal Healing to Wellness Courts

One particularly notable development with respect to the criminal justice system is the Tribal Healing to Wellness Court. Created with the support of the federal government and with input from tribal leaders, and with attention to the diverse needs of the various tribes, these courts are adaptations of the drug court model. Such courts have been implemented in more than 120 Native American communities. They can serve a diversion function, that is, as an alternative to incarceration, in adult, juvenile, and family courts. While Native Americans collectively constitute an understudied population, the Tribal Healing to Wellness Court model supports the utilization of evidence-based interventions.

Future Directions

Tribal courts and the larger criminal justice system in which they function will continue to be shaped by statute, case law, and American Indian/Alaskan Native tradition. With the Native American population growing at a rate faster than that of the general U.S. population, tribal courts will face new and complex challenges requiring substantial resources. The Department of Justice administers the Coordinated Tribal Assistance Solicitation, through which it funds a range of criminal justice and public safety initiatives (e.g., alcohol and substance abuse interventions) through grants. The Office of Juvenile Justice and Delinquency Prevention prioritizes programming on behalf of Native American youth. Since 2002, the Bureau of Justice Statistics periodically administers the National Survey of Tribal Court Systems in partnership with several public agencies and law schools, gathering data on tribal justice systems, including

probation, pretrial and indigent defense services, and juvenile cases. Scholars, practitioners, and policy makers can use this information to support continued improvements in the functioning of Native American tribal courts.

Partnerships with academic institutions are also important. For example, several law schools operate Indian law clinics, providing consultation services regarding tribal laws, codes, and regulations, as well as training lawyers to specialize in Native American legal issues. The Indian Country Child Trauma Center at the University of Oklahoma Health Sciences Center is staffed by a small group of psychologists. Their mission is to develop targeted, culturally appropriate, outreach, and service delivery materials with an emphasis on dealing with the effects of trauma for Native American children and their families.

Reliable and adequate funding sources, along with culturally sensitive collaborations between Native American and non-Native American agencies and institutions, will be critical to the functioning of Native American tribal courts and to the well-being of the persons under their custody, care, and control.

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See also Courts, Federal; Courts, State; Criminal Courts

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NEED PRINCIPLE

In 1990, Canadian researchers Donald Andrews, James Bonta and Robert Hoge proposed three principles that would form the foundation for all effective correctional programming. That is, they outlined the three necessary conditions needed in interventions and treatments for offenders in order to reduce risk of reoffending as well as reduce recidivism (reoffending) rates. This model is known as the *Risk-Need-Responsivity* (RNR) model of effective correctional treatment. The core of the RNR model is targeting treatment on criminogenic needs (i.e., crime-causing factors).

The risk principle identifies *who* should receive the most treatment (i.e., the most intensive treatment services should be directed to the highest risk offenders, and low-risk offenders should receive minimum intensity programming). The responsivity principle describes *how* the treatment should unfold (e.g., use empirically supported therapies such as cognitive behavioral therapy and then altering this therapy to accommodate for individual learning styles, abilities, and personality). The need principle identifies *what* should be targeted in treatment; that is, the intervention the offender receives should target that offender's criminogenic needs (i.e., changeable factors, which result in reductions in recidivism if addressed). This entry explores criminogenic needs and the role of the need principle in reducing offending and reoffending rates.

What Are Criminogenic Needs?

Criminogenic needs are a cluster of changeable factors that, if present, increase someone's

likelihood to engage in crime. Changes or fluctuations in these factors result in changes in the likelihood a person will engage in crime. As such, criminogenic needs are often referred to as *dynamic risk factors*. In 2006, Stephen C. P. Wong and Audrey Gordon defined dynamic risk factors as changeable or potentially changeable factors (e.g., substance abuse, impulsivity, criminal peers, unemployment, family discord, criminal attitudes) that can be influenced or changed by psychological, social, or physiological means such as treatment. Thus, changes in the dynamic risk factors should be linked to changes in recidivism, and measurement of an individual's current dynamic factors can determine his or her risk level and predict the likelihood of reoffending. Some examples of prominent risk assessment measures that use dynamic risk factors include, but are not limited to, the Violence Risk Scale (VRS), the Historical-Clinical-Risk-Management-20, the Level of Service Inventory-Revised, and the Level of Service/Case Management Inventory.

Given the relationship between criminogenic needs and risk to reoffend, it should not be surprising that many criminogenic needs are identified as the best predictors of future offending. The Central Eight risk factors represent the top eight strongest predictors of crime consistently documented in decades of research on crime. They include past criminal behavior, criminal personality, criminal attitudes, criminal peers, substance abuse, employment issues, marital or relationship issues, and lack of prosocial hobbies. Although other risk factors have been identified (e.g., housing problems, emotion dysregulation, mental health issues), the Central Eight remain the best predictors of risk to reoffend as well as actual reoffending. Most of the risk factors listed are potentially changeable (i.e., dynamic) through treatment or intervention (e.g., cognitive therapy to change attitudes, training and education to reduce employment issues, social skills and effective communication training for marital issues, and addiction treatment for substance abuse issues).

When correctional treatment is focused on criminogenic needs, reductions in risk and reoffending rates are observed. However, it should be noted that when treatment programs do not focus on criminogenic needs but on noncriminogenic

needs (i.e., treatment targets that do not have a direct relationship with inducing criminal behavior such as self-esteem or vague emotional concerns), such programs have been seen to have either no effect on reoffending rates or an increase in reoffending rates. Thus, effective offender rehabilitation must focus on criminogenic needs as a primary goal of treatment, and the role of treating noncriminogenic needs may best relate to increasing treatment engagement, building motivation, establishing the therapeutic alliance, or the removal of barriers that may impact the individual's ability to benefit from need-focused treatment (i.e., the treatment of noncriminogenic needs is a responsivity issue).

Does Targeting Criminogenic Needs in Treatment Result in Reduced Offending?

Since the introduction of the RNR model, a plethora of studies have supported its use as a treatment model. In 2006, Andrews and Craig Dowden examined the importance of the risk principle in correctional treatment. The researchers found solid support for the utility of the risk principle in correctional programming; that is, when treatments adhered to the risk principle (targeting high-risk offenders with the most intensive treatment), a 10% reduction in reoffending was observed. When the risk principle was adhered to in programs that also followed the responsivity principle, a 26% reduction in reoffending was observed.

Adherence to the need principle in correctional treatment has some of the strongest support. In 2000, Dowden and Andrews examined the need principle in violent offenders. Treatment programs that focused on criminogenic needs were associated with reductions in reoffending rates ranging from 26% to 43% depending on type of reoffending (i.e., violent vs. property vs. drug offenses). When all three RNR principles are implemented in treatment, reoffending rates decreased by up to 52%. Interestingly, programs that did not adhere to any of the RNR principles were associated with increases in reoffending of up to 10%. Thus, support for the RNR model, and the need principle in particular, is strong and has been shown to be useful in the treatment of most offender populations and offense types (including young offenders,

women offenders, and minority offenders as well as to violent offending, gangs, offending inside the prison, and sexual offending).

Do Changes on Tools of Criminogenic Needs Translate to Reduced Reoffending Rates?

A growing number of risk assessment tools include dynamic risk factors; however, the majority of research conducted on these measures has examined the relationship between reoffending and scores on dynamic risk factors at a single time point. As noted by Robert Karl Hanson and Andrew Harris in 2000, to make claims of dynamism, a minimum of two ratings are required at different time points. In other words, claims that a particular risk factor is dynamic must be supported by research showing that such factors do change, that these changes can be reliably measured, and that these changes reflect actual changes in reoffending rates. Up until recently, many hypothetically dynamic risk factors (criminogenic needs) did not have such research support; however, new research has begun to demonstrate that dynamic risk factors do change with treatment, that these changes can be measured reliably, and that these changes do reflect real reductions in reoffending rates.

Demonstrating the connection between changes in dynamic risk factors (due to treatment) and changes in reoffending has largely been neglected in empirical research. Preliminary attempts to address this hole in the literature have examined dynamic risk variables at multiple time points. For example, in 2002, Henrik Belfrage and Kevin S. Douglas examined the dynamic variables' scores on the Historical-Clinical-Risk-Management-20 in forensic psychiatric inpatients before and after treatment. The researchers demonstrated that movement on the dynamic variables did occur following treatment. However, the researchers did not examine whether the change on the dynamic variables translated to a change in reoffending rates as they did not have a follow-up period.

Risk assessment instruments specifically designed to assess change in dynamic risk factors have been developed. Both the VRS and VRS: Sex Offender edition (VRS:SO) contain dynamic risk factors and use an integrated stages-of-change model to assess change. Change scores on the

dynamic risk factors of the VRS and the VRS:SO have been shown to be associated with reductions in general, violent, and sexually violent reoffending. For example, study by Kathy Lewis and colleagues in 2013 found support for the predictive importance of using changes in dynamic risk scores. The researchers examined the predictive validity of the VRS in a sample of 150 adult, male, high-risk, highly psychopathic violent offenders who completed a high-intensity cognitive behavioral therapy-based violence-reduction treatment program. Mean total follow-up time was roughly 5 years. The researchers found that reductions in dynamic risk scores over treatment were associated with similar reductions in violent reoffending during the follow-up period. Specifically, prosocial changes (i.e., reductions in criminogenic needs as measured by the VRS) were associated with reductions in future violence. Furthermore, offenders with large reductions in dynamic risk scores (greater than 7 points of change) had less than half the recidivism rate than offenders with low change scores (less than 3 points of change). Moreover, after controlling for important confounding variables, the likelihood of the offender being convicted for a new violent offense decreased by 8–13% for every one point reduction in dynamic risk factors (criminogenic needs).

It appears that changes in criminogenic needs can be reliably measured, that these criminogenic needs do change over the course of treatment, and that these changes reflect real-world reductions in reoffending rates (even in psychopathic offenders). Furthermore, such findings support the underpinnings of the need principle and the underlying presumptions of all correctional rehabilitation.

The Future of the Need Principle

Research on the need principle, criminogenic needs, and dynamic risk factors has been widely positive. Such research continues to build confidence in the utilization of the RNR model to effectively rehabilitate offenders. However, much progress is left in the pursuit of maximizing correctional assessment and treatment effectiveness.

In 2005, in a unique study, Daryl G. Kroner, Jeremy F. Mills, and John R. Reddon conducted a *coffee can* analysis of four commonly used risk assessment tools. Individual risk factors from the

four tools were transcribed onto separate cards. The cards were mixed in a coffee can, and then items were drawn at random to create four new instruments comprising randomly selected items from the original tools. Upon creating the randomly generated instruments from the original four tools, the researchers demonstrated that no single original risk assessment tool had better predictive ability for future reoffending than any of the coffee can tools. The researchers interpreted the results in two ways. First, the results supported that all four measures had similar predictive accuracy for future criminal offending, suggesting that the focus on assessing and treating criminogenic needs is well supported. Second, the results demonstrate a failing of current risk assessment theory and point out deficiencies (or opportunities) in the conceptualization of dynamic risk. Thus, the researchers argue that assessment of criminogenic needs is being conducted under a stagnated conceptualization of risk and that advances in the development of a criminogenic need constructs are needed. In other words, although the use of criminogenic needs has provided many benefits to correctional assessment and treatment, new developments in the area of criminogenic needs are greatly needed to push forward and further improve correctional assessment and treatment.

Many potential research avenues have been identified in the research literature to help expand understanding of the need principle, only some of which are noted here. Additional research on why some offenders do not benefit from RNR-based treatment is needed. Furthermore, understanding why some offenders drop out of RNR-based treatment is important for maximizing the treatment effectiveness and reductions in reoffending. On a related note, why some offenders maintain their treatment gains after RNR-based treatment whereas other offenders backtrack and return to their old levels of dynamic risk requires further attention. Moreover, what is the role of probation and community supervision in promoting and maintaining reductions in criminogenic needs. Furthermore, the role of protective factors and their interactions with criminogenic needs warrant clarification. With ongoing study of all these variables, scholars will better understand the relationship between the need principle and the

process that offenders go through in their attempts to desist from crime.

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See also Criminogenic Needs; Historical-Clinical-Risk-Management-20 (HCR-20); Level of Service Inventory (LSI); Level of Service Inventory-Revised (LSI-R); Level of Service/Case Management Inventory (LS/CMI); Risk-Need-Responsivity, Principles of; Violence Risk Scale (VRS)

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NEIGHBORHOOD AND CRIME

Crime is often concentrated in geographic locales such as neighborhoods. Crime rates in neighborhoods tend to be consistent over time, yet rates can vary greatly between neighborhoods. Factors at the neighborhood level such as poverty, racial makeup, single-parent households, and residential mobility rates are often correlated with crime and criminal activity. Crime and criminal behavior is commonly associated with individual-level factors such as age, gender, substance use, and antisocial traits. However, neighborhood-level factors are equally important in understanding crime rates in geographic areas. By including neighborhood-level factors in crime analyses, researchers can understand the structural factors that may impact individual-level factors and contribute to overall crime. This perspective provides alternative solutions for reducing crime rather than only arrest and incarceration for individual offenders. This entry discusses formal and informal social control, social disorganization theory, collective efficacy,

coercive mobility, broken windows theory, deviant culture, and racial and economic segregation as they relate to neighborhood and crime. This entry ends with a brief discussion of the methodological challenges in studying the association between neighborhood and crime.

Formal and Informal Social Control

Social control is how societies, organizations, neighborhoods, or any kind of group ensures that its members follow established norms and rules and behave in an ordered way. Formal social control is enacted by police officers, courts, and other social actors, like child welfare workers, who formally sanction individuals for violating laws. Sanctions take the form of counseling or educational classes, probation, or incarceration. Informal social control is enacted by group members to admonish, chastise, or otherwise address the behaviors of other group members whose actions violate group norms, expectations, or laws. Examples of informal social control include a teacher reprimanding students for not waiting for their turn or not raising their hand before speaking, a neighbor admonishing teens for loitering on the street corner, and a minister counseling a parishioner. This informal social control creates expectations and norms for behavior through both disseminations of information and active intervention in addressing behavior that falls outside of expected norms. When informal social control breaks down, norm violations and unlawful activity occur. Most explanations for why neighborhoods and crime are associated are concerned with the breakdown of informal social control at the neighborhood level.

Social Disorganization Theory

Social disorganization theory posits that residential instability, low socioeconomic status, and ethnic-racial heterogeneity in a neighborhood represent social disorganization, which contributes to a lack of communication and shared values in its residents, leading to an inability to address problems in the community. This social disorganization allows crime and delinquency to flourish in these neighborhoods. Residential instability is the movement in and out of neighborhoods, and

ethnic-racial heterogeneity is the diversity of race or ethnicity in a neighborhood; these factors can lead to a loss of communication and shared values among neighbors, resulting in social disorganization. This ecological theory arose from observations that juvenile delinquency persisted in some neighborhoods despite changes in the racial and ethnic composition of the neighborhood over time.

Later theories of social disorganization introduced the idea of social control as the mediating factor between social disorganization and crime. In this model, friendship networks, participation in local organizations, and unsupervised peer groups represent the amount of social control in a neighborhood and contribute directly to crime. Additional structural factors such as urbanization and family disruption were added to the previous structural factors of residential instability, socioeconomic status, and racial-ethnic heterogeneity as constructs of social disorganization. This social disorganization contributes to weak social networks, low participation in local organizations and institutions, and unsupervised teens, which in turn leads to crime.

Extensions of social disorganization theory have included concepts such as social ties, social capital, formal social control, culture, and urban political economy as possible important components of social disorganization. Overall, there has been mixed empirical support for these additions to the theory.

Collective Efficacy

Building on social disorganization theory is collective efficacy, which is the ability for neighborhoods to engage in purposeful action to address deviance and crime. This is enacted not only through informal social control on its residents, especially juveniles, but also through community mobilization around issues of safety. This sense of collective efficacy is established through the formation of social cohesion and trust, which is supported by social networks and social support established between residents. Residents do not have to maintain close social ties, but more importantly there is shared belief that others share the same values, are willing to help each other, and can be trusted. For example, residents who believe that fellow residents will enact informal social

control to curtail delinquent behavior among teens or fight for services for the neighborhood have higher rates of collective efficacy. Neighborhoods with high collective efficacy are able to overcome components of social disorganization such as concentrated disadvantage and residential instability in controlling crime.

Coercive Mobility

Another extension of social disorganization theory considers the impact of formal social control, incarceration rates, and corresponding release rates from jail and prison back into a community on neighborhood crime. The removal of individuals in the neighborhood due to incarceration and their return to the community upon release is called *coercive mobility*. Coercive mobility is another type of residential instability that is the direct result of formal social control in the form of public safety policies, mainly incarceration. This adds to the overall residential instability in a neighborhood that can further erode informal social control as neighbors feel isolated from each other, social integration is low between newcomers and stayers, and a sense of commitment to the neighborhood is undermined by a feeling of impermanence.

While removing individuals who are committing crimes from a neighborhood should improve the neighborhood through removal of the unsafe element and improving social cohesion among those not offending, there may be a point when the gains from more incarceration are negated by the effects of coercive mobility, especially when individuals removed from a neighborhood due to incarceration tend to return to the same neighborhood upon release. Furthermore, as incarceration rates tend to be highly concentrated within certain neighborhoods, the effects of coercive mobility may be felt more acutely in these neighborhoods. For example, in neighborhoods with high formal control, the belief in informal control as a means to deter crime may be undermined. In turn, the erosion of informal social control can lead to more crime.

Broken Windows

Broken windows theory links urban decay and minor forms of public disorder with crime and

criminal activity. Visibly noticed phenomena such as graffiti, abandoned properties, and litter serve as signs that residents are unresponsive to low levels of rule-breaking. The belief is that this permissiveness toward low-level disorder leads to more serious criminal offending. In an attempt to prevent more serious offending, formal social control takes the place of informal social control in that police officers spend much time and energy attending to low-level behaviors like trespassing, loitering, graffiti, and minor drug possession. The logic is that engaging in swift and certain punishment for low-level offenses through arrests helps to prevent more serious offending.

Deviant Culture

Deviant culture stems from the belief that deviance is a learned behavior and individuals, especially teens, engage in deviant behavior through exposure to antisocial attitudes, values, and norms. Deviance and antisocial attitudes are culturally transmitted through exposure to others who engage in these behaviors and possess these attitudes. There are two major explanations for deviant culture: cultural heterogeneity and cultural attenuation. Cultural heterogeneity is when youth are exposed to both prosocial and antisocial behaviors and attitudes within a community. This dual exposure is more likely to happen in neighborhoods with concentrated disadvantage, whereas youth in middle-class neighborhoods are not exposed to the antisocial perspective. Cultural attenuation occurs in disadvantaged neighborhoods with high social isolation where a subculture of violence may seem more of the norm. This orientation attenuates the neighborhood normative values that results in the inability of the community to execute informal social control and contributes to social disorganization.

Racial and Economic Segregation

Crime rates differ greatly in neighborhoods within the same city. On a surface level, these differences can be attributed to the racial makeup of the neighborhoods, with Black communities experiencing the highest crime rates and White neighborhoods experiencing the lowest crime rates. However, this explanation ignores other important factors contributing

to neighborhood racial differences in crime. Theories highlight the ways U.S. society is structured around race, with the dominant group acquiring and maintaining privileged positions, and the reproduction of these hierarchies throughout the major institutions in the United States such as schools, labor market, criminal justice, and health care contributes to social and economic disadvantage within the nondominant groups. One prime example of this is residential segregation in which years of policies that privileged Whites in the housing market produced practices such as redlining, real estate blockbusting, and predatory housing loans that have resulted in extreme racial residential segregation. This residential segregation along with society's structures results in the racial-spatial divide in which racial and ethnic minorities live in inner-city disadvantaged neighborhoods and have the worst prospects for educational and employment opportunities. These practices have led to neighborhoods organized by race with neighborhoods of color experiencing more disadvantages, leading to more crime. However, higher crime rates in these neighborhoods may also be the result of location of the neighborhood itself, with higher crime neighborhoods embedded in disadvantaged areas, which also experience structural disadvantage. Conversely, White neighborhoods experience low internal disadvantage and are likely to be embedded in a context of other advantaged neighborhoods, amplifying the effects of residential segregation.

Methodological Challenges

There are many methodological challenges in studying neighborhood and crime. Neighborhoods can be defined in many different ways, even by individuals living in the same geographic locations. Researchers have used census block designations or other administrative agency boundaries in defining neighborhoods, but this can be problematic as these boundaries may not correspond with how individuals within neighborhoods use and perceive them. In addition, there are similar problems with how other concepts are defined and measured. There have been inconsistencies in the operational definitions of important constructs, making comparisons across studies difficult.

Another methodological challenge for studying neighborhoods is potential selection bias, that

individuals prone to criminal activity select to live in certain neighborhoods and it is the individuals, not the neighborhood effects, who contribute to crime.

Finally, testing the theories of neighborhood and crime, like social disorganization theory, has always been a methodological challenge as the theory was first developed before there was the ability to accurately analyze multilevel phenomena. While research methodologies have advanced, there are still many challenges in unraveling exactly how social disorganization impacts crime.

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See also Community Policing and Crisis Intervention Team Model; Crime Mapping; Juvenile Delinquency and Antisocial Behavior; Neighborhood Effects, Theory of; Poverty and Crime; Social Disorganization Theory; Social Learning Theory of Crime; Sociological Theories of Crime; Strain Theory of Crime

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NEIGHBORHOOD EFFECTS, THEORY OF

The theory of neighborhood effects focuses on the impact of neighborhood factors on individual offending. This perspective places people within the context of their community to explain antisocial behavior. Neighborhoods have the ability to impact individual behavior through opportunities to commit crime, child development, and the acquisition of values that may direct behavior. This entry begins with a discussion of the perspective's evolution and some of the pathways through which communities are believed to influence individual offending. It also discusses the impact of neighborhoods on the motivation to offend as well as protective community factors and interactions between neighborhood and individual characteristics.

Development of the Perspective

This area of study has grown substantially since the 1990s, largely due to advances in statistical techniques and an increase in the availability of data that includes individual and neighborhood characteristics. While there has been substantial growth in this area, the majority of studies in criminology focus on either individuals or neighborhoods separately. However, focusing only on individuals or neighborhoods is problematic because it is not possible to draw conclusions about individual behavior by focusing on only neighborhood factors, nor is it possible to draw inferences about neighborhood crime rates based on the behavior of individuals. By bringing both of these aspects together, the theory of neighborhood effects allows for an assessment of how individual and neighborhood characteristics together produce individual antisocial behavior.

Neighborhood Pathways to Individual Offending

Per-Olof Wikström and Robert Sampson argue that criminal behavior is due to the environment in which individuals find themselves coupled with their propensity to offend. The decision to offend is due to a combination of individual and situational factors, with people differing in how

favorably they view the environment for offending. Communities are seen as backdrops for behavior and have the ability to encourage or discourage criminal behavior. The extent to which a neighborhood encourages criminal behavior is a function of the levels of temptation, provocation, and deterrence in that neighborhood. Individuals differ in their exposure to neighborhood settings that encourage criminal behavior as well as their offending propensity. Thus, individuals residing in communities with higher levels of temptation and provocation and lower levels of deterrence should have an increased likelihood of engaging in criminal behavior. Furthermore, according to Wikström and Sampson, neighborhoods have the ability to impact an individual's propensity to offend directly and indirectly through developmental processes that act as antecedent influences on criminal behavior.

Neighborhood Influences on the Motivation and Propensity to Offend

Stress–Strain Perspective

Communities can produce stress or strain on individuals and thus have the ability to stimulate delinquent behavior—particularly through economic deprivation, levels of crime, and disorder. Disorder can include graffiti, abandoned buildings, drug markets, prostitution, and other general neighborhood signs of decline. In 2011, Holly Foster and Jeanne Brooks-Gunn conducted a review of neighborhood influences on behavior in children and adolescents, generally finding support for the argument that communities can increase delinquency, aggression, and conduct disorders. Neighborhood stressors or strains found to lead to greater levels of individual delinquency and antisocial behavior included poverty, disadvantage, neighborhood disorder, and concerns for safety. In addition, while neighborhood stressors had a direct impact on individual behavior, they also had an indirect effect. Specifically, neighborhood stressors (e.g., economic disadvantage) impacted families, parental mental health, and parenting practices, which in turn can shape the development and behavior of children and adolescents over the life course.

Low Self-Control

According to Michael Gottfredson and Travis Hirschi, one characteristic that is formed during childhood and remains relatively stable through an individual's life is the individual's level of self-control. Low levels of self-control have been consistently linked to an individual's propensity to offend. Self-control should play an important role when considering the option of committing a criminal offense as opposed to prosocial alternative behaviors. Those who are more impulsive may be less likely to consider alternative behaviors as well as the negative repercussions of offending. Thus, individuals with low self-control should be more likely to engage in criminal behavior. The origins of self-control have been argued to be the product of either biological elements or parenting practices or a combination of these factors. However, Wikström and Sampson claim that community factors also influence levels of self-control both directly and through their impact on family processes. While some support has been found for their argument, research on the direct impact of neighborhood conditions on self-control has been mixed.

Code of the Streets

Another way community characteristics can increase criminal offending is through the development of a subculture that supports delinquent values. According to Elijah Anderson, a *code of the street* has developed in African American communities characterized by high levels of disadvantage and crime. This code is a response to those conditions and even acts to regulate violence. This includes providing a rationale for violent acts to be committed in an approved context. In communities characterized by a greater belief in the code of the street, there is an overall distrust of the criminal justice system, and settling issues through violence is viewed more favorably than contacting the police or through other nonviolent means. Anderson argued that violent behavior by individuals can result in respect from those who follow the code of the street and reduce the risk of victimization, while a failure to engage in violent behavior when challenged may increase the risk of victimization. Thus, even those who do not specifically

value violent behavior are required to be knowledgeable of the code of the street to prevent victimization.

Mark Berg and Eric Stewart's review of the street culture literature provides support for many of Anderson's arguments. For example, a study in 2006 by Eric Stewart and Ronald Simons found that higher levels of community disadvantage and crime strengthened individuals' beliefs in the street code, which partially mediated the impact of these conditions on individual violence. A separate study by Stewart and Simons found that the code of the street as a larger neighborhood subculture increased the violence of individuals, regardless of their belief in the code, and produced greater violence among individuals who followed the street code.

Neighborhood Protective Factors

In 1997, Robert Sampson, Stephen Raudenbush, and Felton Earls argued that collective efficacy has the ability to protect a community and the individuals within from high levels of crime. With its roots in the social disorganization literature, collective efficacy is described as mutual trust and cohesion among neighbors as well as a willingness to intervene for the common good. Communities high in efficacy are generally close-knit and trusting, while also made up of residents who would intervene when children engage in delinquent behavior. Concentrated disadvantage, crime, and immigrant concentration have been found to be related to lower levels of collective efficacy at the neighborhood level, while residential stability has been connected to higher levels. Collective efficacy should work to reduce criminal and delinquent behavior through the socialization of neighborhood youths when they are outside the home and in the community, by monitoring unsupervised groups of adolescents and public spaces, as well as limiting neighborhood disorder. The protective effects of collective efficacy are largely informal and do not rely on those outside the community or government agencies such as the police to intervene and solve problems.

Collective efficacy has been shown to be directly related to lower levels of crime in communities, even mediating the effects of other neighborhood factors, such as concentrated disadvantage and

crime. At the individual level, it is related to lower levels of antisocial behavior for younger children in deprived contexts, domestic violence, unstructured or unmonitored socializing with peers, and socializing with delinquent peers. Collective efficacy has also been found to positively impact parenting quality. However, while adolescents might be deterred from committing crime in the high collective efficacy neighborhoods where they reside, Sampson suggests these individuals may shift their criminal activity to neighborhoods with lower levels of collective efficacy.

Person–Neighborhood Interactions

Neighborhoods have been found to moderate traits that influence the propensity to offend. However, this research is mixed with some studies finding that neighborhoods with weakened protective factors (e.g., cohesion and informal social control) or greater risk factors (e.g., economic disadvantage) show a stronger relationship between impulsivity or self-control and delinquency. In contrast, some researchers have found the opposite. For example, Gregory Zimmerman found that self-control contributed less to offending in neighborhoods with greater risk factors, and the effect of self-control was stronger in neighborhoods with greater protective factors. In these cases, it may be that it is difficult for anyone in high-risk communities to avoid criminal activity, regardless of personal characteristics, whereas those with low self-control who reside in low-risk communities are less likely to be impacted by protective neighborhood characteristics.

Similarly, the research on the effect of peers on delinquency at varying levels of neighborhood risk is somewhat inconsistent. A 2011 study by Gregory Zimmerman and Steven Messner found that the effect of peer violence on individual violence was greater in neighborhoods with lower levels of disadvantage. This may be due to individuals in disadvantaged communities having higher levels of exposure to peer violence, and after a certain point, an increase in exposure is unlikely to lead to greater offending. However, another study found that the effect of neighborhood risk factors on delinquency is greater in the presence of delinquent peers and that prosocial peers reduce the impact of neighborhood risk on delinquency.

Overall, the research suggests that certain community conditions, such as neighborhood disadvantage, impact the behavior of individuals either directly or indirectly through other means, including parenting and the adoption of antisocial attitudes. While there are neighborhood risk factors that may encourage offending, there are also protective aspects such as collective efficacy. Developments in biosocial criminology suggest that protective and hostile neighborhood factors may also be relevant for individuals possessing certain genetic characteristics. Furthermore, other research has begun to address individual factors that impact selection into neighborhoods. As of 2016, there is still uncertainty about the impact of neighborhood conditions and how they amplify or buffer the effect of individual characteristics and the causal mechanisms through which neighborhood conditions influence individual behavior, with a number of conflicting findings across studies. Further research on the relationship between communities and individual offending should eventually yield more consistent results and a greater understanding of the effects of neighborhoods on deviance among individuals.

J. W. Andrew Ranson and Matthew Hasbrouck

See also Neighborhood and Crime; Self-Regulation; Social Disorganization Theory; Social Learning Theory of Crime; Strain Theory of Crime

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ÑETA

Ñeta is an international Puerto Rican prison and street gang. Although there is not a consensus on how to identify prison and street gangs, Ñeta features several identifiers that a gang typically possesses: Its members engage in criminal behavior inside and outside prisons, it has an organizational hierarchy and strict rules, and it uses several types of symbolic colors and words to illustrate membership. This entry on Ñeta provides an overview of the association, including information on its history, meaning of its name, symbols and rituals, organizational structure, and ends by reviewing some law enforcement criticisms of the association.

Ñeta, also known as *Ñetas*, *Asociación Ñeta* in Spanish, or “Association Ñeta” in English, began as a prison gang that evolved into a street gang and continues to grow and spread throughout the world as a criminal enterprise. It has been characterized as a prisoners’ rights group, an inmates’ rights movement, and a pro-inmate rights association, even identifying as *Asociación Pro-Derecho*

Al Confinando, which translates to the “Pro-Rights Association.” In addition, as a Puerto Rican group, it is known to be sympathetic to ideas of political independence for Puerto Rico and political recognition from the U.S. government.

However, the National Institute of Corrections and the National Gang Crime Research Center have identified Ñeta as a security threat group, which is typically defined as a group of at least three people who conspire to engage in fear, intimidation, and disruptive and criminal acts. Although Ñeta’s membership originated in Puerto Rico, it is now global; its membership is estimated at tens of thousands of members in Puerto Rico and in the United States and approximately 10,000 members in other parts of the world including Asia and Latin America. As is typical of gangs, tracking definitive membership numbers is difficult because the association is secretive about members, and there is a sophisticated vetting process for recruits. In the United States, Ñeta primarily resides in the Northeast, including New Jersey, New York, and the rest of New England.

History

Ñeta was formed in the late 1970s by Carlos Torrez Irriarte, also known as *La Sombra*, or the Shade and Maximum Leader, and other Puerto Rican prisoners in Oso Blanco Maximum Security Prison, which is located in Rio Piedras, San Juan, and Puerto Rico. In the 1970s, the Oso Blanco prison system was understaffed and overcrowded. Early members of Ñeta claim the group was born out of the necessity for survival in the violent prison environment. Because of a lack of guards, prisoners governed themselves, and survivability rested on the formation of gangs for protection.

Before Ñeta was founded, the Puerto Rican prisons were controlled by *Grupo 27* (Group 27). Ñeta formed to combat *Grupo 27* (whom it called *Insectos*) and the abuses of non-gang-affiliated prisoners. In other words, Ñeta’s formation was intended to provide a mutual protection group against *Grupo 27*. Members of Ñeta united against *Grupo 27* because *Grupo 27* became powerful and preyed on new prisoners. Irriarte and others were threatened and disagreed with *Grupo 27* policies and practices, such as the rape of other prisoners and theft. On March 30, 1981, Irriarte

was killed by *Grupo 27* to stop Ñeta's growth. Ñeta retaliated and murdered the leader of *Grupo 27*. The legend and notoriety of Ñeta grew when members dismembered the *Grupo 27* leader and mailed his body parts to prison administrations and his mother as a sign of its power.

By the early 1990s, Ñeta had spread to prisons in the United States including Attica, San Quentin, Auburn, and many prisons in New York City and the state of New Jersey. In the 1990s, Ñeta members, upon parole from prison, spread Ñeta to the streets of the United States, and within a few years, Ñeta street gang members established themselves in several illegal economic ventures on the East Coast. By quickly recruiting outside of prisons, the street gang members extended Ñeta's reach even more. The police in the areas where Ñeta is established have documented that the association claimed it was *community based* while simultaneously participating in illegal lucrative tasks such as selling illegal narcotics.

Meaning of Ñeta

The origin of the name Ñeta possibly comes from the Taino language of the indigenous Taino Indians, who resided on the island of Puerto Rico, among other regions. During the Taino baptism, the baptized child was called Ñeta, which meant "warrior" or "new birth." Ñeta is also an acronym for Never Ever Tolerate Abuse, reflecting the political cause of prisoner's rights, pro-independence, as well as a moniker for the prison and street gang.

The letters NDC, meaning *Ñeta de Corazon* (heart of Ñeta), are associated with Ñeta and often seen in graffiti or in tattoos on members. A heart tattoo and "1.50" or "150%" are also found in graffiti, writings, or tattoos, symbolizing the 150% effort members pledge for the association.

Ñeta Symbols

The gang's colors are red, white, blue, and sometimes black. The colors are representative of the Puerto Rican flag, but black is sometimes substituted for blue in clothing and regalia. Ñeta members also incorporate P.R. (Puerto Rico) into their clothing and often display the Puerto Rican flag.

Roman Catholicism, which is the predominant religion in Puerto Rico, has a continued influence on Ñeta. Like other Latino gangs, Ñeta employs the use of Catholic rosary beads as symbols of the gang; the rosary beads are worn by members as a visual affiliation of Ñeta membership, with various colored patterns having distinct meanings. For example, a probationary member wears all white beads until full membership is granted. Full members wear black, red, and white beads. The numbers and colors of the rosary beads also carry meanings for Ñeta members. The 78 white beads represent the boroughs of Puerto Rico, the seven black beads represent the seven Puerto Rican prisons where Ñeta's founding took place; red beads represent the gang's bloodshed, whereas green represents the sacred; and the cross is symbolic of Jesus Christ, whom Ñeta members claim presides over all of them.

The gang's hand sign is the index finger crossed with the middle finger. The two fingers represent their unity, and the remaining ring and pinky finger pointed down represent the disrespect of law enforcement or prison administrations and also their rival gangs and enemies. Ñeta members salute each other by showing their gang sign with their hand and placing that hand over their heart. Ñeta members also refer to each other as *hermanitos* and *hermanitas* (brothers and sisters) because they view members as family.

Structure System

The organizational structure of Ñeta is very secretive, as members are prohibited from discussing organizational matters with nonmembers. In addition to the first and second in command, leadership positions include the organizer, who tracks and keeps notes of Ñeta's meetings, the *vocal*, who is the spokesperson for the gang membership, and the disciplinarian, who dictates reprimands for members who violate gang rules. The voting population in Ñeta is known as the *pueblo*. Leaders are voted in or out of their position by the pueblo.

Ñeta calls court and produces its own *legal documents*, which is paperwork used to inform Ñeta of criminal informants or snitches or other serious breaches and allegations. The association also relies on approximately 25 *norms* to guide gang behavior. A few examples of these norms

include respecting the leader's decisions, not disrespecting any member's mother, and following proper reporting channels if they feel a fellow member is being dishonest, unfaithful, or disrespecting the norms or the gang.

Rituals

Ñeta employs certain types of rituals. For example, in meetings of the association, a chant titled *El Grito* (meaning "the shout") is invoked in which all members chant *Ñeta* several times with one designated person shouting *asociación* before the members shout *Ñeta*. New members are called *seeds* from their tree of recruitment and are sponsored by *Ñeta* members for a 30-day trial, during which they are taught *Ñeta*'s history. Upon admittance, the seeds sign an oath of allegiance to *Ñeta*, swearing their life to the association. March 30, the anniversary of founder Carlos Torrez Irriarte's death, is viewed as a sacred day. This day is a day not only to commemorate Irriarte's contribution in creating the association but also for remembering other deceased *Ñeta* members.

Law Enforcement and Correctional Criticisms

Law enforcement criticisms of *Ñeta* focus on *Ñeta*'s claims that it is a cultural group that promotes Puerto Rican culture as well as a prisoners' rights group. Although there is some truth to these claims, law enforcement notes that *Ñeta* is engaged in illegal activities such as drug activity, violence, extortion, and murder, and *Ñeta* members have been known to be employed as hitmen for other prison and street gangs.

The Puerto Rican government has also expressed concern regarding *Ñeta*'s association with *Los Macheteros*, a Puerto Rican revolutionary group also known as the "Boricua Popular Army" that campaigns heavily for Puerto Rican independence through clandestine military operations. Some prominent rivals of *Ñeta* in the gang's territories are the Latin Kings, MS-13, and Los Solidos.

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See also American Gangs; Criminal Organizations and Networks; Prison Gangs, Major

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NEUROBIOLOGICAL BASES OF AGGRESSION

Aggression might best be defined broadly as an expression or action intended to harm another. The closely related notion of violence refers to a physical or possibly a psychological attempt to harm another. Various criminal codes provide relatively nuanced guidelines concerning boundaries across which expressions of harm become criminal offenses. Psychologists have traditionally examined aggression from different perspectives through legal (e.g., murder, assault), motivational (e.g., sexual assault, revenge), personal (e.g., psychopathy), or situational (e.g., proactive, reactive) lenses. More recently, some researchers have reported differential characteristics of brain structure and blood flow in different criminal types. This entry presents an alternate viewpoint that attempts to integrate these diverse perspectives into a coherent psychobiological model, that is, the biological basis of behavior and mental processes.

Background

Psychobiological approaches attempt to understand different types of behavior as expressed information processing that occurs at hierarchical levels of brain organization. Meaningful behaviors contain contributions from five information-processing dimensions that collectively can be said to define psychological space. These begin with

perception of an immediate environment subsequently interpreted by *cognitive*, *motivational*, and *emotional networks*. Ultimately, cognition achieves a one-to-one correspondence between its elements. Motivation networks focus attention on aspects of the environment that can furnish either immediate or delayed gratification or reward (including feeding, fleeing, fighting, and sex). Emotional systems act as *amplifiers* for selected aspects of the environment that overfocus on the emotionally salient elements and deflect attention from other potentially relevant and important stimuli. Basic emotions can be grouped into those that favor *approach* (e.g., happiness, surprise, anger) and avoidance (e.g., fear, disgust, sadness). Cognition, motivation, and emotional systems interact, resulting in complex processing systems that are integrated, leading to a decision about a particular course of action that is outputted as a *motor response* or the behavior in question.

Individual processing differences in perception, cognition, motivation, and emotion make the decision-making process very complex. They also explain why traditional stimulus-response accounts of behavior in all but highly controlled environments are simplistic and unable to account for more complex behaviors including aggression. Specifically, different individuals can aggress or not aggress in identical situations and for idiosyncratic reasons.

Psychobiological Aggression Model

In 1968, K. E. Moyer introduced a system for classifying aggression that stimulated considerable research into basic neurobiological processes in rats and cats. These include predatory, defensive, irritable, territorial, maternal (i.e., protective), and inter-male (i.e., sexual contest) types of aggression. Important toward appreciating this classification system is that absent some form of brain damage or anomalies in hormonal processes, the potential for all of these aggression types resides within everybody. Individuals differ in their threshold for aggression within each of the component systems necessary to meet or exceed the trigger threshold of a given system.

Further complicating this picture, each of the major processing systems is controlled by a connected regulation system in the brain, typically in

the frontal lobes. Consequently, violent response patterns and termination characteristics are also specific to different aggression types. Each of the systems involved has dedicated neuroanatomical, neurotransmitter, and receptor subtypes associated with their operation.

Aggression Types and Overt Behavioral Patterns

In general, predatory aggression is motivationally driven, *recruiting* the cognitive system to facilitate attainment of a physical goal. Consistently, only the required minimum amount of violence is applied to achieve the goal, and goal attainment terminates the aggressive act. Irritable aggression is delivered in an envelope of anger or rage, and the severity of violence is typically out of proportion to the eliciting stimulus. In some cases of domestic violence, an individual becomes frustrated with a boss or coworker, inhibits a violent response at work but comes home to find dinner 3 minutes late, and brutally assaults the spouse until exhaustion sets in. Similarly, instances of *overkill* involve anger- or rage-based aggression. Defensive (or fear-initiated) aggression is also *reactive*, but its purpose is to incapacitate a threat, at least long enough to escape (the so-called flight-or-fight syndrome). When the threat is escapable or neutralized, the aggression ceases. Territorial aggression in the animal kingdom functions to protect turf necessary to furnish resources necessary for survival including food sources and females. Gangs similarly mark their borders, and members of other gangs can walk in peace across a street but can be killed for straying across some designated line in the asphalt. Figure 1 summarizes the triggering and behavioral patterns of the different aggression types.

Neurobiology of Predatory Aggression

For predatory aggression, opportunity for immediate gratification initiates activation of the brain's primary reward system. Specifically, this consists of the neural tract connecting regions embedded deep in the brain, specifically the ventral tegmental area (VTA) with the nucleus accumbens. The primary neurotransmitter (i.e., chemical messengers responsible for transmitting electrical

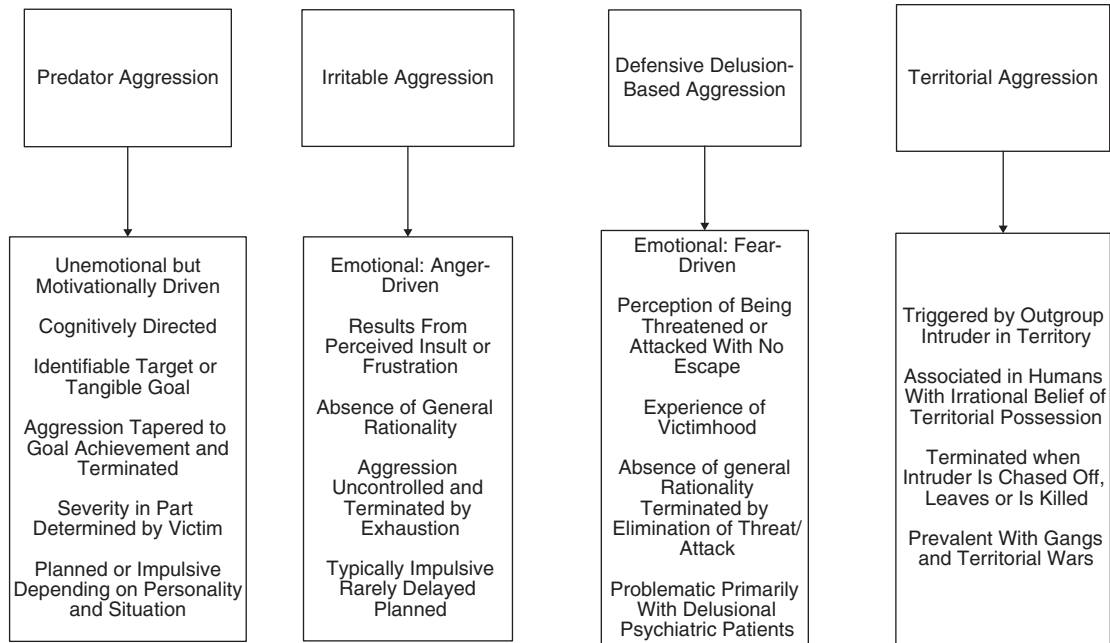


Figure 1 Aggression Typology

impulses between brain cells) involved in the reward system is dopamine (DA). Two DA receptor subtypes are involved in enhancing the rewarding effect of DA transmission in the VTA-nucleus accumbens tract. D_1 receptors function to maintain attentional focus on the source of gratification, while DA_2 receptors function to inhibit access of potentially competing information from ongoing VTA-nucleus accumbens reward signaling. In addition, internally manufactured opioids (i.e., substances involved in pain relief that create a state of euphoria) are located in the VTA and interact to enhance the rewarding experience, thereby further biasing decision-making to favor an intense rewarding experience. Other substances such as testosterone and the amino acid neurotransmitter, glutamate, facilitate the process.

Two different pathways inhibit the DA reward pathway. These reflect distinct psychological experiences, reflecting two almost opposite personality characteristics. The first involves the serotonin (5-hydroxytryptamine or 5-HT for short) pathway between a brain region termed the *raphe nucleus* that produces 5-HT and the VTA where 5-HT inhibits DA. This lessens the strength of DA activation and lessens the likelihood of pursuing the immediate gratification option. This also affords

the individual the ability to *stop and think* about the negative long-term consequences that in most situations would outweigh the fleeting value of immediate gratification. In general, strong emotional states (e.g., anger/rage, fear/panic) inhibit cognitive functioning, while motivational states focus cognitive functioning to achieve the identified goal. 5-HT also has an inhibitory influence on testosterone, reducing the likelihood of impulsive predatory aggression, but in a different way.

A second inhibitory pathway for predatory aggression involves the fear/stress system (see Neurobiology of Defensive or Fear-Based Aggression subsection). Individuals prone to quick and intense activation of the anxiety/fear/stress pathway avoid aggressive choices not because they stop and think about the long-term negative consequences, but because the involved risk activates fear-associated inhibition of reward-seeking processing.

A principal brain pathway for controlling motivational decision-making (i.e., balancing immediate vs. long-term considerations) involves the ventromedial prefrontal cortex, the underside region of the frontal lobe. Injuries to the ventromedial prefrontal cortex and its neighboring orbital prefrontal cortex (located just above the

eyes) often result in disinhibition in the face of opportunities for immediate reward that would include predatory aggression.

Neurobiology of Irritable or Anger-Based Aggression

The amygdala is an almond-shaped brain structure charged in general with processing emotions and assigning emotional values or *tags* (e.g., anger) to previously neutral stimuli. The brain pathway involves neural projections to the thalamus (akin to a relay station in the middle of the brain) from where it is sent to both the amygdala (for an immediate emotional assessment) and also to the prefrontal cortex (for a slower and *later* cognitive appraisal). Ongoing amygdala activity can interfere with prefrontal activity and at least partially explains why individuals experiencing intense anger or rage typically react in counterproductive ways, without consideration of longer term costs to themselves or the victim. Other substances such as testosterone and the neurotransmitters epinephrine and norepinephrine serve to energize the body and focus behavior on the target of the anger.

Neurobiology of Defensive or Fear-Based Aggression

With respect to fear processing, fearful perceptions enter the amygdala and branch out to different regions within it. Fear processing in the amygdala is controlled in part by the dorsal medial prefrontal cortex. When a potentially threatening stimulus is perceived, epinephrine and norepinephrine are immediately released by the inner region of the adrenal glands (adrenal medulla) from activation of the sympathetic nervous system. If the stress is prolonged, a chemical pathway then triggers the release of the stress hormone, cortisol, from the outermost region of the adrenal glands. Cortisol then creates negative psychological states, anxiety/fear/stress, and inhibits DA and testosterone influence. Fear-related information is transferred from the amygdala through a neural circuit to the spinal cord where it also activates the autonomic nervous system, resulting in characteristic changes in blood pressure, heart rate, perspiration, and pupil dilation.

Prefrontal Cortex and Regulation of Aggression

It is well established that specific information-processing functions are housed within the left and right hemispheres, which, respectively, include the primary aspects of language and spatial processing. Similarly, accumulating research evidence suggests that active processing of anger (which is deemed a negative emotion) involves more left-sided PFC activity. The approach–avoidance laterality model argues that the left PFC processes approach biases while the right PFC favors avoidance biases. From a clinical neuropsychological perspective, this may explain why cases of right PFC injury result in disinhibited and uber-reward-focused behaviors while left PFC injuries result in avoidance and apathy.

This laterality might be used to further understand aspects of the different types of aggression from a neurobiologically informed, information-processing vantage point. Briefly, predatory aggression (classified by some as *proactive* or goal-directed aggression) clearly involves an approach to the intended victim and inflicting the necessary violence in service of attaining the tangible reward—anything that might range from money to sex. This type of decision-making approach involves greater activation of the right PFC relative to the left PFC.

A similar argument but involving a very different trigger (e.g., frustration, insult) can be made for the *reactive* irritable or anger-based aggression type. In this case, an irate individual approaches the source of frustration or insult with the violence that eventually causes the anger to subside. However, the *reactive* defensive or fear-based aggression type initially aims to escape or avoid the situation and should involve activation of the left PFC. Indeed, this presents an initial dilemma because if the purpose of defensive or fear-based aggression is to avoid the aggressor and activate the avoidance response, how can defensive or fear-based aggression ever occur? It may be that a two-step process is involved. The first step consists of the goal of escaping the threat and not approaching the aggressor at all, leading to a cognitive appraisal of the likelihood of success of an escape plan. If feasible, flight is the first option, and no or minimal confrontation with the threat occurs. However, if the escape plan appears unlikely to succeed, Step 2 begins and irritable aggression

results. This might explain why in at least some instances of defensive or fear-based aggression, the intensity of violence exceeds what would reasonably be necessary to permit an escape.

Implications for Violent Risk Assessment and Interventions

There are several advantages to applying a neurobiological approach to risk assessment of offenders in the real world. At the behavioral descriptive level, regardless of whether one utilizes static or dynamic variables, it is logical to develop predictors for a more specific type of behavior than for a broader group that contains separable subgroups. However, this approach affords the opportunity to use existing neuropsychological tests (i.e., behavioral and mental activities designed to measure brain functions) to examine the functioning of a particular offender's ability to control his or her cognitive, motivational, and emotional processes. These need not be seen as stand-alone predictors but can be integrated with the offender's criminal history to examine possible links between a specific problem in brain functioning measured by the test and the expected types of aggressive incidents in the offender's criminal record.

In the future, it may be possible to record signals from brain cells or even activity within the blood while offenders are undergoing neuropsychological testing. Because different individuals can succeed or fail a task for different reasons, ongoing recordings of brain activity would afford the forensic psychologist the ability to evaluate objectively important brain-based phenomena such as the laterality of task processing, alertness levels, atypical waves, motivational and emotional states, and attention and effort levels. These neural recordings may provide a baseline for comparison with how the individual performs the tasks, and whether the individual's physiological markers are the same or move into an improved direction after administration of an appropriate intervention.

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See also Behavioral Genetics and Other Biological Influences on Criminal Behavior; Neurobiological Models of Psychopathy; Neurodevelopmental Disorders in Incarcerated Offenders, Treatment of; Traumatic Brain Injury in Incarcerated Offenders, Treatment of

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NEUROBIOLOGICAL MODELS OF PSYCHOPATHY

In contemporary academic and clinical parlance, *psychopathy* refers to a personality disorder characterized by a combination of affective, interpersonal, lifestyle, and behavioral elements. Specific psychopathic traits include glib superficiality, callous lack of empathy, a conning and manipulative interpersonal style, poor behavioral controls, and impulsivity, among others. These traits emerge early in childhood (assessed as early as 5 years old), progressing to chronic interpersonal instability and antisocial behavior through adulthood. For individuals meeting full clinical criteria for psychopathy, these traits are found in many domains of their life and remain remarkably stable across the life span.

The current clinical standard for evaluating psychopathy is based on an expert-rater device, the Hare Psychopathy Checklist–Revised (Hare PCL-R). The Hare PCL-R requires extensive collateral source review (i.e., social worker reports, police reports, psychiatric observations) and a detailed case history interview. The Hare PCL-R

was developed primarily for the evaluation of psychopathy among adults in forensic settings. Derivatives of this measure include a youth version and a briefer screening version, primarily for use with psychiatric patients. Many additional measures have been developed to evaluate psychopathic symptoms, including self-report instruments typically used in non-forensic settings. The consistency of measurement across the expert-rater and self-report instruments is typically poor, requiring consumers of the literature to carefully attend to which assessment instrument was used. The most consistent neurobiological findings are found in studies using expert-rater devices (i.e., Hare PCL-R, PCL-youth version).

Importantly, psychopathy is distinct from antisocial personality disorder (APD) as assessed by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). As many scientists have noted, the difference between the Hare PCL-R and the DSM APD conceptualization of psychopathy is that the latter fails to adequately assess the interpersonal and affective symptoms defined in the clinical tradition dating back hundreds of years. The DSM APD conceptualization also heavily relies on frequent antisocial behavior as a symptom, and this behavior does not sufficiently characterize the breadth of psychopathic traits. Moreover, there are many distinct routes and motivations underlying antisocial deviance, most of which do not involve psychopathic personality. Thus, most people who meet criteria for psychopathy using the Hare PCL-R will also meet criteria for DSM APD, but only a small portion (20–30%) of those who meet criteria for APD will also meet criteria for psychopathy using the Hare PCL-R. In sum, psychopathy as embodied by the Hare PCL-R is not the same as the construct of APD defined by the DSM. This neurobiological review focuses on studies that employed the Hare PCL-R.

Neurobiological Models

Psychopathy is widely recognized as a developmental disorder with a strong genetic influence that produces rather specific neurocognitive deficits. Several models have emphasized the importance of different cognitive features in promoting psychopathic traits. Despite some variation in form, these models converge in implicating a

cohesive network of brain areas responsible for the integration of emotional processing into higher order cognition. Here, the most prominent models that have contributed to improving understanding of the neurobiological origins of psychopathy are described.

The Prefrontal Cortex and Pseudo-Psychopathy

The earliest accounts of how the brain can influence maladaptive social behavior arose at a time when medical science was first discovering these brain-behavior relationships—mostly through accounts of focal brain injuries and their consequences. A prominent historical example is that of Phineas Gage, a 19th-century American railroad worker who survived a catastrophic injury to the frontal portions of his brain, reportedly causing drastic changes in his behavior and personality, which included newly acquired impulsivity, aggression, and promiscuity. The details of this case study have recently come under critical scrutiny; nonetheless, he remains a prominent figure in the history of neuroscience. It stands as a symbol of the evolving understanding of the role the brain plays in determining complex social behavior.

There have been several more recent and well-corroborated accounts of focal brain injuries to the orbitofrontal/ventromedial prefrontal cortex resulting in behavioral changes that mimic certain aspects of psychopathy. The presentation of poor moral judgment and lack of behavioral controls following injuries to the ventromedial and orbitofrontal cortex have sometimes been called *pseudo-psychopathy* in neuropsychological literature. It should be noted, however, that the consequences of prefrontal damage more often produce only mild dysfunction, which can be highly variable. The role of the ventromedial prefrontal cortex is generally described as integrating emotion-cognition interactions. That is, it plays a role in weighing the value of rewards and punishments and monitors behavior based on these evaluations. When severe deficits in behavioral control and apparent lapses in judgment are present, these symptoms still do not account for the full spectrum of traits that constitute psychopathy. Thus, the presentation of *pseudo-psychopathy* following

a brain injury is both exceedingly rare and, more generally, a misnomer. Still, the ventromedial prefrontal cortex plays a prominent role in contemporary neurobiological models of psychopathy, but it is not alone in this influence.

The Amygdala and Fear

Another prominent trait among psychopaths is an apparent absence of anxiety and a lack of aversion to some things that most healthy individuals would actively avoid. Behaviorally, this can present as a failure to anticipate or avoid behaviors with assured consequences. These characteristics helped to promote an early model of psychopathy called the *low-fear hypothesis*. A great deal of early psychophysiological research supported the notion that psychopaths showed reductions in certain physiological responses during the anticipation of punishment and when faced with aversive stimuli. Accumulating evidence has demonstrated, however, that this model is somewhat underspecified. Rather than lacking fear, it may be more appropriate to describe psychopaths as failing to utilize emotional cues (i.e., punishment cues) to modify their ongoing behavior.

The amygdala is located bilaterally in the anterior medial temporal lobe—very near the center of the brain. The amygdala is prominently associated with brain activity related to distress, anxiety, and threat detection, so it has also featured prominently in many neurobiological models of psychopathy. However, the amygdala is not *only* involved in threat detection. More generically, it is important for encoding stimulus-reinforcement contingencies. That is, the amygdala helps to detect the value of a stimulus that should promote further action due to its motivational importance. In short, the amygdala serves to amplify any exogenous stimulus into higher cognitive processing that may be of critical importance.

Neurobiological research clearly indicates that the amygdala is impaired in psychopathy, as demonstrated during a variety of tasks, such as reinforcement conditioning and passive avoidance learning. Patients who suffer focal brain lesions to the amygdala due to injury or disease do not suddenly acquire psychopathic traits. Rather, the consequences of these rare lesions promote rather specific deficits impairing perception of social

cues and facial emotion, emotional episodic memory, and the evaluation of stimulus-reinforcement contingencies. Again, these deficits do not fully account for the full spectrum of psychopathy. It is reasonable to suspect that, occurring at an early age, they may promote more complex manifestations of psychopathy by impairing critical developmental trajectories in social cognition.

Additional evidence of amygdala impairment comes from structural MRI studies of individuals with clinical levels of psychopathic traits. These studies find robust amygdala volume and density deficits in large diverse samples of males and females, adults and adolescents. Indeed, structural MRI deficits in the amygdala is one of the most replicable findings in the psychopathy literature.

Integrated Emotion Systems

Combined findings of orbital frontal cortex and amygdala dysfunction in psychopathy led to the development of the *integrated emotion systems* model of psychopathy. This model highlights reduced unconditioned reinforcement evaluations (e.g., responding to facial cues), impaired acquisition of reinforcement contingencies (pairing actions with reward and punishment), and determining expected value (e.g., predicting the outcomes of their behavior). These critical forms of learning are supported by the amygdala and ventromedial prefrontal cortex along with other closely associated brain areas such as the insula, striatum, and dorsomedial prefrontal cortex. The consequences of such dysfunction interfere with the long-range efficacy of emotional learning for guiding behavior and future planning.

A critical step in understanding psychopathy has been clarifying the specific cognitive mechanisms responsible for the functional deficits consistently documented in this disorder. Furthermore, it is important to recognize that the wide range of cognitive and behavioral abnormalities apparent in psychopathy cannot be accounted for by dysfunction in a single brain region. The integrated emotion systems model provides a thorough account of these diverse functional deficits and further proposes a likely developmental course that gives rise to these impairments. In short, reduced responsiveness to unconditioned aversive

stimuli, impaired aversive conditioning, and disrupted stimulus-reinforcement learning are all potentially detrimental to socialization, and together, they are likely to promote patterns of antisocial behavior.

Paralimbic System Dysfunction

No brain area operates in isolation. Each focal impairment in psychopathy will produce extended downstream consequences in the brain, and these downstream effects produce the myriad subtle impairments in cognition and behavior that characterize psychopathy. Predicting the extent of these downstream consequences requires an appeal to how brain areas are structurally and functionally connected. The *paralimbic dysfunction* model of psychopathy is grounded in the cytoarchitectonics of the brain, that is, similarities in cellular structure that help researchers understand the functional relatedness of many brain structures. The paralimbic system describes a structurally interconnected and functionally related network of brain areas that include the amygdala and orbital frontal cortex (i.e., ventral medial prefrontal cortex), cingulate cortex (anterior and posterior), parahippocampal areas, the insula, and portions of the anterior temporal lobes. These brain areas work together to support a range of cognitive functions aimed at incorporating fundamental drives (aversions and appetites) with higher order cognition (planning and decision-making).

The paralimbic dysfunction model of psychopathy hypothesizes that this entire network is ultimately compromised in psychopathy. While dysfunction in the amygdala and medial prefrontal cortex is relatively robust and evident in a wide variety of experimental manipulations, extended deficits are often subtle and more contextually specific. Observing these complex downstream consequences requires large sample sizes, careful quantification of psychopathic traits, and precise experimental manipulations. Indeed, large-sample investigations of psychopathy have revealed structural and functional abnormalities extending into this entire network of interconnected brain areas. The consequences of these abnormalities can help account for the wide range of deficits attributable to psychopathy.

Attention and Emotion

The previous sections describe the wide array of brain areas that have shown structural and functional differences related to psychopathy. The consequences of these abnormalities are imprinted on brain systems governing motivation, attention, decision-making, and behavioral control. An additional model that focuses on dynamic features of attention has gained prominent support from behavioral and neuroscientific investigations. The *response modulation* model suggests that psychopaths are capable of processing emotional information adequately when it is their sole focus of attention. However, when features in a complex, naturalistic environment compete for cognitive resources, psychopaths show an inability to reallocate attention to stimuli with value that supersedes their original focus. That is, if a specific focus of attention has already been established, psychopaths show difficulty adaptively redistributing their cognitive resources to incorporate new information. An important consequence of these deficits is that psychopaths' cognitive abnormalities extend beyond the processing of emotional stimuli.

It is overly simplistic to suggest that emotion and attention are separate features of cognition. Rather, emotional salience may be thought of as one of many mechanisms of attention. Attention-based models of psychopathy do not negate findings of emotional processing deficits. They generalize and extend these deficits to more fundamental attributes of cognition.

Final Thoughts

As the conceptualization and measurement of psychopathic features have become more specific and reliable, so have descriptions of the underlying neural properties that support these features. Contemporary neurobiological descriptions of psychopathy now suggest that dysfunctional properties of the brain extend to the entire paralimbic system. Developmental perspectives have described how specific deficits in aversive responses and reinforcement learning can disrupt socialization and promote antisocial behavior. Cognitive models of psychopathy extend these consequences to a more generalized impairment in recognizing and integrating salient information,

which diminishes psychopaths' capacity to adaptively adjust their behavior. The understanding of psychopathy at a neurobiological level has improved dramatically in the past decade, and continuing advancements in neuroscientific approaches promise to add even more clarity to these models in the years ahead.

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See also Juvenile Delinquents, Callous Unemotional Traits of; Psychopathy; Psychopathy, Etiology of; Psychopathy Checklist (PCL); Psychopathy Versus Antisocial Personality Disorder

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NEURODEVELOPMENTAL DISORDERS IN INCARCERATED OFFENDERS, TREATMENT OF

High rates of neurodevelopmental disorders have been found within the criminal justice system. Neurodevelopmental disorders are a group of disorders in which the development of the central nervous system is disturbed, which can be

manifested as neuropsychiatric problems or impaired motor function, learning, language, or nonverbal communication. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, the standard classification of mental disorders used by mental health professionals in the United States—an entire class of disorders that are usually diagnosed in the earlier developmental stages of the human life course, including intellectual/learning disability, autism spectrum disorder (ASD), and attention-deficit/hyperactivity disorder (ADHD)—are outlined under the umbrella term *neurodevelopmental disorders*. Historically, these disorders were thought of as first occurring in childhood or as exclusive to childhood. However, it is now apparent that these early-occurring disorders continue into adolescence and adulthood for many of those affected. In addition, these disorders may share some genetic and neurobiological risks and developmental trajectories.

Although a disproportionately high concentration of individuals with neurodevelopmental disorders are involved with the criminal justice system, the knowledge on these disorders in this population is limited. This is partly due to the difficulties in recognizing and assessing neurodevelopmental disorders in secure facilities and incarcerated settings. One reason is a lack of suitable assessment tools. In addition, although many prisoners may be able to complete a self-rating scale, others, particularly those with more severe neurodevelopmental disorders, need clarification of some of the terms used and help to understand what they are being asked. In the limited number of studies focusing on neurodevelopmental disorders in prisons, prisoners with these disorders are usually identified based on their self-report of an existing diagnosis of intellectual disability, ASD, or ADHD or their above-the-threshold scores on standardized screening assessment tools that are usually used in clinical (but not incarcerated) or nonclinical populations. For example, the Learning Disability Screening Questionnaire, the adult ADHD self-report scale, and the Autism Quotient can be used to screen for intellectual disability, ADHD, and ASD, respectively, although the reliability and validity of these screening tools among prison populations are unclear.

Intellectual Disability in Prisoners

Intellectual disability, formerly termed *mental retardation*, is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits. Neuropsychological measures of IQ, as indirect indices of brain function, are usually used to assess the level of intellectual deficits. The adaptive deficits, on the other hand, limit one's activities of daily life, such as communication, social participation, and independent living. Prevalence rates for intellectual disability have been estimated as approximately 1% (varying by age) of the U.S. population. In the criminal justice system across the world, depending on the study methodologies and diagnostic criteria, the prevalence may range from 0.5% to 11% in adults and much higher for prisoners younger than 18 years.

To date, studies of intellectual disabilities and crime have overall been limited and focused largely on the qualitative nature of antisocial behavior in individuals with intellectual disabilities. For example, studies found that compared to those with other mental illnesses (e.g., schizophrenia, mood disorders, epilepsy), individuals with intellectual disabilities are more likely to attack persons outside of the family and intimate social circle and less likely to attack individuals in authority—which may have been due in some way to their subordinate social status. They are also more vulnerable to aggressive and disruptive behaviors. In terms of the types of offenses, offenders with intellectual disabilities are more likely to commit property crimes, as well as sex offending and arson. Finally, they are also more likely to recidivate.

Impairments in cognitive problem-solving and impulse control might explain why individuals with intellectual disabilities commit crime. Higher levels of childhood exposure to parental aggression or physical abuse victimization have also been found in offenders with intellectual disabilities. Comorbid psychiatric conditions, such as antisocial personality disorder and substance use disorder, may also partly contribute to the origins and development of crime and violence in those with intellectual disabilities.

ASD in Prisoners

ASD is a condition marked by significant social communication and interaction deficits as well as

restricted repetitive patterns of behavior, interests, and activities. In the general population, ASD affects about 1 in 68 individuals, and the rate is estimated to be higher in prisoners and in males in general. Genetic and neurobiological disturbances, such as structural and functional brain abnormalities, may contribute to the cognitive and emotional deficits seen in individuals with ASD, which in turn increase the likelihood of their criminal behaviors.

Evidence suggests that offenders with ASD are more likely to use blunt violence, strangulation, or poison to kill victims. They are less likely to be intoxicated at the time of the offenses, and particularly more prone to stalking behaviors. They are more likely to be characterized by self-injury, aggression, and commit property damage or acts of violence. Failure to recognize emotional expressions and executive dysfunction may partly contribute to their offenses. Their lack of social competence to initiate intimate relationships and restricted interests may lead to their cravings for and persistent seeking out of intimacy, which in turn results in more stalking behaviors to certain victims.

Relatively more research has been focused on the high-functioning autism, formerly known as Asperger's disorder/syndrome. Those with Asperger's syndrome were more likely to commit arson and sexual offenses. Violence in direct response to anxiety associated with changes in the environmental or routines, to disliked stimuli such as high-pitched sounds, or preoccupations such as sex or fire, have been associated with prisoners with Asperger's disorder. Asperger's disorder has been particularly linked to cases of multiple murderers including Jeffrey Dahmer and Theodore Kaczynski. Problems of sexuality, such as public masturbation, exhibitionism, and sadism, have been reported in early studies of Asperger's disorder. Social communication deficits, including deficient empathy and lack of theory of mind, may lead to their poor relations with the opposite sex, which then in turn contributes to their sexual and nonsexual offending behavior. Finally, Asperger's disorder often co-occurs with other psychiatric conditions such as psychotic and mood disorders and Tourette's syndrome; psychiatric comorbidity may thus play a role in violent behaviors observed in individuals with Asperger's disorder.

ADHD in Prisoners

ADHD is a clinical syndrome defined in the *DSM-5* by high levels of hyperactive, impulsive, and inattentive behaviors beginning in early childhood (before age 12 years). An individual is diagnosed with ADHD when a minimum number of symptoms of either inattention (predominantly inattentive presentation) or hyperactivity-impulsivity (predominantly hyperactive-impulsive presentation) have been present for at least 6 months by the time of assessment. If an individual shows symptoms from both categories, a combined presentation occurs. Symptoms need to be present in two or more settings (such as at home, at school, or at work, with friends or relatives; in other activities) and often lasts into adulthood.

ADHD affects about 5% of children and 2.5% of adults, and the rates are higher in males than in females. While ADHD-like symptoms are found in many individuals, in people with ADHD, symptoms are severe, persistent over time, and lead to clinically significant impairments such as low self-esteem, educational and occupational problems, antisocial behavior, and problems in social interactions including coping with police interviews and court procedures. ADHD often co-occurs with ASD, specific learning disorders, substance use disorders, personality disorders, or other common mental health problems such as anxiety and depression.

Children with ADHD are at a greater risk of arrest and imprisonment during early adulthood than normally developing children, and there is a higher than expected prevalence of ADHD among adult prisoners. People with ADHD are vulnerable to engage in antisocial behavior and criminal outcomes for several reasons. First, about half of youths with ADHD will develop comorbid disruptive behavior disorders (e.g., conduct disorder and oppositional defiant disorder) that are characterized by behavioral problems that violate the rights of others and/or bring the individual into significant conflict with social norms or authority figures, and individuals with both conditions show more severe and cold-blooded types of antisocial behavior. Second, by nature of their cognitive and behavioral impairments, people with ADHD may more likely engage in offenses

that are reactive and opportunistic rather than well planned and organized, which in turn may lead to easier apprehension for their antisocial behaviors.

Once involved with the criminal justice system, these individuals are vulnerable to being unable to effectively cope with the custodial process, police interviews, and the court process. For example, when they are questioned and put under interrogative pressure, their limited ability to sustain attention over a long period of time may result in a higher likelihood to accept or comply with the suggestions of authority figures. These factors may also contribute to the reported elevated rates of false confession by people with ADHD. Once incarcerated, undiagnosed and untreated individuals with ADHD seem to have great difficulty tolerating the stress of prison life characterized by high rates of aggressive incidents, partly due to their mood instability, low frustration tolerance, and/or disorganized personality style.

Treatment Implications

Although the rate of neurodevelopmental disorders in the criminal justice system far exceeds that in the general population, the knowledge, skills, and training of forensic practitioners in these disorders are lacking. It is also important to note that in addition to those who meet diagnostic criteria for ADHD, ASD, and intellectual disability, there are individuals with broader *sub-threshold* neurodevelopmental difficulties who also have significant vulnerabilities that are likely to be exposed in prison. Many individuals with these disorders show symptoms in earlier years, although some may not be diagnosed until adulthood.

It is important for research, policy, and practice to address the needs of those with neurodevelopmental disorders and difficulties. Prison is a challenging environment for people with neurodevelopment disorders who may struggle to cope and are vulnerable to bullying. They are more likely to have comorbid problems such as mental illness including psychosis and substance misuse. In addition, they are less likely to receive evidence-based intervention in prison, partly due to the reason that people with neurodevelopmental disorders do not have the level of cognitive

functioning required to complete the program. Therefore, access to many current treatment and/or offending programs is unintentionally limited for this group if reasonable adjustments are not made.

Although attempts to find appropriate, effective services for prisoners with neurodevelopmental disorders are ongoing, some treatment approaches may be promising. For example, given the problems individuals with ASD have with recognizing others' distress, strategies such as *teaching* empathy skills may be appropriate for these individuals. Such strategies might include using individual or group treatment to attempt to develop an understanding of victims' feelings, or through role-playing or the use of computer software packages to develop an understanding of emotions. For offenders with intellectual disabilities, interventions aimed at improving competencies and skills have been recommended, including cognitive behavioral approaches and token systems. Furthermore, applications of pharmacological treatments in correctional settings have been explored for some neurodevelopmental disorders. For example, stimulants are the most common treatment for ADHD, and they have been demonstrated to be effective in the treatment of ADHD-associated aggression. Strategies targeting the aggression instead of the disorder symptoms have also shown efficacy when the severity of aggression is too high or disorder-oriented medications (i.e., antipsychotics such as risperidone or mood stabilizers such as lithium) are ineffective.

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See also Developmental Theories of Crime; Mental Disorders and Violence

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NONCONTACT SEXUAL OFFENDERS

A noncontact sexual offender is an offender who engages in criminal behavior for the purpose of sexual gratification, but there is no physical contact between the offender and the victim. Voyeurism, exhibitionism, online interaction with children, and possessing and/or viewing child pornography are examples of noncontact sexual offending. Because the media and the public generally consider child pornography to be the most serious offense of the noncontact sexual offenses, this entry focuses on the possession of child pornography as an example of a noncontact sexual offense.

In general, child pornography depicts the sexual exploitation of a minor (including the sexual abuse of a minor). However, the criminal possession of child pornography does not require physical contact between the offender who is in possession of this material and the minor who is depicted in the material. While most child pornography offenders do not sexually exploit minors in their acquisition of child pornography, they are nonetheless considered sex offenders under the law.

This entry begins with a brief discussion of what constitutes possession of child pornography in the eyes of the law, who are the offenders, and what motivates these offenders.

Possession of Child Pornography and the Law

Within the United States, the statutes or laws used to define child pornography vary among jurisdictions. Moreover, the age of consent differs between federal and state statutes. Under federal statutes, a *child* is defined as anyone under the age of 18 years, whereas in some states, a *child* is defined as anyone under the age of 16 or 17 years.

On the federal level, it is illegal for an individual to possess any amount of child pornography, even a single image or video clip, and according to the law, *possession* essentially means *accessing*. For example, simply downloading the material, but not storing it on one's computer, is a violation of the federal law. In this context, *download* includes *accessing* such as clicking on a link that triggers the appearance of the child pornographic image or video clip on the computer screen.

With regard to the state level, state laws vary in their definition of *possession* in that the definition can include (a) simple possession (i.e., for personal use) or (b) possession with intent to distribute. In some states, the distinction between the two is determined by the possession of more than one copy of a single child pornographic image. For example, in 2016, Alabama and Colorado required the possession of 3 or more copies of the same image as evidence of possession with the intent to distribute, whereas Texas required 6 or more copies, and Maine required 10 copies. In Alaska, however, possession with intent to distribute required the possession of 100 nonidentical images. In states with both types of possession, the number of copies can also determine the number of charges. For example, in Florida, a defendant in possession of 6 copies of the same child pornographic image can be charged with either a single count of possession with intent to distribute or six counts of simple possession.

The Offenders

Information about noncontact sexual offenders such as child pornography offenders is primarily based on individuals who have been arrested, convicted, or clinically treated for such offenses. Therefore, this information may not be representative of all individuals who engage in these criminal behaviors.

As with other types of offenders, including other sexual offenders, child pornography offenders are a heterogeneous group, so there is no typical profile for this type of offender. Nonetheless, there is some consensus about the demographic characteristics of child pornography offenders. For example, these offenders tend to be non-Hispanic White males, aged between 25 and 50 years, educated, of above-average intelligence, and employed. As compared to other offenders (including other sexual

offenders), child pornography offenders do not appear to have serious psychological problems or present with significant criminal histories. Information with regard to marital status suggests that at the time of their arrest, child pornography offenders are more likely to be single or have never been married. With regard to deviant sexual interests, some child pornography offenders have pedophilic interests (i.e., a sexual interest in prepubescent children), whereas others do not.

Motivations

Legal and academic discourses contend that child pornography is possessed or collected by child sexual abusers and/or pedophiles. Research, however, suggests that individuals possess this material for a variety of reasons and that the motivation can be viewed along a continuum. It has been found that some child pornography offenders seek out child pornography that is in keeping with their sexual proclivities (i.e., child pornography offenders are sexually motivated); however, it has also been found that some child pornography offenders are motivated to seek out this material for nonsexual purposes (e.g., as a result of pathological Internet use, curiosity, they are compulsive collectors in general, to alleviate negative affective states or to avoid the reality of their life). The remainder of this entry explores some of these motivations—both sexual and nonsexual.

Sexual Motivations

Fantasy-Only Offenders

This type of child pornography offender collects child pornography because the offender has a pedophilic sexual interest (i.e., a sexual interest in children). Also known as a *preferential offender*, this type of offender does not have a history of having sexual contact with children nor is the offender interested in having sexual contact with a child. The offender's involvement with child pornography is purely fantasy driven and leads no further than masturbation.

Periodically Prurient Typology

This type of child pornography offender is not exclusively sexually interested in children and

accesses child pornography because of a general sexual interest in pornography. This type of offender may have an interest in extreme forms of sex and/or whatever pornography is available. Given the varied sexual interests among offenders, this type of offender has also been labeled as *sexually indiscriminate*, *sexually omnivorous* (i.e., not primarily interested in child pornography but instead has a pornography collection that depicts a wide range of sexual activities, including child pornography), and/or *paraphilic* (i.e., having more than one deviant sexual interest).

Nonsexual Motivations

With regard to nonsexually motivated child pornography offenders, the possession of child pornography has been discussed from the perspective of Internet-enabled pathology. In this context, Internet-enabled pathology contributes to the development of deviant online experimentation. Essentially, the offender becomes bored with routine sexual themes and attempts to satiate his or her sexual desires by gradually escalating his or her Internet access to sexually inappropriate material, including child pornography.

Unlike the pedophile who has a sexual interest in children, this offender accesses child pornography because of poor impulse control and an insatiable sexual appetite. Combined, these can impel the offender to spend copious amounts of hours downloading child pornography, which can result in the possession of a significant amount of images and/or video clips. Moreover, owing to the obsessive quality of their collection, some offenders divide and subdivide their cache of child pornography into various files, according to category (e.g., physical attributes, sexual content). This is akin to what is described as the *collector syndrome*. This syndrome involves the compulsive acquisition of child pornographic material for its own sake rather than the careful selection of child pornographic material based on inappropriate sexual arousal. The offender's behavior is perceived as situational in that, if it had not been for the Internet environment (e.g., the perceived anonymity of the environment and the availability of the child pornographic material), the offender

would not have been in possession of the material.

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See also Child Pornography; Internet Sexual Offenders; Sexual Offenders; Sexual Offending; Violence Against Children

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NONCONTACT SEXUAL OFFENDING, THEORIES OF

Myriad theories have been proposed to explain why individuals engage in sex offenses. Experts from various disciplines such as psychology, biology, sociology, evolutionary psychology, and anthropology, among others, have posited theories to explain deviant sexual behavior. Predominantly, psychological, biological, and integrated theories shall be focused upon as they relate to noncontact sexual offenses.

Noncontact sexual offenders are described as those who engage in criminal acts, for sexual gratification, without physical contact to a victim. Acts of noncontact offending can include voyeurism, exhibitionism, online interaction via the Internet with children, and possessing and/or viewing child pornography. As discussed in Richard Krueger and Meg Kaplan's 2016 chapter on noncontact paraphilic sexual offenses, the gravity of noncontact offenses is emphasized by

many experts such as Gene Abel and colleagues who suggest that there is increased likelihood for noncontact paraphilias to become a *gateway* to contact offenses. Furthermore, many theories for contact sexual offending relate to causal factors for noncontact sexual offending as research suggests that there is great overlap between contact and noncontact sexual offending.

Theories for Noncontact Sexual Offending

Attachment Theory

Attachment styles form in infancy and early childhood and evolve throughout the life span. Attachment exemplifies nature and nurture working together in tandem as it is influenced by both genetic and environmental factors. This is best described by Glyn Hudson-Allez as she quotes Allen Schore as follows: "Attachment is thus the outcome of the child's genetically encoded biological (temperamental) predisposition and the particular caregiver environment" (2010, p. 34). Attachment is critical in engendering healthy emotional intimacy and sexual development. In other words, individuals who develop secure or healthy attachment early on with their caretaker (typically their mother) will be better prepared to have healthy relationships with others such as friendships as well as relationships that include sexual relations. Expansion upon the neuroscience and biological components incorporated in the development of attachment are beyond the scope of this entry; however, they are of paramount importance to understand especially in order to gain full comprehension as to what may occur in the brains of sex offenders, who typically have dysfunctional and/or insecure attachment styles.

Sexual offenders tend to have preoccupied and fearful attachment styles as they typically have negative views of self and fears of abandonment and rejection. As attachment anxiety increases, so does the likelihood of engaging in sexual offending against a child. Sex offenders are often very anxious about engaging in a romantic relationship with an adult partner. Sex offenders may engage in a relationship with a child because children are often viewed as submissive, and they do not have to worry about being rejected or abandoned by their victim. Attachment style plays a prominent role in theories regarding both contact and

noncontact sexual offending. The influence of attachment theory is present in the work of David Finkelhor, Joe Sullivan, and in the research of many other experts in the field.

Finkelhor's Precondition Model

Finkelhor's precondition model of child sexual abuse is a multifaceted model that takes situational and contextual influences into consideration. Finkelhor's model groups multiple factors into four preconditions: (1) factors related to motivations to sexually abuse, (2) overcoming internal factors, (3) overcoming external inhibitors, and (4) overcoming a child's resistance. These preconditions are typically met in a temporal fashion. Within the first precondition, factors related to motivations to sexually abuse, there are three components: emotional congruence, sexual arousal to children, and blockage.

Emotional congruence is the fit between the offender's emotional and/or sexual needs and the characteristics of the child. The second component, sexual arousal to children, is posited to be the product of inappropriate sexual experiences at a young age, such as experiencing childhood sexual abuse or being exposed to child pornography. The final motivation under this precondition is blockage. Blockage is when an offender cannot meet his or her emotional or sexual needs in an appropriate or prosocial way, so sexual offending is engaged in. This blockage may be the result of developmental blockages, such as attachment insecurity or inadequate social skills, or it may be the result of situational blockages, which may include issues such as marital problems.

The second precondition, overcoming internal factors, is strongly associated with disinhibition. In this precondition, offenders must overcome internal factors that would prevent them from engaging in sexual offending, such as the belief that producing child pornography is wrong. Cognitive distortions are a key feature of this predisposition. The first two predispositions relate to causal factors, while the last two predispositions involve the actual offense process. The third precondition consists of creating the opportunity or possibility of the offense occurring. This can involve extensively planning the offense or the offense being a crime of opportunity.

The final precondition, overcoming a child's resistance, involves having secure access to the child and/or victim. Behaviors that are typically considered grooming behaviors, such as gift giving, viewing or engaging in pornography, or threats of violence, are included in this precondition. Situations where a power relationship or immense trust is present may help facilitate these offenses.

Finkelhor's precondition model is considered one of the best multifaceted theories concerning sexual offending. Finkelhor's model takes several factors into consideration when discussing what causal factors impact an offender's developmental trajectory and choice to engage in sexual offending. This model of sexual offending has paved the road for other theories of sexual offending.

Sullivan's Spiral of Sexual Abuse

Sullivan's spiral of sexual abuse also involves four phases in the motivation of an offender's engagement in sexual offending. These phases include (1) formative factors, (2) assimilation of formative factors, (3) formulation of life theories, and (4) motivations to engage sexually with a child. Formative factors include aspects such as an individual's personal history and life experiences. All offenders indicated at least one life experience that impacted their choice to engage in the sexual exploitation of children, including childhood sexual abuse, atypical socialization, exposure to neglect, physical violence, and/or emotional abuse. Out of these experiences, childhood sexual abuse tends to be the most common and neglect is the least common.

Assimilation of formative factors can be broken down into three categories: maladaptive perceptions, activated sexual arousal, and developmental difficulties. Distorted negative views of the self were prevalent among the sex offenders. Especially common negative views included low self-esteem, a sense of inferiority, and viewing oneself as bad, unattractive, and/or weak. Activated deviant sexual arousal is associated with individuals who display these negative mood states and often come about as a product of their formative life experiences.

Biological embedding, discussed by Clyde Hertzman and Tom Boyce, is defined as "when

experience gets under the skin and alters human biological processes; systematic differences in experience in a socially partitioned environment lead to different bio-developmental states; the differences are stable and long-term; and these differences influence health, well-being, learning, and/or behavior over the life course" (2010, p. 330). Biological embedding, the process of environmental experiences altering biological functioning, can be seen in Sullivan's theory with regard to developmental difficulties.

Five common life theories that emerged within this population included the following: distorted, entitled, contaminated, selfish, and malicious. These life theories lead into the three common motivations to engage in sexual offending against children: sexual interest in children, personal affirmation, and power and control. Sexual interest in children, personal affirmation, and power and control are common themes in both noncontact and contact sexual offending. Similarities can be seen between Finkelhor's and Sullivan's work, which is why they are both viewed as some of the best theories regarding noncontact sexual offending.

Ward and Beech's Integrated Theory of Sexual Offending

Tony Ward and Anthony Beech found several plausible causes for sexual offending spanning from genetic makeup to adverse developmental experiences and attempted to complete an integrated theory of sexual offending. Their integrated theory of sexual offending (ITSO) contends that biological, environmental, and neuropsychological factors interact together to generate deviant thoughts and behaviors. ITSO posits that offending occurs as an ongoing convergence of historic and current factors that relate in a dynamic way. Biological predispositions and environmental circumstances affect the brain and create the neuropsychological foundations that make up psychological weaknesses.

Evolution, genetics, and inheritance influence biological factors to shape the sexual behaviors of an offender. Over time, the species has evolved adapting to overcome challenges in existence, but some traits can still exist in the current population, which may lead deviant behaviors. Early

species relied on indiscriminate sexual selection to mate, and this may still be an inherited trait that influences offenders.

The social and cultural environments that a person experiences as he or she develops can have an outstanding effect on later functioning in life. Distal factors, such as childhood trauma, may lead to developmental as well as psychological issues. These factors may influence the way a person perceives sexual behaviors. Proximal factors include current experiences that trigger a person's behaviors. These factors can include lack of secure attachment, rejection by a sexual interest, and/or substance abuse.

ITSO utilizes all three theories to gain a greater understanding of sexual offenders. It can serve as a framework to understand noncontact sexual offending with many of the other aforementioned theories as it employs some of the same techniques. Used as a tool for assessment and treatment, ITSO may be able to facilitate improved knowledge of all aspects of development to better assist offenders and prevent recidivism.

Crossover Offenders

Seto and Eke's Later Offending

In their 2005 study, Michael Seto and Angela Eke examined the likelihood of recidivism in offenders who possessed child pornography. In their sample of child pornography offenders, 17% reoffended in the follow-up period. Their finding suggested that offenders with a criminal history were most likely to recidivate as well as offenders who had been convicted for contact sexual crimes in comparison to those who had a criminal history composed of noncontact sexual crimes. Eke, Seto, and Jennette Williams later extended the study in 2011; results suggested that 34% of the offender sample had reoffended, with 6% committing contact offenses.

Crossover Offending

Findings from Jessi Owens and colleagues' 2016 study suggested a high frequency rate of crossover offending between contact sexual offenders and those who possess child pornography. Of those offenders who possessed child pornography, 38% also participated in contact sexual

offenses against a child. Pornography is a stimulus for sexual gratification, and results from Owen and colleagues' study suggested that the content of the pornography may also highlight the offender's sexual preferences and indicate future victim characteristics.

Research

Theories for sexual offending are multifaceted and interdisciplinary, including biological, environmental, and psychological factors. Furthermore, there is still a dearth of research on noncontact offenders and offenses especially with respect to paraphilias; therefore, further research is called for. It is hypothesized that theories that assist in isolating variables in an offender may enhance greater understanding of sexual offending. The seriousness of noncontact offenses is underscored, especially given the increased likelihood for noncontact offenses to serve in some cases as the first step toward violent and/or potentially more egregious offenses. Increased awareness of the severity and gravity of noncontact offenses may help inform as well as improve treatment, assessment, prevention, and intervention initiatives.

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See also Child Pornography; Cybercrime; Exhibitionism; Human Trafficking; Internet Exploitation and Child Luring; Internet Sexual Offenders; Internet Victimization; Sexual Offending; Voyeurism

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"NOTHING WORKS" DEBATE

The everyday phrase *nothing works* has taken on a particular significance in criminal justice, affecting practice, policy, and research in the field, with particular relevance to the question of offender rehabilitation and the reduction of criminal recidivism. Also often known as the *what works* debate, this debate refers to one of the core questions in criminology, penology, and criminal psychology: that of whether or not individuals who have broken the law, and especially those who have done so on repeated occasions or who have committed serious crimes, are likely to do so on subsequent occasions—and what approaches if any society can use in trying to ensure that they do not.

The objective of this entry is to provide a background and history of the debate and to outline some key issues arising within it. There are several aspects of this debate and in what follows they are discussed under three headings. First there is a brief historical sketch of the *nothing works* or *what works* debate. Next, there is a review of the

current position in relation to the evidence that can be used to answer questions of *what works*. Finally, this entry looks at the impact the debate appears to have had on trends in practices and policies in criminal justice.

Historical Sketch

As G. G. Gaes remarked in 1998, from the inception of the modern penitentiary in Western Europe and North America at the turn of the 18th and 19th centuries, until approximately the last quarter of the 20th century, there was a prevailing assumption within criminal justice that those who broke the law could change for the better. This was originally couched in notions of reform and redemption rooted in religious beliefs; a fundamental principle underlying the concept of the penitentiary was that of moral instruction and *correction* of character defects. In the 20th century alongside many other secular changes, a clearer understanding of patterns of crime emerged from criminological research and of human development from psychological and social research. This knowledge produced a growing recognition of the importance of structural, social, and familial factors in generating crime. Over successive decades, approaches to criminological research gradually adopted a more scientific perspective. For example, whether or not the sentences imposed by criminal courts achieved their intended effects came to be seen as an empirical question.

Context of the Debate

By the late 1960s, there were numerous pieces of research of this kind, creating what was then a novel situation. By collecting and scrutinizing the findings, it would be possible to investigate whether any conclusions could be drawn about methods of intervention that *worked*. Such investigations focused primarily, and sometimes solely, on the question of how to reduce reoffending. In the United States, the government of New York State commissioned a report on the effectiveness of rehabilitation with offenders. Work on this began in 1968, but it was not until the mid-1970s that the final version of the report, *The Effectiveness of Correctional Treatment: A Survey of Treatment Evaluation Studies*, was published,

incorporating the findings of 231 studies published between 1945 and 1967. Publication of the final project report was delayed while the results were scrutinized by a specially appointed panel of the National Academy of Sciences. Also in the mid-1970s, the United Kingdom's Home Office launched a project with some overlapping aims, although this had a slightly different main objective, to assemble and compare the outcomes of 100 studies on the effectiveness of sentencing (see Brody, 1976).

The authors of both of these reports found that many of the research studies done in this area were methodologically weak. The poor quality of research made the drawing of clear conclusions difficult. In advance of the publication of the New York State report, a member of the research team, Robert Martinson, published an article that provided what in due course transpired to be a somewhat inaccurate summary of the project's findings. That 1974 article, "What works? Questions and Answers About Prison Reform," is the origin of the phrase *what works* in this context. Martinson (1974) offered the disappointing conclusion that "education at its best, or psychotherapy at its best, cannot overcome, or even appreciably reduce, the powerful tendency for offenders to continue in criminal behavior" and that the findings "give us very little reason to hope that we have in fact found a sure way of reducing recidivism through rehabilitation" (p. 49). This announcement regarding the failure of rehabilitation—sometimes captured in an alternative phrase, *treatment is dead*—is widely regarded as having had a dramatic impact on penology from that point onward in English-speaking countries. While the article itself did not make the stark and literal claim that absolutely *nothing* worked, from accounts given by those involved at that time Martinson attained some celebrity status on the basis of it, and during a number of media interviews and public lectures was vehemently dismissive of efforts at rehabilitation.

In 1998, Gaes's publication of Martinson's article has been depicted as "a watershed event. In many ways, it ended a 150-year-old era of optimism about the possibilities of reforming the offender" (p. 713). S. Adams described it as having "shaken the community of criminal justice to its root" (cited in Cullen, 2005, p. 6). Over ensuing

years, its conclusions were challenged by a number of researchers. In 1975, Ted Palmer reanalyzed the data set used by Martinson and showed that almost half of the studies he cited had actually found positive effects. As a result of the way studies had been grouped together, with average effects calculated for each group, positive results within them had been overlooked. An article by Paul Gendreau and Robert Ross, published in 1987, collated a series of studies showing positive outcomes of offender treatment. Moreover, and somewhat ironically, in 1979, Martinson himself reanalyzed some of the data on which he had earlier worked, leading him to recant his initial negative conclusions: "I have often said that treatment added to the networks of criminal justice is 'impotent,' and I withdraw this characterization" (p. 254). He offered instead the more soundly based position that some interventions were beneficial, others not, while some were frankly harmful.

Despite these rebuttals and countervailing evidence, in a sense the damage was done. Over subsequent years, the legislatures of several U.S. states passed laws authorizing more severe penalties for offenders, removing educational and therapeutic services, and introducing other changes such as enabling the transfer of juveniles to adult correctional facilities. The ethos became one based almost entirely on the philosophy of punishment. In due course, the U.S. prison population began to rise steeply, reaching previously unheard-of levels: By 30 years later, it had expanded 7-fold. The extent to which the increasing resort to more punitive sentencing can be ascribed to the impact of Martinson's 1974 article, or was a trend that would have occurred in any case, is difficult to discern. A 1976 report of the U.S. Committee for the Study of Incarceration was also dismissive of treatment and advocated a penal policy based on just deserts and deterrence, and it too may have been influential. But that report also strongly advised that stringent limitations be placed on the use of imprisonment, which Martinson too had said did not work.

Thus, the emphasis given to the *nothing works* message was both simplistic and selective. Given the high political profile of the issues of crime, punishment, and rehabilitation, there are numerous agendas at stake when discussing the value of

research. Several writers on the subject suggest that for those who took a conservative stand on penal policy, including leading figures of the period such as Ernest van den Haag and James Q. Wilson, the finding that rehabilitation had failed was a message they had been waiting for. Hence the powerful sound bite *nothing works* may have resonated with other tendencies toward a widely felt need for a more punitive response to crime and came to be reflected in the decisions of many legislators and sentencers. By comparison, the message that prison failed received much less attention—indeed, it was essentially ignored, suggesting the move to mass incarceration was triggered, rather than fundamentally caused, by the reviews.

The Challenge to *Nothing Works*: Research Review and Synthesis

Throughout the era that followed, and despite the swing of the metaphorical law-and-order pendulum toward greater use of punishment, research continued on the effectiveness of interventions designed to influence and reduce criminal recidivism. By the mid-1980s, a new method of statistically synthesizing research had been devised, based on work in the evaluation of educational programs and of the effectiveness of psychological therapies in the field of mental health.

The advent of *meta-analysis* has had a far-reaching effect on many disciplines, and criminal justice is no exception. In asking *what works?* meta-analysis is a powerful tool for integrating the findings from separate research studies, taking account of differences between them, including variations in design and quality. The first review study employing this method to evaluate the effectiveness of offender rehabilitation was published in 1985, and by 2012, over 100 such reviews had been produced. Several more have appeared since then. These reviews have enabled researchers, and also practitioners and policy makers, to recognize and accept that while there are certainly approaches that do not work, and some that are downright harmful, there are others who achieve the desired effect of reducing criminal recidivism. It is simply not and never was the case that nothing works. These reviews have also made it possible to discern more clearly some of the features that

contribute toward making interventions more effective in the criminal justice system. Patterns within this have been mapped and conceptualized in what has become known as the Risk-Need-Responsivity (RNR) model.

Since its inception, the Risk-Need-Responsivity model has had a steadily mounting influence on correctional professionals and systems in many countries. It proposes that interventions are more likely to succeed in lowering criminal recidivism and promoting rehabilitation if they take three principal factors into account. The first is each individual's *risk level*: Assessing risk level is regarded as a core practice to evaluate the likelihood of future reconviction and allocate offenders to different levels of services accordingly. Doing so is usually based on information about an individual's criminal past (e.g., age when first convicted, number of convictions to date). The most intensive types of intervention are then reserved for those persons assessed as posing the highest risk. A substantial amount of evidence illustrates the value of doing this.

The second factor is risk-related variables or *criminogenic needs*: Research on persistent offending suggests that certain patterns of social interaction, egocentric attitudes, low self-control, poor social or cognitive skills, and other variables are recurrently associated with its emergence and maintenance. If work with offenders is to reduce their prospects of reoffending, those same variables should be its outcome targets. Such dynamic risk-need factors are then prioritized as objectives in rehabilitation services.

The third factor is *responsivity*: Certain methods or approaches have a superior record in engaging, motivating, and helping participants in criminal justice interventions to change. Rehabilitative efforts work better if they have clear, concrete objectives, if their contents are structured, and if there is a focus on activity and the acquisition of skills. Personnel involved in providing such rehabilitative efforts should possess high-quality interpersonal abilities and try to foster supportive, collaborative relationships within clearly defined boundaries. In addition, it is vital that intervention strategies be adapted to accommodate diversity among participants with respect to gender, age, ethnicity, sexuality, language, learning styles, and other individual differences.

Numerous books are now available illustrating the substantial volume of findings that have accumulated on the effectiveness of offender treatment (e.g., Craig, Dixon, & Gannon, 2013; Dvoskin, Skeem, Novaco, & Douglas, 2012; McGuire, 1995, 2002).

A parallel output from the amassed research, examined alongside databases of criminal statistics, may seem a paradoxical finding to many people. It is one that calls into question what may be thought of as obvious and indeed regarded as common sense. Considerable quantities of evidence suggest that the centerpiece of most criminal justice, the use of punitive sanctions, is in fact one of the least effective means of changing offenders' behavior. Society may employ punishment on the basis of its role as retribution: that having caused harm to society an individual must then suffer a disadvantage in return.

When researchers have examined approaches to sentencing that claim to be *consequentialist* in that they lend themselves to being judged by their effects, on balance they have found that punitive measures either have no effects or even adverse ones. While punishment can be an effective method of behavior change, to work well it needs to be applied with a high level of certainty, with speed and severity, and to activities for which there are alternative, law-abiding methods of achieving the same goal. In the complex real-world landscape of crime and justice, it is extremely difficult, if not impossible, for this combination of parameters to be administered.

Impact on Policy and Practice

As noted earlier, the initial and in many places enduring effect of the promulgation of the *nothing works* doctrine was a shift toward harsher sentencing practices. That probably occurred most spectacularly in the United States, but a similar trend was seen in the United Kingdom, where the demise of rehabilitation also afforded greater prominence to retribution and deterrence. Subsequently, however, as the evidence of positive effects of treatment began to multiply, many justice departments sought to reintroduce rehabilitation programs into penal settings. The largest scale departure in this respect was the Crime Reduction Programme instigated in England and Wales from

2000 onward. This program entailed the design, delivery, and dissemination of structured *offending behavior* programs at many prison and probation sites, supported by extensive investment in staff training. Evaluations of the program have shown significant drops in rates of reconviction among those who completed the programs, as compared with their predicted rates. However, these initiatives were not accompanied by a fall in the use of imprisonment, which has remained at historically high levels throughout the implementation period.

More recently, a more broadly based concept of evidence-based criminal justice, examining the wider impact of policies that draw on sanctions alone as a core principle, has emerged. The human cost of mass incarceration reaches beyond individual offenders, to their families, which experience damaging consequences as a result of it. That includes the next generation likely to be at risk of following criminal pathways, further amplifying its counterproductive impact. Furthermore, given that the strongest wish of most crime victims is not to be victimized again, the failure of punitive sanctions represents a poor service to them. Finally, the monetary cost of a policy deploying high levels of custodial sentencing is prohibitive, such that some legislatures have now placed limits on its use or have attempted to put the cycle of escalating prison numbers into reverse. These actions have led to moves in a number of jurisdictions toward *justice reinvestment*, a radical reappraisal of priorities and principles concerning how criminal justice systems operate.

As noted by the distinguished American criminologist Francis T. Cullen, psychologists have played a large part both in producing the research that has demonstrated the viability of rehabilitation and in formulating how that can be translated into practice. Of the 12 scholars whom he identified as having *saved rehabilitation* from the *nothing works* onslaught, 8 were psychologists. This illustrates the contribution the profession has made and can continue to make to this field and to the public.

James McGuire

See also Need Principle; Responsivity Principle; Risk Principle; Risk-Need-Responsivity, Principles of

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NUESTRA FAMILIA

This entry examines Nuestra Familia, a major Latino prison gang in the United States and one of the earliest of such groups to develop in California. Prison gangs vary widely in their characteristics, but they form and operate in the penitentiary system, usually along racial or ethnic lines; maintain a vertical chain of command; obey a code of conduct; and require a lifetime membership. Inmates create these groups for reasons of self-protection in a hostile environment and commit or order crimes for their own economic support. From behind bars, prison gangs even direct street gangs to enforce their orders, perpetrate crimes on their behalf, and deposit their profits in return for protection during their own jail time.

In the United States, prison gang affiliation has steadily increased since the 1950s, but the paucity of official documentation, the secrecy of these groups, and limited external access to these groups mean that little research-based data are available on the nature and reach of prison gangs. These groups formed and gradually spread throughout the U.S. prison system as inmate populations grew larger, younger, more ethnically/racially mixed, and more violent. This entry considers the purpose, evolution, and nature of Nuestra Familia, reasoning that the organization adapted its structure to curtail internal corruption and has proved resistant to law enforcement efforts.

Origins and Development

Nuestra Familia arose in response to aggressions by the Mexican Mafia, today a leading prison

gang that formed in the Deuel Vocational Institution at Tracy, CA, in 1957. Los Angeles-based Chicanos had created the Mexican Mafia to defend themselves against other inmates but soon started abusing and extorting nonaffiliated Latinos, including Mexican American farmworkers from Northern California's agricultural Central Valley. Nuestra Familia laid its groundwork in Soledad State Prison but was formally born in San Quentin State Prison in 1968 when a Mexican Mafia member stole the shoes of a nonassociated Chicano who was stabbed to death when confronting the thief. This episode, known as the *shoe war*, boosted Nuestra Familia's membership and led to the establishment of its headquarters in Pelican Bay State Prison at Crescent City, near the California–Oregon border.

In 1973, the group commenced operations in the streets as members on parole were tasked with setting up street regiments. These crews were required to generate funds for incarcerated members, weapons purchases, and the drug business. With Bakersfield dividing the territories of the Mexican Mafia and Nuestra Familia, the latter extended its influence over the West's agricultural towns, notably Salinas, and detention facilities in other parts of the United States.

Affiliation with Nuestra Familia is symbolically expressed through the color red, the number 14 (which stands for Norteño or Northern California), and tattoos that may show a sombrero with a blood-dripping dagger or denote the various career stages in the group.

Vision and Objectives

Nuestra Familia aims to be a strong and self-supporting organization that works for the betterment of its members and enables them to retain their cultural identity as Chicanos. Its best interests go before everything else, including the individuals' own families and any material pursuits. The use of violence is meant to be restricted to ensuring physical protection from other inmates or to intervening in human rights violations committed in the penitentiary system. Nuestra Familia pledges to assist its incarcerated members by providing them with financial aid and discounted prison store goods, legal counsel, and emotional support. To accomplish these goals, it relies on

relatives and other collaborators outside of the prison who will act as couriers of messages and contraband, deposit funds, and facilitate unlawful activities. Crimes typically include murder, robbery, assault, witness intimidation, drug sales and distribution, extortion, and taxation of illicit income. Nuestra Familia began to stray from its original vision and abandon its members, particularly those sent to death row, when greed and corruption set in.

By 1978, the organization had been operating successfully enough to be earning tens of thousands of dollars of illegal revenue. Robert Sosa, at the time Nuestra Familia's General (or supreme commander), was mandated to administer these resources to further collective interests but had in fact embezzled more than US\$100,000 from the group's accounts. Sosa was impeached and Nuestra Familia's structure altered to impede future misconduct. In the mid- to late 1990s, however, a renewed decline in membership occurred when leaders turned to prioritizing drug profits over the protection of jailed Norteños. As of 2018, the Mexican Mafia, which controls Sureño street gangs operating in Southern California, remains Nuestra Familia's chief rival. Federal investigations indicate that Nuestra Familia has cooperated with Mexican drug trafficking organizations in distributing drugs and collecting drug proceeds in California.

Structure and Norms

Nuestra Familia's constitution, drafted in the 1970s and revised in the 1990s, sets out the organization's structure and the code of conduct to which members are expected to adhere. The document specifies responsibilities, including individuals' obligation to help establish street regiments or territorial units; decrees mandatory lifetime membership as well as the automatic expulsion of traitors; explains misconduct, including drug consumption; and stipulates the corresponding sanctions and complaints procedures.

Nuestra Familia is structured along quasi-military lines to enforce these rules and ensure the organization's smooth running. Initially, the top layer of the hierarchy comprised a general who wielded absolute authority but could be impeached if he was found not to work in the organization's best interests. This person oversaw

10 captains (or regimental commanders), who managed operations in their respective prison and directed regiments comprising numerous lieutenants and soldiers. In turn, the lieutenants schooled recruits, ensured basic needs were met, monitored conduct, and administered discipline when ordered.

When the original system of checks and balances proved unable to prevent the abuse of power for personal gain, a three-member organizational governing body was created in the early 1980s. Replacing the top general was *La Mesa* (The Table), whose members were elected and took decisions by two-thirds majority of votes. A new three-category system was introduced to grade members by rank and experience, ranging from recruits to educators and managers. From this third category, individuals were chosen for positions with voting rights in the organizational governing body, such as the General Council, the Inner Council, and the Generals.

In 1984, however, Nuestra Familia also created Nuestra Raza in Folsom State Prison with the objective of spreading its vision in mainline prison and repelling outside threats. Specifically, Nuestra Raza members were asked to unite Norteño street gangs so as to better defend turf and drug markets against Sureño gangs that in the early to mid-1990s sought to expand the Mexican Mafia's influence in Northern California. Nuestra Raza comprises selected Norteño gang members that follow Nuestra Familia's orders and are potential recruits for the organization. Norteño gangs pay taxes to Nuestra Familia, but once behind bars, they are trained in the group's history, philosophy, and strategy. Those who pass the requisite tests can move into Nuestra Raza.

Nuestra Familia's grip over these two auxiliary groups weakened when the drug business progressively displaced more altruistic concerns. Infighting occurred and intensified when some favored a truce with the Mexican Mafia and others rejected it so the organization could strengthen its power both inside and outside the correctional system. As members of Nuestra Raza and the Norteño gangs began rebelling against the dictates of an entity that had lost its way, Nuestra Familia turned to dealing more aggressively with dissenters in its ranks.

Recruitment and Membership

Unless they have relatives in the organization, individuals can only join Nuestra Familia if they are backed by one of its current members. The sponsor is held accountable for the recruit who must learn about the gang's history and constitution as well as literacy and survival skills. Membership is approved when the apprentice demonstrates the necessary knowledge and moral standing. Murder is not a criterion of admission but of promotion to more senior positions.

The Federal Bureau of Investigation's 2011 National Gang Threat Assessment reported the existence of 33,000 gangs with approximately 1.4 million members in the United States. Prison gangs constituted 16% of the total gang population but declined to 9.5% by the time of the 2013 report. According to law enforcement estimates, Nuestra Familia has some 400–600 incarcerated members and about 1,000 associates who work for the organization without formally belonging. These numbers, however, do not convey the destructive impact not only on members themselves but also on local communities affected by the violence.

Prison and Law Enforcement Interventions

In an attempt to reduce the membership in prison gangs and to eventually dismantle them, the United States has mostly adopted a suppressive approach. Correctional facilities long sought to break up various groups by scattering their members to various institutions, but this strategy effectively spread gang activity throughout the state and federal prison systems. Since the 1990s, authorities have separated gang members from the general inmate population and have isolated their leaders in order to interrupt their communications and decrease violence. Research suggests that segregation helps reduce conflicts but does not succeed in curbing interactions, let alone eradicating prison gangs. Indeed, this policy may inadvertently reinforce gang identities and bolster gang cohesion.

Law enforcement authorities have made use of inmate informants and assertively prosecuted the crimes committed by prison gang members. Operation Black Widow, launched in 1997, was an

extensive 7-year federal effort to investigate and prosecute senior Nuestra Familia leaders. Although the actions constituted a severe blow to the organization, those convicted received light sentences in negotiated plea deals and took their gang activity to prisons outside California. Operation Black Widow was followed by a series of other operations aimed at removing the leaders on the streets. However, Nuestra Familia proved resilient. By adapting its communications system, eliminating perceived snitches, and employing violence with greater discretion, it even managed to expand its flourishing drug business.

The enduring strength of Nuestra Familia, and its unbroken influence over Nuestra Raza and Norteño street gangs, shows that the combination of identity, solidarity, respect, fast money, and power retains its allure for many socially excluded individuals. Tackling prison and street gangs more effectively will require more than prosecuting and incarcerating those who have broken the law. While it is imperative to make prison management and rehabilitation more effective, reducing the pernicious consequences of gangs will require greater community development, better counseling services, and a greater number of dignified education and job opportunities. In the meantime, further research would update and improve the

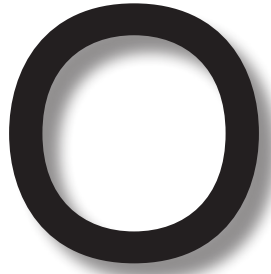
understanding of the nature and workings of prison gangs, as well as their relationship to street gangs in different contexts.

Sonja Wolf

See also American Gangs; Criminal Organizations and Networks; Prison Gangs, Major

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OCCUPATIONAL AND CORPORATE CRIME

Occupational crimes and corporate crimes are generally considered prominent forms of white-collar crime. Although terms such as *white-collar crime*, *occupational crime*, and *corporate crime* are often used interchangeably, it is important to identify distinctions among these different crimes. *Occupational crimes* refer to crimes perpetrated during the course of a person's legitimate occupation by leveraging access within an organization and/or status as a trusted professional for personal gain, often at the expense of the organization itself. Occupational crime can be committed by anyone in an organization ranging from lower level employees stealing money or supplies to executives embezzling money for personal gain. In contrast to occupational crimes that focus primarily on individuals, *corporate crimes* refer to crimes committed by a company through the collective harmful actions of many individuals throughout an organization who make conscious decisions to engage in crimes to further either their own goals or those of the organization. Generally, corporate crime consists of socially harmful actions taken on behalf of the corporation, presumably to further the organization's interests but which ultimately may cause tremendous harm not only to society at large but also to the organization itself. An important distinction is also appropriate between occupational and corporate crime and other types of deviance (violations of behavioral norms)

occurring in occupational settings (e.g., sexual harassment and alcohol or illicit drug use). These actions may or may not constitute criminal offenses, but they are considered inappropriate in the workplace. Similarly, other conventional street crimes (e.g., homicide, assault, vandalism) can occur in the workplace but are not considered occupational or corporate crimes. This entry provides an overview of the impacts, characteristics, and motivations of occupational and corporate crimes, then examines the types of occupational and corporate crime that are most common.

Impacts

Occupational and corporate crimes result in substantial societal harm ranging from individual monetary losses to adverse macroeconomic, human health and safety, and environmental impacts. Due to their complexities and the substantial *dark figure of crime* (where only a small portion of crime becomes known to law enforcement and thus reflected in official records), the scope and scale of the damages to consumers, employees, businesses, investors, and society from occupational and corporate crime is impossible to fully measure. Undoubtedly, the total impact of these crimes is more widespread than what is known.

Occupational and corporate crimes take many forms and have been persistent throughout history. Many early corporate crimes centered on trade manipulation by restricting access to food and supplies for economic or political gain. One

case that shaped contemporary ideas of corporate crime was the South Sea Company Bubble in London in the early 1700s, whereby the company's stock price was artificially inflated through excessive speculation over the course of a decade, eventually leading to its collapse and massive losses. The crime was facilitated by insider trading and corruption through bribery of politicians and other officials. In the United States, some of the most egregious corporate crimes have included the railroad scandals of the mid-1800s, bank collapses in the 1920s and 1930s (contributing to the onset of the Great Depression), the savings and loan crisis in the 1980s, large-scale corporate frauds of the early 2000s (e.g., Enron, WorldCom, Tyco, Global Crossing, Adelphia), and the subprime mortgage crisis in the late 2000s, which nearly led to the collapse of the global financial system. These crimes resulted in various regulatory reforms of the legal structure dictating corporate governance and criminal liability.

Characteristics

Occupational and corporate crimes exhibit several notable characteristics. Occupational and corporate crimes rely on a false sense of legitimacy, restricting the ability to detect them, particularly in the short term. This false legitimacy requires the use of deception. Offenders often disguise their true intentions and maintain an upstanding, professional outward persona to gain seemingly legitimate access to potential victims. These victims are often employers, employees, investors, customers, vendors, or others who regularly associate with the offenders. Interactions tend to occur during routine, day-to-day activities that fail to arouse suspicions.

In addition to legitimate access, occupational and corporate crimes involve deliberate and calculating attempts to conceal the crime, both during its commission and after it is uncovered. Elaborate concealment techniques coupled with the legitimate appearance of the offense make detection especially difficult. Technological advances, including the widespread use of electronic transactions, have made it easier for offenders to engage in crime virtually, maintaining substantial distance from their victims. Detecting *cyber* crimes can be particularly challenging as concealment may

involve layers of complex transactions and the collusion of multiple parties.

Another distinctive characteristic of occupational and corporate crime is an abuse of trust in the offender–victim relationship. It is impossible to navigate the intricacies of modern society without the ability to trust professionals to care for various aspects of life. For example, doctors are relied upon to diagnose and treat illnesses; banks, investor–brokers, or financial advisers to manage and protect money; lawyers to provide sound legal advice; and auto mechanics to properly repair vehicles. These trust-based relationships stem from knowledge or information asymmetry, where experts in various professions maintain an advantage over those whose expertise lies in other areas. This trust is therefore necessary for society to thrive, while simultaneously generating perpetual opportunities for abuse when personal interest conflicts with a professional's fiduciary responsibility.

Finally, occupational and corporate crimes are difficult to detect, prevent, and sanction and have not received as much attention as conventional street crimes. Although originally meant to bring attention to the crimes of powerful individuals of higher social status who were not receiving adequate attention in the criminal justice system, many have adopted an offense-based approach to white-collar crime, focusing on the specific type of crime as opposed to the socioeconomic status of the offender. While these offenders sometimes have high socioeconomic status, most convicted offenders are not powerful elites but instead are middle-class individuals involved in more mundane crimes. Corporate crime offenders found in official records are not necessarily well-known multinational corporations but are more typically small- to medium-sized businesses. One reason for this is that there are more smaller businesses than larger corporations, making it more likely that their criminal activities will be identified and represented in official records. Another is the power differential between large and small businesses, where large corporations use their influence to avoid criminalization of their harmful actions.

Motivations and Rationalizations

Humans are driven by the desire not only to better their lives but also to be socially accepted and

viewed as successes in the eyes of their peers. Similarly, since the dawn of the corporate organization, there has been a drive to gain and maintain strategic advantage to survive and thrive in a competitive environment. These pressures are a tremendous incentive to bend or break the rules, regardless of the negative impacts on others. Occupational and corporate criminals are not always greedy one-time offenders but consist of intermittent opportunists as well as chronic repeat offenders. While economic gain is often the primary motivating force behind these crimes, many motivations can compel professionals to act unlawfully. For instance, what is commonly perceived as greed-based behavior could also be interpreted as the fear of failing to meet expectations or maintain the status quo and/or social status. Various other forces influence criminal behavior, including personal emergencies, interpersonal conflicts, and changing external environments.

In addition to individual motivations, organizational characteristics (e.g., history, structure, processes, and culture) motivate and/or encourage rationalizations legitimizing criminal behavior. Organizational history includes the development and changes to the organization over time, including types and numbers of workers, leadership, and significant events influencing where an organization has been and what its future in relation to the rest of the world will be. In addition to history, corporations have varying structures, ranging from pyramidal and centralized to flat and decentralized. Depending on the specific structure, allocation of authority, and channels of communication throughout the organization, there may be greater or fewer opportunities and incentives for crime.

Organizational culture is highly complex with both internal and external pressures interpreted differently by individuals throughout the organization. An organization's profit-oriented culture is one of these crime-conducive characteristics. As organizations are primarily evaluated by how efficiently and effectively they achieve their economic goals, considerable pressure is placed on employees to meet high expectations with regard to profitability, market share, brand recognition, and financial capital. Culture is generally dependent on the tone set at the top of the organization.

Management decisions and policies prescribe organizational goals and dictate the acceptable means to achieve them. Employees can be socialized into conformity through patterned interactions with one another, which can result in an increased likelihood of *groupthink*, or lack of individual discernment. Many come to the belief that preserving the organization's reputation, maintaining market share, preventing investor losses, or advancing their career is more important than other priorities, including adhering to the law. This is not to say that executives and managers are explicitly promoting criminal behaviors, but inaction or indifference is sometimes sufficient to propagate a deviant organizational culture. Cultural transmission, thereby, plays a role in pulling individuals toward a mental state where certain departures from conventional societal norms are accepted to achieve organizational goals.

Various justifications and excuses are used to neutralize the potential impacts of occupational and corporate crimes. One of the most common rationalizations is the denial of responsibility, whereby offenders deny culpability for their actions and shift blame elsewhere. This is easy to accomplish in the context of an organization where multiple actors are involved and a scapegoat is readily identifiable. It is common for offenders to diffuse the harm resulting from their crimes across numerous victims by arguing that each individual victim experienced little or no actual damage. This is common when the crimes victimize many investors or employees or when taxpayers are the primary victims. Taken together with limited direct contact and the difficulty in identifying victims, offenders can often neutralize any guilt for their actions.

External influences further impact rationalizations for occupational and corporate crimes. The complexity of laws and regulations often results in frustration and apathy, with many perceiving the law as illegitimate or unreasonably inhibiting their ability to succeed in a free market economy. Similarly, they may perceive law enforcement as incompetent and untrustworthy, condemning those who are accusing them of wrongdoing. Frequent regulatory changes in certain industries can also serve as an excuse for crime due to unfamiliarity with new rules.

These characteristics of corporate organizations influence offenders' rationalization processes, which in turn allow them to reinterpret their situation as exceptions to their underlying moral beliefs, thus justifying their criminal behavior. Furthermore, given the difficulties in detecting and prosecuting occupational and corporate crimes (especially in terms of establishing motivation and intention), these organizational characteristics represent frequently used (and often successful) strategies for avoiding criminal liability for occupational and corporate crime.

Common Offense Types

Occupational and corporate crime take numerous forms including embezzlement; bribery and corruption; economic espionage; fraud (e.g., securities fraud); insider trading; tax avoidance; antitrust violations; and health, safety, and environmental violations. This should not be considered an exhaustive list but instead an illustration of several common types of occupational and corporate crime.

Embezzlement

Embezzlement is the misappropriation of money and/or personal properties belonging to an organization by offenders who leverage positions of trust to perpetrate the theft, such as when an executive siphons money from a company for their personal use.

Bribery and Corruption

Bribery (e.g., kickbacks) typically involves two or more parties in a quid pro quo relationship, where one party offers something of benefit (often money) in exchange for a specific outcome, such as a business deal, favorable treatment, or a change in the law or other rules.

Economic Espionage

Espionage refers to the theft or misappropriation of intellectual property, typically by selling it to a foreign government or competing organization. While traditionally thought to mainly impact technology companies (particularly those with defense contracts), any industry can be affected.

Theft of proprietary products, trademarks, and manufacturing processes are increasingly prevalent, as evidenced by widespread cases of product counterfeiting.

Fraud

Fraud is an all-encompassing umbrella term used for various illegal activities involving the use of deception and/or concealment to misrepresent information to achieve some type of illicit gain. Such deception can vary in scale and across various industries. For example, securities fraud (i.e., stock or investment fraud) involves the misrepresentation of commodities or stocks to entice investors. Many high-profile corporate crimes have involved fraudulent financial statements (e.g., Enron, WorldCom, Freddie Mac, Lehman Brothers).

Insider Trading

Insider trading represents a breach of fiduciary responsibility by individuals with special access to information that is either confidential or has not yet been publicized. These offenders take advantage of their privileged knowledge by trading the company's securities at strategic times for personal financial gain.

Tax Avoidance

Tax avoidance is the deliberate underpayment or nonpayment of taxes owed to governmental entities. This can include the use of tax shelters, although the complexity of tax codes often provides these methods the appearance of legality. Failure to report income gained through illegitimate means (e.g., committing other crimes, such as drug trafficking) is also considered tax avoidance.

Antitrust Violations

Antitrust violations refer to the creation of monopolies that interfere with legitimate market competition. Examples of anticompetitive conduct may include exclusive dealing arrangements, mergers and acquisitions designed to monopolize market share, and price discrimination.

Health, Safety, and Environmental Violations

Corporations are subject to laws and regulations designed to protect the public interest, human health and safety, financial stability, and consumer and environmental protection. Crimes are often committed by companies violating the letter and/or spirit of these laws.

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See also Corporate Crime; Corporate Psychopaths; Cybercrime; Occupational Crime: Prevalence and Statistics

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OCCUPATIONAL CRIME: PREVALENCE AND STATISTICS

Occupational crime involves violations committed by an individual through opportunities that arise in the course of a legally defined occupation. This entry provides an overview of the nature of occupational crime and examines the prevalence and types of such crimes committed by employees acting against the interests of organizations, including business corporations, nonprofit organizations, and government agencies.

Inventory Shrink

Since the 1990s, the National Retail Federation has conducted an annual survey of leading businesses

in an array of retail sectors to assess the incidence of internal and external retail crime. *Inventory shrink* is the term given to the loss of merchandise in a retail organization. According to the figures gathered by the National Retail Federation, shrink as a percentage of sales amounted to 1.38%, producing US\$44 billion in losses for U.S. retailers in 2014 and US\$45.2 billion dollars in losses in 2015.

Shrinkage losses in the United States varied by market sector. The grocery industry has long suffered from high levels of shrink, and that trend appears to be increasing, with a 3.6% rate in 2015. Specialty men's and women's apparel was slightly below the overall average at 1.2% of sales. Discount, mass merchandise, and super center retailers were slightly below average, with 1.1%, but 60% of respondents in this category reported that 2015 brought an increase, compared to 48% overall who saw an increase. The sources of inventory shrink can be divided into five categories:

- employee/internal theft (35.8%)
- shoplifting, including organized criminal collusion (39.3%)
- administrative and paperwork errors (16.8%)
- vendor fraud or error (4.8%)
- unknown loss (7.2%)

Counterproductive Employees

Historically, employee theft has been the greatest cause of inventory shrink. Other sources appear to be on the rise, but employees are still responsible for more than US\$16 billion in U.S. retail losses. In 2013, it was estimated that global losses due to employee theft totaled about US\$3.7 trillion. For some sectors where additional information is available, such as the grocery sector, long-term data demonstrate that the challenge of counterproductive employees remains acute. It is also metastasizing into dangerous new forms of criminal activity, indicating the need for vigilance in hiring and supervision.

Employee Criminal Collusion

In one form of theft known as *sweethearting*, employees may illicitly circumvent established procedures or systems to benefit relatives and friends. This conduct includes avoiding the bar

code scanner for merchandise, overriding printed prices at the cash register, or simply not invoicing goods and services (especially in the restaurant, hospitality, and home installation industries). In a small, nonrandom sample, 67% of respondents said they had participated in sweethearting in the past 2 months. Many employees surveyed said they were motivated by the prospect of receiving better tips and similar reciprocal deals at the customer's place of business.

In more sinister collusion, employees use their inside knowledge of security protocols to aid teams of professional shoplifters, burglars, or cargo hijackers. They also may cooperate with gift card, barcode, or receipt fraud artists who may be independent actors or part of street gangs or related criminal organizations. A National Retail Federation survey of businesses indicated this is a growing problem, with slightly more than 20% of employee-theft cases investigated involving collusion with an outsider, including in some sensitive, high-security environments. For example, over 22% of suspects in a large multiairport theft operation in Canada were current employees.

The Employee Organized Retail Crime Risk Triangle introduced by Michael Cunningham and John Jones emphasizes three major contributors to such collusion:

- *Organized Retail Crime Pressure* is an influence from organized criminals that increases the employee's feeling of financial need, stress, or coercion.
- *Collusion Opportunity* involves establishing the initial relationship between the external criminal and the internal employee and then actively engaging in joint criminal cooperation.
- *Organized Retail Crime Tolerant Attitudes* allow employees to justify the theft in their own minds and then minimize the risks associated with stealing.

Embezzlement and Fraud

Embezzlement is a type of financial fraud involving the covert diversion of an organization's or individual's assets for personal use. Embezzlement can involve the use of fraudulent invoices and bills for service to cover illicit asset transfers, or it can involve skimming or diverting money before it is registered as income.

According to Federal Bureau of Investigation statistics, embezzlement has a lower incidence than other forms of fraud committed by independent criminal perpetrators (e.g., swindle/confidence games, credit card/ATM fraud, impersonation, wire fraud, and health and welfare fraud). Nonetheless, accounting and finance employees along with asset management and other loss prevention professionals who are in positions of trust often have access to substantial funds. As a consequence, losses due to embezzlement can range from thousands to millions of dollars.

Fraudulent billing for time, services, and expenses is another category of occupational crime. In one notable example, a partner in a major Chicago law firm claimed billable time, on average, for 5,941 hours per year for 4 years in a row, which amounts to 16 hours per day, every day, for 365 days. A survey of attorneys reported that 12.3% suspected that their colleagues pad their hours frequently, with reported losses ranging from the thousands to the millions of dollars. The majority of overbilling is neither detected nor prosecuted, so reliable prevalence data are unavailable.

Schemes against government and private health-care insurers are the most expensive forms of fraud. The National Health Care Anti-Fraud Association estimates that health-care fraud is about 3% of total health-care spending, costing the United States about \$68 billion annually. In fiscal year 2015, the Department of Justice opened 983 new criminal health-care fraud investigations, with federal prosecutors filing criminal charges in 463 cases involving 888 defendants. A total of 613 defendants were convicted of health-care fraud-related crimes during the year. Also in fiscal year 2015, the Department of Justice opened 808 new civil health-care fraud investigations and had 1,048 civil health-care fraud matters pending. Approximately US\$2.4 billion was returned to the federal government or paid to private persons as a result of such recovery efforts.

Cyber Crime and Cyber Negligence

The Internet age has allowed instantaneous purchases and transfers of information and money, increasing transactional efficiency but opening organizations up to a host of digital vulnerabilities. Organizational assets, including

money, intellectual property, and client personal information, are susceptible to threats from domestic and foreign criminal actors who try to hack their way into an organization's information technology system. Reliable prevalence statistics are unavailable because most companies choose not to disclose penetrations and losses if they can avoid it, but the Federal Bureau of Investigation's Cyber Division reports that billions of dollars and millions of pieces of personal identity information are lost every year due to cyber intrusions.

Individual employees may engage in embezzlement using digital systems, but the greatest internal financial threats to organizations stem from collusion. The Association of Certified Fraud Examiners estimated that 45% of losses involve insider collusion. Many employees are in position to collude with external criminals by offering inside information (e.g., system architecture, defenses, and passwords) or assisting with the installation of malware to facilitate cybercrimes. An employee's motivations to collude may include loyalty to acquaintances, or fear of them, personal financial gain, or support of drug habits.

An equally serious security problem confronting organizations is social engineering (i.e., the manipulation of an unwitting employee by criminals to release valuable information). This can be done through a phishing e-mail (i.e., an innocuous-appearing electronic message containing malware allowing the criminal to gain access to the employee's computer). A 2016 Verizon study noted that 13% of people tested clicked on a phishing attachment. Manipulation also can be conducted through text messages, e-mail, or phone calls in which the criminal purports to be a fellow employee or client who has forgotten a username, password, or the URL of an access point and simply needs assistance from the unsuspecting employee.

Whether a cyber criminal's goal is individual identity theft or to compromise the entire organization, the naive employee is the weak link. Verizon reported that 63% of confirmed data breaches involved leveraging weak/default/stolen passwords. Because of the importance of employees in protecting assets, employee selection and training for integrity and conscientiousness, along with a focus on security and safety, must be a crucial part

of an organization's defensive strategy. Employees must be taught that protecting their client's and their company's confidential information is a crucial aspect of excellent service.

Risk-Taking and Safety Violations

Most employee risk-taking and unsafe behavior occurs in settings considered private property, such as in warehouses and on factory floors. While costly to employers, such behavior is not categorized as criminal conduct. One notable exception involves logistics and transportation workers. While employee-specific statistics on a variety of dangerous moving violations (e.g., highway speeding, running red lights, violating railway crossing signals, failure to use seat belts, or the illegal use of cell phones or text messaging while driving) are not available, the prevalence of these risk behaviors is of paramount concern.

Research commissioned by the Federal Motor Carrier Safety Administration found that the odds of being involved in a safety-critical event (e.g., crash, near-crash, unintentional lane deviation) are 23.2 times greater for drivers who text while operating a commercial motor vehicle than for those who do not. Using a handheld mobile phone to call or text is illegal for commercial operators, even if it involves pressing just one button. Calling from a mobile device remains legal for commercial operators only if the device is completely hands-free. The impact of these regulations, and other safety programs, on the rate of large truck and bus crashes, injuries, and fatalities is not yet apparent.

Employee risk-taking and safety violations can also represent criminal conduct when pollution controls are overridden and unsafe products or conditions are created, endangering others. This would include the covert discharge of harmful chemical effluents into rivers and the use of banned ingredients in production, such as lead paint on toys. The prevalence of such violations is unknown, but the risks can generally be managed through proper training and employee adherence to proper safety procedures. Conversely, employees are more likely to take risks when they do not believe that there will be sanctions for their high-risk behavior or when they do not believe that their employers are committed to their safety policies.

Sabotage, Violence, and Harassment

Employee sabotage can occur in the form of criminal conduct, including setting deliberate fires, breaking equipment, or damaging goods, or in the form of counterproductive conduct, such as reduced personal effort or quality control, demoralization of coworkers, or hostile company commentaries posted anonymously online. Although research has been conducted on the antecedents and consequences of sabotage in both the manufacturing and service sectors, prevalence statistics are unavailable.

Employees are much more likely to be the victims of violence from external criminal threats than from fellow employees. Only 59 of the 1,063 workplace homicides in 1993, for example, were committed by coworkers. However, a study of coworker violence and incivility among nurses, including incidents involving physical aggression, revealed that unprofessional coworker behavior, disagreement over responsibilities for work tasks or methods of patient care, and dissatisfaction with a coworker's performance were frequently mentioned causes of conflict. Effective and equitable procedures for the resolution of workplace disputes may reduce such conflicts.

Workplace harassment is a form of criminal conduct that can include physical and emotional intimidation or bullying. In a 2015 study, approximately 10% of over 11,000 workers in a unionized government organization felt that they had been bullied during the prior 6 months, with 71.9% of those who reported regular bullying identifying the perpetrator as a supervisor or top management. In a survey of 1,016 human resource professionals, 22% reported incidents of pushing or shoving and 13% reported fistfights. Bullied and abused subordinates may be at risk of engaging in retaliatory violence against supervisors or sabotage against the organization.

One of the more prevalent forms of occupational crime is sexual harassment. In 1993, Louise F. Fitzgerald's pioneering work on this topic suggested that approximately one third of women had experienced sexual harassment in the workplace, including nearly 10% who had been directly pressured for sexual cooperation, and a comparable percentage who reported repeated unwelcome phone calls, notes, and letters. Sexual harassment statistics from other countries are even higher.

According to a 2017 United Nations report, 35% of women globally have experienced physical or sexual violence. In London in 2012, more than 40% of women had experienced sexual harassment in the street during the previous year. Research in 2015 by ActionAid in Brazil found 86% of women surveyed had been subjected to harassment or violence in public, which is comparable to South Africa where 80% of women surveyed had experienced some form of abuse in the past year. Based on sexual harassment scandals in 2017 involving U.S. politicians, entertainment, and media figures, this problem has not yet begun to abate.

Final Thoughts

The prevalence and diversity of counterproductive employee behavior highlights the need for reliable and valid preoccupational assessments, effective training, and evaluation programs, as well as continued monitoring of both employees and company metrics for signs of occupational crime.

Michael R. Cunningham and John W. Jones

See also Corporate Crime; Corporate Psychopaths; Occupational and Corporate Crime; Workplace Bullying

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OFFENDER GROUP RECONVICTION SCALE (OGRS)

The Offender Group Reconviction Scale (OGRS) is the name of a series of actuarial risk assessment instruments for use with convicted criminal offenders. Each version of OGRS has been developed for and used by the adult correctional services of England and Wales, directed since 2004 by the National Offender Management Service, which in 2017 became Her Majesty's Prison and Probation Service (HMPPS). Versions of OGRS have been used to predict general and sometimes more serious recidivism among probationers since 1996 and prisoners since 2009. OGRS scores are of considerable importance in court reporting as well as in allocation of offender services and research. Successive updates to OGRS have amended the measurement and scoring of its risk factors to improve its usability and validity as a predictor of reoffending, as well as to ensure that it reflects contemporary patterns of recidivism. This entry examines the application and scoring of the OGRS and provides an overview of its development.

Applying a Static Actuarial Risk Assessment Instrument

OGRS fulfills the demand for an actuarial risk assessment instrument with high levels of predictive validity (as confirmed by prevailing standards in forensic psychology), scored only from easily available static risk factors. Scoring each version of OGRS requires the offender's gender; dates of birth, conviction, and discharge from custody (when this sentence has been passed); current offense; and a small number of criminal history variables. The resultant scores are estimates of the probability of recidivism within 2 years of discharge from custody or sentencing to a noncustodial court disposal. At court, probation services include OGRS scores in presentence reports to the sentencing judge or magistrate. (Presentence report assessments always assume that a noncustodial sentence will be passed.) After sentencing, minimum OGRS scores form part of the criteria determining suitability for offending behavior programs, operationalizing the risk aspect of the

Risk-Need-Responsivity paradigm upon which HMPPS programs are based. OGRS score thresholds are also referred to when determining an individual's overall level of probation service and, in aggregate, when producing management information reports used in the commissioning of rehabilitative interventions and other offender services. OGRS scores are used by researchers to control for recidivism risk when evaluating interventions and have been used to compare outcomes between those receiving different sentences. They are also a key part of the Payments by Results contractual agreements between the Ministry of Justice and private probation providers, known as Community Rehabilitation Companies (CRC). These agreements specify that the CRCs will receive additional payments, known as Payments by Results, when cohorts of offenders have recidivism rates significantly lower than their OGRS baseline. The reoffending rate of each cohort is compared with that of the baseline 2011 cohort, and a comparison of OGRS4/G scores for the baseline and current cohort is used to adjust the current reoffending rate to reflect changes in the case mix of offenders being supervised.

The Development of the OGRS

Version 1 of the OGRS (OGRS1) was published in 1996. Its development involved several stages common to all versions. The criminal records of tens of thousands of offenders given sentences involving custody or probation management were traced on a central database to score risk factors and determine recidivism status within 2 years of community sentence or discharge from custody, weighting risk factors in a logistic regression model. At that time, the source database was the now defunct Offenders Index, which listed only the dates of convictions for relatively serious offenses. A key risk factor derived from these criminal histories is the *Copas rate*, named after a coauthor of OGRS1. An offender's Copas rate, and thus OGRS score, is higher when the offender has many criminal appearances and when the offender's criminal career (i.e., from first to current appearance) is short. Younger, male offenders and those with current offenses of burglary and theft also receive higher scores in all versions of OGRS.

Published in 1999, OGRS version 2 (OGRS2) was designed to be scored using personal computers rather than pocket calculators (which were used with the OGRS1) and involved a more complex set of risk factors. An additional scale, OGRS2-SV, estimated the combined risk of sexual and violent recidivism.

OGRS version 3 (OGRS3) was published in 2009, and it introduced several substantial technical and practical improvements. The Offenders Index was replaced with a research extract of Police National Computer data, which records a wider range of offenses and includes those resulting in formal cautions as well as convictions. As Police National Computer data include offense dates, the new recidivism outcome, *proven reoffending*, measures offenses committed (not convicted) within 2 years that eventually result in caution or conviction, while criminal history counts now include cautions. As further validation showed that the OGRS2-SV Scale failed to predict proven sexual reoffending, it was withdrawn and not replaced. The underlying algorithm was revised to model age separately for men and women, increasing predictive validity for female offenders. Efforts to lessen burdens on assessors led to a reduction in the number of data items required from nine to six, with trivial impact on predictive validity. OGRS3 was the first version implemented in prisons as well as probation, improving the integration of sentence plans for released offenders.

Published in 2015, OGRS version 4 (OGRS4) models reoffending over any given 2-year period, rather than only the first 2 years after sentence or discharge. The amount of offense-free time since sentence/discharge is therefore an additional scored factor. Development of an evidence-based classification of nonsexual violent offenses allowed the introduction of a violent reoffending predictor, OGRS4/V, with the general reoffending predictor now named OGRS4/G. Instruments combining static and dynamic risk factors, versions 2 of the OASys Violence Predictor and OASys General Reoffending Predictor, were developed using the same sample. Comparable violent and general recidivism predictions are therefore available for all offenders, with the slightly superior versions 2 of the OASys Violence

Predictor and OASys General Reoffending Predictor recommended in preference to OGRS4/V and OGRS4/G where possible.

Future Research

As of early 2018, OGRS3 is in use across HMPPS. OGRS4 is used to calculate Payments by Results and awaits operational implementation through upgrades to HMPPS case management software. Future developments being considered by HMPPS analysts include the use of alternate statistical methods (e.g., random forests) to estimate risk and the development of live links to the Police National Computer to score predictors automatically. Improvements to case management software should also facilitate more frequent updates to OGRS and other actuarial instruments, as complex code revision processes will be replaced by a dedicated risk-scoring software module.

Philip Howard

See also Correctional Rehabilitation Services, Intensity of; Criminal Risk Assessment, General Offending; Offender Risk Assessment and Risk Level Classification Issues; Risk Assessment, Actuarial; Risk Principle, Illustrative Applications of

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OFFENDER RISK ASSESSMENT: CULTURE AND GENDER CONSIDERATIONS

The applicability of risk assessment tools to diverse offender populations is a relevant consideration for all criminal justice organizations. The primary benefit of structured risk assessment is that it enables the use of accumulated knowledge on risk factors to be reliably applied to individuals with accuracy, in order to predict future offending and, in turn, inform sentencing, custody security ratings, community release, supervision conditions, and treatment needs. However, one of the assumptions of standard risk assessments is that they apply equally to all offenders, even though they have primarily been developed on largely White male offenders. Therefore, their use with offenders of varied ethnic/racial, cultural backgrounds, and genders has been highly criticized. Some of the main considerations that fuel the conversation around the generalizability of risk assessment to varied genders and cultures include (a) the potential influence of cultural or gender bias, (b) inappropriate or inadequate measurement of current risk factors, and (c) lack of culturally relevant or gender-relevant risk factors. This entry discusses considerations related to the use of risk assessment tools with individuals from diverse cultures, including a case example, followed by a focus on how risk assessment tools are used with female offenders.

Culture

When assessments are applied to groups that differ significantly from the construction samples, they are criticized for making the assumption that the assessments, and the risk items comprising the assessment, are equally valid to the new group. This criticism has been raised largely by those questioning the validity of these tools with ethnic minority groups, predominantly those overrepresented in criminal justice systems, such as African American and Hispanic peoples in the United States and Indigenous peoples in Canada, Australia, and New Zealand. One of the main concerns with using risk assessments developed on one

group with different and diverse populations is the potential for cultural bias. This is particularly salient to issues pertaining to cross-cultural validity as well as minority groups who are overrepresented in many criminal justice systems around the world.

More specifically, the argument around cultural bias contends that generic risk tools ignore the unique historical and present context of many ethnic/racial groups that may be relevant to their offending trajectories. This is particularly relevant for ethnic/racial groups who have experienced the oppression of colonization, the vestiges of which in many cases persist today, through the social, political, and economic marginalization of these groups (see Case Example later in this entry). It is argued that the use of these assessments, founded on the cultural values and experiences largely representative of Western society, not only improperly capture risk, they also serve to further disadvantage the cultural minority (through consistently higher scores on risk tools) when used for legal and criminal justice decision-making (e.g., security classification, program allocation, release back into the community).

Similarly, given the potential differences in the underlying values across cultural groups, the adequacy of the risk factors being measured within these tools has been called into question. Additionally, the lack of culturally relevant *and* culturally specific risk factors has been identified by some scholars and practitioners as a shortcoming of risk assessment, as it is applied to such varied racial populations. For example, having a history of emotional problems and victimization has been shown in some research to be predictive of offending for Indigenous populations but not for non-Indigenous offenders. It could be that this factor is more relevant to the offending patterns of Indigenous peoples given their differential history of victimization; in other words, it is more relevant to one cultural group than the other. Similarly, culturally specific factors are those that may be related to offending (e.g., loss of Indigenous language) exclusively for one group. There is a dearth, however, of empirical research in the area of cross-cultural validity and exploring cultural differences in these risk factors.

Case Example: Risk Assessment With Indigenous Offenders

Within the larger debate concerning risk assessment with minority offenders, many have specifically questioned the applicability of these tools with Indigenous offenders, given their overrepresentation in the criminal justice systems of Canada, Australia, and New Zealand. For example, in Canada, in 2016, Indigenous peoples represented one quarter of federal inmates, while only accounting for approximately 4% of the general population. One of the main arguments explaining their overrepresentation is the differential history and experience of Indigenous peoples compared to non-Indigenous people. Namely, it is argued that the history of colonization, isolation, and discrimination has resulted in Indigenous peoples disproportionately coming into contact with the justice system. Therefore, in order to better understand criminal behavior among this population, this cultural history must be considered in any assessment of risk.

In Canada, risk assessment instruments developed on non-Indigenous male offenders are, for the most part, also administered to Indigenous offenders. Meta-analytic reviews on the predictive validity of common risk factors (i.e., the Central Eight risk/need factors, as defined by Andrews and Bonta in 2010) and assessment tools (e.g., the Level of Service Inventory Scales) have shown, with consistency, that risk factors and assessments generally predict recidivism for Indigenous offenders (as is similarly found with other racial minority groups); however, they do so with less predictive accuracy than with White offenders. Given the unique history of Indigenous peoples, it has been suggested that culturally relevant and culturally specific factors may be important to better understand criminal behavior among this population.

Gender

The steady increase in female involvement in the criminal justice system, and a lack of similar growth in male offending, has prompted considerable interest in the assessment and management of female offenders. Given the emphasis on evidence-based practice, this had led to increasing questions

regarding the applicability of standard risk assessment tools, largely developed on male offenders, to female offenders. The criticisms associated with applying existing assessment tools to female offenders are premised on evidence indicating that female offenders differ significantly from male offenders in both offending patterns and personal/social histories. Compared with males, female offenders are most often arrested for alcohol- or drug-related offenses, minor property crimes, or public order offenses. They typically experience increased rates of social marginalization and poverty, physical and sexual abuse as children and adults, substance use problems, mental illness, and are more likely to be primary caregivers for children compared to male offenders. It has also been suggested that low self-esteem and self-efficacy, problematic relationships, and the experience of trauma are salient factors in understanding female criminality. Although male offenders also experience these issues, research has shown that these factors affect female offenders with greater frequency. Furthermore, it has been suggested that these factors uniquely impact pathways to crime for females and, in turn, have been referred to as *gender-responsive factors*. In contrast, risk factors typically referred to as *gender-neutral* are risk factors that are argued to apply equally to all offenders, such as the Central Eight risk/need factors.

The most commonly used risk assessment tools consist of gender-neutral factors and therefore, consistent with general theories of criminal behavior, they include the same items and weighting for all offenders; this implies that all risk/need items have the same relevance for both genders. When examining the extant literature, the predictive accuracy of existing, gender-neutral risk assessment tools, particularly those tools focused on dynamic factors, has been mixed when tested with female offenders. Beyond explanations associated with the tools themselves, these findings may be partially attributable to a lack of sufficient research to provide stable results. Overall, studies focusing solely on risk assessment with female offenders are few, though growing, and those studies that include female offenders within a larger sample do not consistently separate effect sizes by gender. Furthermore, even less is known about female offenders of diverse ethnic/racial backgrounds. One exception appears to be the Level of Service

Inventory instruments, as they have been the most tested risk assessment tools with female offenders and results generally suggest acceptable predictive ability, although questions about overclassification remain.

Feminist scholars have argued that even if gender-neutral factors (e.g., employment, relationship problems) are predictive for female offenders, they are experienced differently by female offenders and, therefore, differentially affect the offending patterns of this group. Burgeoning research has also suggested that using standard gender-neutral risk assessment tools that do not include or emphasize factors more relevant for female offenders produces inaccurate risk estimates associated with the overclassification of female offenders. In turn, as the role of risk assessment has extended beyond simply risk prediction to also informing treatment, it is suggested that these standard tools do not identify other, potentially more relevant treatment targets for female offenders.

The practice of simply validating the existing tools on female offenders does not explore the arguably differential mechanisms underlying the relationship between gender-neutral risk factors and female offending. It also does not assist in determining the existence of more predictive and appropriate risk/need factors, and therefore, treatment targets, for this offender group. These concerns with gender-neutral tools coupled with qualitative and mixed-methods research suggesting the importance of gender-responsive factors have led feminist scholars to call for gender-informed risk assessment tools. Evidence to support this view is growing, as some studies have found that gender-responsive risk factors (e.g., parental stress, adult victimization, childhood sexual abuse) have added incremental predictive validity to existing gender-neutral risk tools. In turn, researchers have begun to develop risk assessment tools specifically for female offenders, typically including both gender-neutral and gender-responsive risk factors.

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See also Criminal Risk Assessment, Gender-Responsive; Female Offenders; Feminist Perspectives on Crime; Risk-Need-Responsivity, Application to Female Offenders

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OFFENDER RISK ASSESSMENT: RISK COMMUNICATION

In the context of offender risk assessment, risk communication is the process whereby the results of an assessment are conveyed in words, numbers, and/or pictures to decisions makers. The study of risk communication concerns the effect that the communication method, the characteristics of the individual receiving the communication, or the decision-making context has on people's decisions. Forensic risk communication is a relatively new area of forensic psychology arising from the

growth in offender risk assessment instruments since the 1990s. Its importance lies in its being the fulcrum of risk assessment's influence over forensic decision-making and hence over the expression of the risk principle within the Risk-Need-Responsivity model of correctional intervention.

This entry describes research into the communication formats and individual characteristics that influence risk perception and related decision-making, drawing on lessons learned from medical risk communication research, then focusing on violence risk communication. It reviews the effects of how numbers are presented, the role of individual numeracy, and the communication of risk in terms of probabilities or risk categories. This entry considers what existing research suggests for best practice in offender risk communication.

The Importance of Forensic Risk Communication

In 1984, researchers Vladimir J. Konečni and Ebbe B. Ebbesen published a critical account of judges' decision-making in criminal and mental health cases, describing them as "almost 100% rubber-stamping" the recommendations by psychiatrists, prosecutors, and probation officers. This pattern, in which both criminal courts and mental health review boards rely heavily on the risk assessment results and recommendations communicated by assessors, was replicated several times over the next three decades. Studies showing that advice provided by clinicians or other assessors is a substantial influence on forensic decision-making raise the importance of not only assessing risk accurately but also understanding how to communicate risk effectively.

Lessons From Medical Risk Communication

The evidence base for forensic risk communication draws key lessons from medical risk communication. For example, information that is framed in terms of the possible risks of inaction (negative framing) is effective for persuading people to assess their health, but framing information in terms of the benefits of treatment (positive framing) is more effective for persuading people to choose treatment. Numeracy helps medical

patients understand their risks better, and more numerate individuals are more likely to remember and use mathematical reasoning in their decision-making. However, even educated professionals struggle with numeric information.

Research into the communication of medical and other risks has found that the effects of risk *illiteracy* can be alleviated to some degree by communicating risks with the aid of graphs. Graphs can also help communicate the normalcy of a distribution and the unusualness of extreme outcomes. If used, graphs need to be purposely selected for their ability to communicate the gist of the relevant risk information and for their suitability to the purpose (e.g., identifying absolute risk of an unhealthy behavior vs. conveying the relative risks of treatment options). Any verbal description of the graph should be carefully written and tested to ensure that it is congruent with the graph and does not introduce the potential for misinterpretation.

The Framing of Risk

As found in medical research, how the risk is framed can influence violence risk perception. In forensic risk communication, risks are usually framed negatively, in terms of the likelihood of recidivism. Some assessments have been developed in which the items are phrased so that a positive score indicates lower likelihood of recidivism, drawing attention to the outcome of not offending, that is, positive framing. Research indicates that positive framing leads to more decisions to discharge offenders from custody than does negative framing. For instance, one study revealed that a risk described as a 26% chance of violence occurring was perceived by mock judges to be more dangerous than a 74% chance of no violence occurring, even though both statistics refer to the same probability of events. Graphs have been considered helpful in communicating such risks, partly because they can show simultaneously the probability of violence occurring and the probability of it not occurring, as in icon arrays.

Some research finds that risks also seem higher if they are communicated using frequencies (i.e., the number of recidivists per 100 or 1,000 offenders) rather than probabilities or percentages (e.g., .40 or 40% likelihood of recidivism). Again,

graphs might be beneficial to the extent that they can be used to show information in frequencies and percentages at the same time. Different graphs might be employed to illustrate alternative framing or varying scales, which can also influence how risk is perceived, and each should be carefully designed and evaluated for its intended purpose. Also, the numeric information in graphs can still be difficult for less numerate individuals to understand.

Numeracy

There is evidence that numeracy affects how risks are perceived and used in forensic cases. In general, people tend to overestimate the risk of violent offending and ignore how common recidivism is in the whole forensic population (i.e., the base rate). Offender risk can be perceived as higher if case information that is unrelated to risk is communicated at the same time as the risk assessment, and there is evidence that decision makers in the corrections system often override the results of structured risk assessment using information that is unrelated to risk. More numerate individuals appear to be less swayed by such peripheral information. Less numerate individuals are more likely to be influenced by anecdotal and affective information rather than numeric information provided in forensic evidence.

As well as numeracy, experience with risk assessment information and attitudes toward social science and evidence-based practice has been associated with how risk information is understood and used in decisions. Graphs can increase people's attention to the probability of harm and for that reason have the potential to be especially helpful for communicating the risk of violent behavior, but research evaluating the use of graphs in forensic risk communication remains very limited.

Numerical and Categorical Communication of Risk

Offender risk assessment is generally conceived of as prognostic rather than diagnostic, and the results of risk assessment make a statement about the likelihood of offending in the future. As a result, risk may be expressed as a probability.

Actuarial risk assessment instruments typically yield an empirically derived probability of recidivism associated with categories of risk, although these categories may be determined through a rational process. For risk communication, advantages of using actuarial data include the precision and reliability of assessment results. Effective communication of actuarial risk can aid the allocation of risk management resources to individual offenders according to their risk of offending, which supports the efficiency and effectiveness of the correctional system. However, some discussion remains in the literature as to which statistics are the most important to communicate (e.g., relative risk vs. absolute probability of recidivism). Furthermore, assessors and decision makers are not always comfortable with the use of statistics.

Risk assessments that take a structured professional judgment approach typically result in a non-numerical risk category such as *low risk* or *high risk*. A practical advantage to the use of categorical risk communication is that clinicians are more accustomed to a diagnostic than a probabilistic approach and prefer using categories. However, as with medical risk communication, people do not interpret these risk categories consistently. Variation in the interpretation of risk is a problem for the practice of risk communication because it is difficult to agree on a disposition or the allocation of correctional resources if different assessors and decision makers each have a different idea of what an offender's risk category means. Reformulations of structured professional judgment tools in the mid-2010s emphasized case formulation rather than categorization, aiming to integrate the analysis of risk factors with suggestions for risk management. Initial research examining the communication of risk management recommendations to law enforcement, social service, and correctional agencies suggests that most recipients carried out at least some of the recommendations, especially those affirming court-ordered conditions.

Recommendations for Practice

In their foundational article, Vladimir J. Konecni and Ebbe B. Ebbesen conducted some of the first research into risk communication in real-life settings, and they looked forward to changes in forensic decision-making that allowed for a greater

role of analytic data and feedback provided to the decision makers. By 30 years later, risk assessment data were widely available, and there was growing evidence (experimental and naturalistic) that forensic decisions are made in accordance with the risk principle. However, studies suggest that clinicians, jurors, and other decision makers still do not necessarily view offender assessment, or key contributors to risk such as psychopathy, as a particularly important piece of information. To be effective, risk communication must help people overcome any existing misunderstandings (including a tendency to overestimate risk) and redirect their attention to relevant and useful information.

Effective risk communication helps people make a meaningful connection between risk information and decision-making. A standard for evaluating the effectiveness of forensic risk communication has been proposed that measures the distinction made in risk management decisions between offenders with measurably different risk of recidivism. Experimental research employing this standard has reported that providing numerical information can improve risk communication. Recommendations emerging from this line of research include explicitly tying any categorical risk communication to nonarbitrary numerical risk estimates.

The use of graphs has been recommended to facilitate the communication of offender risk assessment. Although there is limited empirical evidence pertaining to graphs in forensic decision-making, initial research suggests that a simple histogram of the proportion of offenders who recidivate as a function of assessed risk category can improve risk communication. Graphs used for this purpose should be selected with attention to negative and positive framing of information, and the benefits of presenting information in multiple formats should be evaluated.

Evidence that forensic decision makers rely heavily on information provided by professionals who assess risk points to the need for these experts to develop expertise in effective risk communication. Training in risk assessment techniques has already been successful; in the future, training in how to evaluate and explain offender risk assessments and their results might also be valuable. Assessors serving as expert witnesses must learn to help a nonscientific audience to overcome

misconceptions about risk and understand how statistical interpretations can be applied to decisions about individual offenders.

An emerging area of offender risk assessment is analytic procedures that demonstrate the ability to measure individual offenders' risk and its change after treatment. In the future, the practice of risk communication might also need to develop methods to communicate the extent and limits of change in risk.

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See also Criminal Risk Assessment, Structured Professional Judgment of; Risk Assessment, Actuarial; Risk Principle; Risk-Need-Responsivity, Principles of

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OFFENDER RISK ASSESSMENT: USE OF THE PROFESSIONAL OVERRIDE

The underlying assumption of the professional override when applied to offender risk assessment is simple. After completing a structured, statistically based or actuarial assessment on a specific individual, the professional who is conducting the assessment may have what is believed to be additional, relevant information that was not taken into consideration when conducting the structured assessment. This occurs when the information is not relevant to the scoring of any of the instrument's items. The question then is, can or should the professional make some kind of

adjustment to the statistically derived results of the assessment? This is known as the *professional override*. This entry describes the background behind the professional override, its position in the history of offender risk assessment development, and the elusive quest to demonstrate its capacity to improve upon a structured, statistically based offender risk assessment.

The Professional Override

Applying a professional override to a statistical prediction scheme represents one attempt to reconcile a long-standing dispute between statistical/actuarial and clinical/professional judgment. The competition was kicked off in earnest with the classic work of Paul Meehl in 1954. However, since 1958, psychologists and criminologists, such as Robert Holt and Donald Gottfredson, have been advocating for clinically and statistically oriented researchers and clinicians to abandon their competitive attitudes and work more collaboratively.

In 1990, Donald Andrews, James Bonta, and Robert Hoge asserted that there were four key principles that contribute to the delivery of effective correctional treatment for offenders. Three of them became known as the *Risk-Need-Responsivity* model of offender intervention. The fourth principle, professional override, relates to the responsibility of professionals to go beyond the calculated application of Risk-Need-Responsivity when making decisions as to how to treat an offender in his or her particular circumstances. As such, it introduces an element of clinical judgment, also known as *professional discretion*, in the decision-making process. Perhaps the most common application of the override principle is in the context of a structured, statistically based offender risk assessment.

Because it is essentially a clinical judgment, the override bears some resemblance to, but is not quite the same as, the structured professional judgment approach to offender risk assessment. While use of the override is considered an *add-on* to an existing assessment, structured professional judgment assessments are based on stand-alone assessment instruments, and while structured professional judgment assessments are standardized

in the sense that they comprise specific risk items (often 20), the override knows no bounds in terms of content, or risk factors, that it may consider. Yet they are similar in that both are fundamentally subjective in their approach to decision-making about offender risk.

Use of the Professional Override in Offender Risk Assessment

There is well-documented evidence, summarized in meta-analyses by William Grove and colleagues, that statistically based predictions are superior to clinical judgment in fields as diverse as education, health, financial success, and criminality. Yet there remains a sense that criminal justice professionals may contribute their own insights to the prediction of offender behavior, at least as an adjunct to statistically based predictions. Every offender is unique in many ways, and clinical professionals are experienced with working on a one-to-one basis with offenders' uniqueness. Hence, it seems natural to give professionals an opportunity to contribute their own particular insights to the understanding of an offender and the prediction of his or her future behavior at the idiographic or individual level. It is assumed, either correctly or incorrectly, that override decisions are based on sound theory and research on offending behavior. Andrews and colleagues also believed that research on the consequences of overrides would lead to new insights into offending behavior and its amelioration.

Two of the most popular offender risk assessment instruments in North America allow for the professional override. Versions of the Level of Service Inventory have incorporated the professional override in their administration protocol. Although the Level of Service Inventory-Revised manual provides cutoff scores to denote various levels of risk, it declares that these cutoff scores should be used only as *guidelines* in conjunction with "good sound judgment by experienced professionals" (p. 14). The more recent Level of Service/Case Management Inventory (LS/CMI) and its youth version both formalize the override function by building it into the assessment protocol. Assessors are explicitly instructed to indicate whether or not they wish to exercise the override option and if so, why, in their professional

opinion, its use is warranted. They may then assign a higher or lower risk level to the offender than what was derived from the numerical score on the assessment.

Another popular instrument, the Correctional Offender Management Profiling for Alternative Sanctions, also allows the criminal justice professional to make a final judgment regarding an offender's risk level. Correctional Offender Management Profiling for Alternative Sanctions software includes a Screener Judgment tab, on which several questions are asked that allow assessors to introduce their own overall conclusions about an offender's risk. They are asked to consider *aggravating* factors (e.g., resistant to treatment), which may render an offender higher risk than what was determined by the statistical analysis, and *mitigating* factors (e.g., being crime free for many years), which may render an offender lower risk. Correctional Offender Management Profiling for Alternative Sanctions authors expect that assessors will override offenders to a different risk level than what was assigned statistically in 8–15% of assessed cases.

Some sexual offender risk assessment instruments also include override features. The Minnesota Sex Offender Screening Tool–Revised provides eight guidelines for assessors to increase sexual offenders' risk level and one guideline to reduce it. The Static-99 initially gave clinicians considerable discretion to use the override but has since tightened that position in accordance with research described in the following section.

It should also be noted that some instruments, including the LS/CMI and the U.S. Federal Post Conviction Risk Assessment, allow for an *administrative* or policy override. These are cases when the override feature is exercised, not for clinician or professional reasons, but for policy reasons determined by the correctional agency. It may be applied to sexual offenders, mentally disordered offenders, and those who, for various reasons, are high-profile offenders.

Research on Use of the Professional Override in Offender Risk Assessment

As a precursor to the professional override in offender risk assessment, some early efforts were made to amalgamate actuarial risk assessment

with human judgment. One study examined whether some combination of the Correctional Service of Canada's risk assessment tool, the Statistical Information on Recidivism Scale, might dovetail with decisions by the National Parole Board to arrive at a better overall prediction of offender recidivism. By combining independent Parole Board decisions with offenders' Statistical Information on Recidivism scores, a modest improvement in the prediction of offenders' recidivism was found over predictions based on the Statistical Information on Recidivism score alone. However, most of the subsequent override research has been less encouraging. This research falls into two categories, studies that have examined the override with general risk scales on general offender populations and studies that have examined its use with sexual offender instruments on samples of sexual offenders.

When correctional workers were first given the opportunity to apply the professional override to a group of probationers and provincial prisoners using a draft version of the LS/CMI (Level of Service Inventory: Ontario Revision), the professional override was used in only 3% of the cases, with increases and decreases in risk being approximately equal. After the override option was given, the final risk level correlated slightly higher with recidivism than the initial risk level. When the LS/CMI was implemented on a system-wide basis in Ontario, subsequent studies documented much greater use of the override (12–17%), primarily to increase risk and disproportionately on sexual offenders, and found it had a negative impact on predictive validity.

Research on the use of the override with the STATIC-99 has found that assessors could not agree on which cases to use the override, and in which direction to do so, beyond a chance level of agreement. Moreover, its use decreased the predictive validity of the instrument. This led STATIC-99 authors to suggest using the override only in conjunction with other statistically based instruments. Nonetheless, field studies have found the override has been applied to the STATIC-99 in as much as one third of the assessments and often without the support of another statistical tool. Not surprisingly, such practice again reduced the predictive validity of the instrument.

Not to be confused with the professional override, research after the initial publication of the STATIC-99 led its authors to provide directions to modify the risk assessment of sexual offenders based on factors such as age. However, these *adjusted actuarial estimates of risk* are strictly statistical modifications of assessed risk and therefore not professional overrides. They have also generated some degree of controversy.

Research on the Minnesota Sex Offender Screening Tool-Revised has found a surprisingly high use of the override (from three quarters to almost all cases). The effect of the override was to move offenders, both high and low risk, toward the median risk group. The impact of this practice was to reduce the predictive validity of the instrument slightly.

Future of the Professional Override in Offender Risk Assessment

Empirical evidence for the incremental predictive validity of the professional override remains elusive. It is quite possible that part of the difficulty comes from the very nature of professional discretion. Specifically, its variability and complexity defies easy quantification and systematic investigation. While some have come to deny any role for professional discretion in offender risk assessment, others continue to advocate for its controlled use as part of a long-standing effort to improve the prediction of offending behavior. Most would agree that any effort to apply the override to field settings would require ongoing monitoring and research to direct and guide such a practice.

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See also Level of Service Inventory (LSI); Level of Service Inventory-Revised (LSI-R); Level of Service/Case Management Inventory (LS/CMI); Psychology of Criminal Conduct; Static-99 and Static-99R; Statistical Information on Recidivism (SIR); Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI 2.0).

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OFFENDER RISK ASSESSMENT AND RISK LEVEL CLASSIFICATION ISSUES

The development and proliferation of risk assessment tools have allowed corrections professionals to assess an offender's risk to reoffend and determine the needs underlying his or her criminality. Not only are risk tools the engine that drive effective interventions with offenders, but they help agencies be more efficient by helping them identify those offenders that need the most intensive intervention and that pose the most risk to reoffend.

Current risk assessment instruments help agencies identify *who* should receive the most supervision or intervention to reduce their risk of recidivism (i.e., higher risk offenders) and determine *what* specific factors should be targeted to change criminal behavior. These factors are called *criminogenic needs* (i.e., factors that are strongly correlated with criminal behavior and are dynamic in nature). Through years of study, researchers have identified the major criminogenic needs of

offenders: (a) antisocial attitudes, values, and beliefs; (b) antisocial peers; (c) antisocial personality characteristics; (d) family; (e) education/employment; (f) leisure/recreational activities; and (g) substance abuse. This entry provides a general overview of offender risk assessment practices and processes, reviews the history and current *state-of-the-art* of risk assessment instruments, outlines some common practical and methodological issues related to their use and implementation, and examines related risk level classification issues.

What Are Offender Risk Assessment Tools?

The process of identifying an offender's risk level and corresponding criminogenic needs is known as offender risk assessment or offender classification. Put simply, *risk* refers to an offender's likelihood to recidivate or to get into trouble again. Thus, offenders who are at high risk are more likely to reoffend, compared to offenders who are at low risk. In a similar vein, research indicates that a reduction in an offender's risk level is typically associated with a reduction in his or her likelihood of recidivism, while an increase in an offender's risk level is typically associated with an increase in his or her likelihood of recidivism.

Commonly used instruments consist of actuarial risk assessments that are similar to what insurance companies use to calculate insurance rates. Car insurance rates, for example, are based on the statistical analysis of a person's driving records and other supplemental information (e.g., age, where the driver lives, type of car he or she drives), which helps insurance companies develop probability tables based on group behavior. A probability table, for instance, may indicate that someone is a high-risk driver due to his or her history of car accidents and speeding tickets, where he or she currently resides, and the type of car he or she drives. Similarly, in the field of corrections, a risk assessment tool may indicate that someone is a high-risk offender due to his or her criminal history, use of illegal substances, and unemployment status. Ultimately, insurance companies and criminal justice professionals alike can use the results of actuarial risk assessments to determine who is riskiest to commit a new driving offense or a new criminal offense, respectively.

Actuarial-based instruments used in the field of corrections today typically consist of a series of items that focus on those factors that have been found to be related to criminal behavior (e.g., antisocial peers, substance abuse). Items on the tool are then statistically weighted based on how strongly they correlate with recidivism, and an overall score is calculated that identifies the individual's risk to reoffend. The corresponding risk level and information related to the offender's unique areas of need can then be used to help guide decisions about whether to sentence the offender to prison or probation, his or her conditions of supervision, and the types of resources that will be used, all while enhancing public safety and security.

History of Offender Risk Assessment

The first generation of risk assessments relied on corrections professionals' judgment and experience (i.e., their *gut feelings*). While information was collected through a face-to-face interview and a review of the offender's file, prediction about their likelihood to reoffend was made based on the assessor's *professional opinion*. In this way, there was no structured or standardized set of questions to be asked, so the assessor could ask the offender as many or as few questions as the assessor deemed appropriate. Ultimately, decisions based on this approach were idiosyncratic, subjective, and biased. Furthermore, this approach did not yield information that resulted in a distinction between risk levels.

The second generation of formal classification instruments was first developed by Andrew Alexander Bruce and his colleagues in 1928 at the request of the Illinois Parole Board. The Illinois Parole Board, more specifically, wanted to make more informed decisions about whom to release and when to release individuals back into the community. As such, Bruce and his colleagues collected background information on more than 3,000 parolees related to criminal history, personal characteristics, and prison experience and found 21 factors that differentiated those offenders who successfully completed parole from those who failed to complete parole. While some of the factors measured on the Bruce and colleagues' *Burgess Scale* seem out of date (e.g., criminal type,

social type, statement of trial judge and prosecutor), other measures appear on many validated risk assessment instruments used today (e.g., previous record, where offender resides, marital status).

The Burgess Scale was one of the earliest examples of an actuarial-based risk assessment tool, but along with other later-developed tools, such as the Salient Factor Score, these types of instruments have several limitations. One of the primary limitations, for instance, is that they are almost all based on static predictors: items that cannot change (e.g., criminal history) or cannot be easily influenced (e.g., age or months served prior to parole). To the extent measures other than criminal history are examined, such items capture only historical data. That is, second-generation tools may examine factors such as whether the offender had a substance abuse problem or whether the offender associated with other criminal associates, but these factors can only be examined from a historical perspective rather than a current perspective.

Third-generation instruments represented a major advancement in risk assessment since they incorporated both static and dynamic risk factors. Recall that dynamic risk factors are those items related to criminal behavior that can be changed, such as getting a job, stopping illegal drug use, or spending time with others with criminal behavior issues. Importantly, third-generation instruments such as the Level of Service Inventory–Revised can be used for both initial assessment and reassessment to measure offender behavior change over time.

Finally, the latest generation of risk assessment tools—fourth-generation instruments—is comprehensive in that they include both static and dynamic risk factors as well as take into consideration factors or barriers to treatment and intervention (e.g., lack of motivation, low intelligence, mental health issues, physical disabilities). While these are not risk factors per se, they are related to case planning and can help practitioners properly match offenders to treatment and intervention strategies so that their likelihood of success can be maximized. In addition, fourth-generation tools, such as the Level of Service/Case Management Inventory, the Ohio Risk Assessment System, and the Correctional

Offender Management Profile for Alternative Sanctions, incorporate case management strategies to more clearly link risk assessment results with intervention and treatment strategies.

Types of Assessment Tools

There are three unique types of risk assessment tools. Screening instruments are designed to allow corrections professionals to determine outcome (e.g., recidivism) for a large offender population (usually at intake) and, subsequently, sort those offenders into risk categories relatively quickly. A screening instrument, for example, may be used to *screen out* low-risk offenders so that a more comprehensive risk assessment may be completed on those offenders who are at moderate risk to high risk. Notably, screening tools can be completed by a file review and/or a brief face-to-face interview, as they are usually composed of only static items (e.g., criminal history). The tools, however, have little utility beyond identifying levels of risk due to their limited number of dynamic items.

In addition to screening tools, comprehensive risk/need assessments are designed to gather more complete data to assist in determining levels of risk. Risk/need instruments typically take longer to administer, require training, and can be used to identify targets for treatment. These instruments include a range of dynamic factors that can be used to reassess the offender. Furthermore, composite risk assessments can be used to develop case plans to ensure that programming targets the criminogenic needs of the offender.

Once a comprehensive risk assessment is completed, specialized assessments can be used to assess specific domains (e.g., substance abuse) or special populations (i.e., sex offenders, mentally ill offenders, psychopaths). Specialized assessments, in particular, may be completed on offenders who are flagged as risky on a composite risk/needs tool. These instruments usually require additional training on the part of those who administer the assessments, while some tools require special licensures to conduct.

In many instances, jurisdictions adopt all three types of assessments. A screening instrument might be used at pretrial or to assess offenders at intake to determine who needs further assessment. For those offenders who continue deeper into the

system, a more comprehensive assessment tool could be used. Once assessed on a composite risk tool, a specialized assessment may be prescribed on an as-needed basis. Following this approach can increase efficiency since not all offenders will be thoroughly assessed, but those offenders who appear to pose the greatest risk to reoffend will be examined much more closely.

Widespread Use of Risk Assessment Tools

As of 2017, risk and needs assessments are used at nearly all points in the criminal justice system across the United States, including pretrial, sentencing, probation and parole, and prison intake and reentry. Although evidence exists to show that risk assessment tools are widely used across the country, variability exists in terms of which tools are used and how they are implemented within a specific agency or department. For example, some states may adopt and implement one standardized instrument that is used across each sector of the criminal justice system and throughout the entire state. Other states, however, may take a less systematic approach and allow different criminal justice entities to choose their own method for assessing and classifying offenders.

Beyond the support for use of validated risk assessment instruments given at the national, state, and local levels, evidence exists that legislative action and statutory changes have taken place in response to risk assessment instruments. For example, in Indiana, the Supreme Court held that judges may consider risk assessment tools to supplement other evidence when making decisions about whether to sentence offenders to probation, alternative treatment facilities or programs, and other corresponding sentencing matters. Additionally, some grant administrators and criminal justice policy development agencies, such as the Bureau of Justice Assistance, oftentimes require or strongly suggest that agencies responding to funding solicitations use a validated risk assessment instrument to ensure they are adhering to evidence-based practices.

Risk Level Classification Issues

Overall, research suggests that the more commonly used risk assessment instruments used in the field can, with a moderate level of accuracy,

predict who is at risk of recidivism. In addition, research suggests that when it comes to the predictive validity of the tools (i.e., whether the tools are measuring what they are supposed to be measuring), no one instrument is better or more superior than another at predicting recidivism. To this end, it is not necessarily about *what* instrument is being used (as long as it is an appropriate, validated tool), but about *how* the instrument is being used.

There are a number of important considerations with any risk/need assessment process that need to be considered. For example, how easy is the instrument to use and score? How long does it take to complete? How much training is involved? Is an interview involved, and if so, how is the information verified? How much does it cost? Beyond some of these more practical issues, there are also a number of methodological issues. Of vital importance, for example, is ensuring the instrument is both reliable and valid. Reliability refers to the consistency of the instrument. For instance, if two individuals were to conduct an assessment of the same offender, how similar would they score him or her? This is referred to as *interrater reliability* and can be problematic with more dynamic instruments. The second important consideration is validity or the accuracy of the instrument in predicting what it is we want the tool to predict (e.g., recidivism). Both reliability and validity are important because an accurate tool is useless if no one can agree on the score. Likewise, there might be agreement as to the score, but if it does not predict what is hoped for, then it does not lead to the goals of reducing offender recidivism and enhancing public safety. As a general rule, most *good* instruments are about 70% accurate. This is determined by validation studies in which the correlation between the total score and the outcome of interest (usually recidivism) is examined.

Considerable issues may also arise when agencies or departments fail to use risk assessment instruments properly. Improper use of a risk assessment tool, for instance, may lead to high-risk offenders being released from community supervision or prison before they receive an appropriate level or amount of treatment to reduce their risk. Conversely, if low-risk offenders are given too much intervention, such as

being placed on intensive supervision or being sentenced to a correctional institution for an inappropriate length of time, they use valuable, oftentimes scarce resources that could be directed toward higher risk offenders. Perhaps even more important, treating low-risk clients and/or mixing them with high-risk clients has the potential to increase recidivism rates. Low-risk offenders' rates of reoffending may increase because placing them on higher levels of supervision and providing treatment often means taking away what makes them low risk to begin with (e.g., prosocial peers, supportive family, stable employment). In a similar manner, research suggests that when low-risk offenders are mixed with high-risk offenders in treatment and supervision settings, lower risk offenders oftentimes learn things from higher risk offenders that they may not have known before (e.g., where to buy or sell drugs).

Issues related to the use of third- and fourth-generation risk tools may also arise since these instruments include a variety of dynamic risk factors. That is, the *human* element or staff biases can oftentimes get in the way of any scoring or decision-making processes underlying the tool because they require the assessor to make subjective judgments. In this vein, what makes modern-day risk assessments advantageous (i.e., their dynamic measurement of risk factors and the quality and range of information collected) can also make them disadvantageous because they may require more specialized knowledge or training on how to use the tools, and/or a deeper understanding of the assessment process, in general.

Finally, another major concern is related to the use of a risk assessment tool in one jurisdiction when it has been constructed and validated in another. Undoubtedly, the development of a standardized risk instrument is often costly and the option that very few criminal justice agencies have the time or financial resources to construct. In this way, many adopt an *off the shelf* tool that may be empirically derived but has been constructed for a different target population. While some may argue that using a tool that has been validated on other samples is better than using no instrument at all (or a nonvalidated tool), agencies run the risk of using a tool that may not be predictive for their population. In addition, they may be placing

offenders in the wrong risk groups, as cutoff scores for the tool may not be appropriate. Given that it is unlikely for a single instrument to have universal applicability across various offender populations, there is a clear need to norm (i.e., determine what is typical in a given population) and validate risk instruments and their corresponding risk scales for the population for which it is being used.

Final Thoughts

There are a number of reasons that the effective classification and assessment of offenders is important in corrections. First, results of the instrument can be used by practitioners and other corrections officials to make important decisions, such as who should be released on parole. Second, it helps reduce bias by eliminating extralegal factors from consideration, such as race and gender. Third, it enhances public safety by allowing correctional professionals to identify higher risk offenders. Fourth, it helps corrections professionals manage offenders in a more efficient manner. That is, it aids in the development of offender caseloads and workloads that are based around risk and needs so that scarce resources can be reserved for those who need them most. Fifth, the use of risk assessment instruments helps staff justify their decisions and diminish legal challenges when they arise. Ultimately, using validated instruments that are backed by science and incorporate a structured process to make decisions is more defensible than relying on *gut feelings*. The sixth, and perhaps the most important reason to conduct good assessments of offenders, is that it improves the effectiveness of correctional programs.

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See also Level of Service/Case Management Inventory (LS/CMI); Offender Risk Assessment: Culture and Gender Considerations; Offender Risk Assessment: Risk Communication; Offender Risk Assessment: Use of the Professional Override

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OFFENDER TREATMENT ATTRITION

Treatment attrition, or the failure to complete treatment and to successfully fulfill program requirements, is a long-standing issue in the treatment of men, women, and youth who break the law. *Treatment* refers to a broad collection of interventions within a structured program, often delivered in a group format by a therapist (e.g., psychologist, social worker, licensed professional counselor). *Attrition* means essentially to gradually wear down or decrease, and this term has been used to describe the process of offenders *dropping out* of treatment (i.e., treatment noncompletion). Since treatment has numerous intended benefits for offenders (e.g., reducing their risk of reoffending and improving their chances of returning to society offense free), treatment attrition has negative consequences for the offenders and others. While there are numerous explanations for why offenders sometimes do not complete the treatment or programs they need, it is a common problem in the criminal justice system and one that is important to address. When offenders do not complete the treatment program they need, they may not lower their risk of reoffending, they may not learn new skills to transition into the community, and they are therefore at risk of returning to custody. This entry reviews the types, frequency, and key predictors of treatment attrition for offenders and then explores links to recidivism.

Types

Treatment attrition can occur in many ways. In the first type of attrition, offenders may leave treatment without completing for reasons of their

own doing, and in this instance, they actually do *drop out*. These are referred to as *patient- or client-initiated reasons*, including loss of motivation, a request to leave treatment or to transfer, or the individual sabotaging his or her own progress by acting out. A second way is staff-initiated attrition. In this circumstance, the staff member (e.g., therapist, program facilitator, security staff) initiates the offender's removal from therapy for a variety of reasons, including a lack of progress or effort displayed by the individual, disruptive or treatment-interfering behavior that can interfere with the progress of other clients, violating institutional rules, or posing security concerns. The third type of attrition is administrative, and this occurs when forces attributable to the agency or the system contribute to an offender's early discharge from treatment. These factors tend to be outside of the individual's control but can include being paroled, having the program assignment canceled, or being transferred out of the institution for reasons unrelated to treatment or behavior (e.g., population management).

Frequency

The problem of offender treatment attrition varies depending on the definition used and the type of offender group and treatment program under consideration. In a meta-analysis of 114 treatment attrition studies that included over 41,000 offenders who attended an offender treatment program of some sort, the average rate of attrition was 27%. In other words, roughly one quarter of individuals who started an offender treatment program did not formally complete it. This compares to an average noncompletion rate of about 20% in the adult psychotherapy literature. However, if those offenders who registered for a program but who dropped out before even attending the first session (i.e., preprogram attrition) are included, the rate of offender treatment attrition increases to 35% or about one third of offenders.

The rate of attrition has also been found to vary by type of offender and treatment program. For instance, the rate of attrition from sex offender programs is the same as the overall rate of attrition from offender programs in general (27% noncompletion). However, the rate of attrition from domestic violence programs (i.e., men

who are physically abusive toward their intimate partners) is 38%, and when the definition is expanded to include preprogram attrition, the rate of noncompletion is 51%. Researchers in this field have also found that community-based programs tend to have higher rates of attrition than prison or other institutionally based programs, probably in part because institutionalized offenders constitute a captive audience. In addition, opportunities for early conditional release are often dependent on the successful completion of required treatment programs, which can create an additional incentive to complete treatment while in custody.

Predictors

What predicts whether an offender is likely to complete, or not complete, a treatment program? There are many factors that come into play. The meta-analysis of 114 studies referenced previously not only examined rates of noncompletion from different offender treatment programs but also the predictors of noncompletion. The following are common predictors of attrition across offender programs in general:

<i>Demographic Predictors</i>	<i>Offense History Predictors</i>	<i>Psychological Predictors</i>
• Young age	• Prior offenses	• Antisocial personality disorder
• Single	• Prior violent offenses	• Psychopathy
• Low education	• Shorter sentences	• Borderline personality disorder
• Unemployed	• Institutional offenses	• Low IQ
• Ethnic/racial minority	• Previous incarceration	• Impulsivity
• Low income		• Anger problems
		• Drug and alcohol problems

These characteristics predict attrition for a variety of reasons (i.e., each predictor has its own relationship to attrition), but it is beyond the scope of this entry to go into detail for each. Broadly speaking, several demographic characteristics predict attrition across programs: On average, offenders who do not complete treatment are more likely to be younger, have less formal education, be unemployed, be single, have low income, and be a member of an ethnic/racial minority group. However, this does not mean that having such characteristics causes offenders not to complete treatment, but rather these are correlates. Although these characteristics may serve as markers to indicate an offender who is vulnerable for not completing treatment, there are many men, women, and youth with these characteristics who do successfully complete treatment. Moreover, offenders with more serious offense histories of most varieties, who have previously been incarcerated, are serving a shorter sentence, or who have a history of institutional misbehavior are at an increased risk not to complete treatment. Certain psychological characteristics are also linked to higher rates of attrition, including having a serious personality disorder associated with disruptive and unstable behavior; having low IQ; or having problems with impulsivity, anger control, or substance use.

Many of the very characteristics that predict noncompletion also tend to characterize high-risk offenders, that is, many of these attrition risk factors are also risk factors for recidivism. In fact, research has shown that some of the common risk assessment tools used to predict recidivism also predict treatment noncompletion. It is the case that higher risk offenders are less likely to complete treatment than lower or more moderate risk offenders. However, many high-risk offenders do complete treatment, and Donald Andrews and James Bonta's risk principle points out that when high-risk offenders complete treatment, this tends to generate the largest payoff when it comes to crime reduction.

Specialized Offender Treatment Programs

Some characteristics that tend to be unique to the type of offender and treatment program have implications for attrition. For instance, sexual deviance tends to be an important risk factor for

recidivism among sex offenders, but research has found on average that sexual deviance is not a very strong predictor of sex offender treatment noncompletion; whether or not the men complete these programs has more to do with the factors listed and discussed previously than with their levels of sexual deviance. For domestic violence programs, research has additionally found that men who are court ordered to attend treatment and who have been in longer relationships are more likely to complete treatment and less likely to drop out; however, men with more serious histories of domestic violence are still less likely to complete.

Links to Recidivism

It appears then that treatment attrition is associated with increased recidivism. Put simply, offenders who do not successfully complete their treatment programs are more likely to return to custody (e.g., jail, prison) for new offenses. This applies to all recidivism outcomes. For instance, treatment noncompletion in general is associated with a 20% increase in recidivism. Similarly, sex offender treatment attrition has been found to be associated with an approximate 15% increase in rates of sexual recidivism, and attrition from domestic violence programs has been associated with an approximate 18% increase in domestic violence recidivism. The logical conclusion to draw is that failure to successfully complete a treatment program means the offender has not made treatment gains, which has resulted in recidivism; however, these are merely correlations. For instance, do offenders who fail to complete treatment reoffend at a higher rate because they did not benefit from treatment, or because they were already higher risk offenders to begin with? While both factors likely contribute to what may be a complex relationship, regardless of the precise mechanism involved, treatment noncompletion has linkages to increased recidivism; this highlights the need to retain high-risk offenders in treatment whenever possible.

Final Thoughts

Research has identified demographic, criminal history, and psychological characteristics associated with treatment attrition for offenders in general

and special populations and programs in particular. Many of these predictors of attrition also characterize high-risk offenders. For this reason, it is important that these predictors not be used to create an *attrition profile* (i.e., a list of reasons to exclude offenders from treatment, to assign them lower priority for services, or to expect them to fail). Rather, such characteristics should provide an incentive for programs and therapists to retain high-risk men, women, and youth in treatment so that they can benefit from services. By adapting services in ways that are responsive to specific predictors of, or characteristics associated with, treatment noncompletion (e.g., readiness for change, level of education, cultural background), high-risk offenders may be more likely to be successfully engaged and retained in treatment.

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See also Criminal Risk Assessment and Recidivism Prediction; Offender Treatment Attrition and Retention, Responsivity Issues; Recidivism; Treatment Dosage and Treatment Effectiveness

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OFFENDER TREATMENT ATTRITION AND RETENTION, RESPONSIVITY ISSUES

The issue of offender treatment attrition (i.e., noncompletion) and retention (i.e., continuation), including the role of responsivity (i.e., the adaptation of offender treatment services to fit the

unique individual needs of client), is complicated. It is known that high-risk offenders are more likely to drop out, but paradoxically, they are also the group most in need of services. Therefore, by having knowledge of predictors of attrition as well as knowing how to respond to unique client needs, service providers could retain clients in treatment, providing them with a greater chance to benefit from services. Certain attrition predictors that seem to be linked to responsivity are known as *treatment responsivity indicators*. This entry further defines responsivity, then examines specific treatment responsivity issues that play a part in offender treatment attrition and retention, while offering management strategies to promote client retention and decrease dropout.

Defining Responsivity

Responsivity is the third prong in Donald Andrews and James Bonta's Risk-Need-Responsivity (RNR) model. It has two types: general and specific. General responsivity refers to the notion that offender treatment programs should follow cognitive behavioral methods to modify criminal behavior and thinking. It is extended to include several aspects of the relationship between the therapist and offender in which the therapist is also expected to be warm, patient, understanding, empathic, authentic, and to show humor. Specific responsivity involves the tailoring of treatment services to meet the unique needs and characteristics of the offenders themselves, including different levels of motivation, intellectual ability, literacy levels, cultural background and language, learning style, and personality.

In a meta-analysis of 114 offender treatment attrition studies, those variables that seemed to have direct links to general and specific responsivity were categorized as *treatment responsivity indicators*. Additional predictors of treatment attrition identified in the meta-analysis had general or specific responsivity implications.

Treatment Responsivity Issues in Offender Treatment Attrition

Offender treatment attrition in and of itself can be a responsivity issue in cases in which the fit between the client and treatment was sufficiently disrupted that noncompletion was the result.

Some of these treatment responsivity issues are discussed in the following subsections.

Disruptive Behavior During Treatment

Offenders who behave badly in treatment are also less likely to complete it. Disruptive behavior can include intimidating staff and fellow patients, verbal and physical abuse (e.g., assaults or threats), acting out in group (e.g., cracking jokes, heckling the facilitator), or counterproductive behavior outside of group (e.g., sexual intimacies with other patients residing on the treatment unit). This can be par for the course, so to speak, when working with high risk challenging clients. But rather than ejecting a patient from treatment for showing the very issues that brought them into treatment in the first place, it is the responsibility of treatment staff to make an effort to engage the client and to try to decrease the treatment-interfering behavior. Some examples include staff maintaining clear boundaries and setting limits with clients, trying to understand the function of behavior, avoiding power and control battles, skillfully handling delicate situations, or possibly drafting behavioral agreements with difficult clients. In addition, staff can also meet with clients individually to help them to develop skills to manage tensions and negative emotions (e.g., dialectical behavior therapy).

Negative Treatment Attitudes

When offenders have negative attitudes toward the therapy itself and the prospect of making personal changes, this is also linked to attrition. Some treatment programs can even be stigmatizing, for instance, attending sex offender treatment, which involves an admission of problems with one's own sexual behavior as well as revealing to others that one has committed a sex crime. William Miller and Stephen Rollnick have developed a powerful intervention strategy called *motivational interviewing* (MI), which has several components, the key ones being to express empathy, develop discrepancy, respond constructively to (i.e., *roll with*) client resistance, and support self-efficacy. For instance, one way of approaching negative attitudes is to validate to the individual that change is difficult and that there are other things the

individual would probably rather be doing than examining and working on his or her personal problems; however, unless the issue that brought the individual into conflict with the law and referred to the treatment program are dealt with, then there is little to stop history from repeating itself.

Denial

It is a natural human tendency to downplay shortcomings and in some cases to try to make a wrongful action out to not be as bad as it could be. It is not uncommon for offenders to initially refuse to accept that they have done something wrong, such as committing a serious crime (e.g., sexual assault) or engaged in certain aspects of it (e.g., penetrating or fondling the victim). Research has shown that denial is a common predictor of attrition and particularly common in sex offender programs. Sometimes MI strategies can be effective in helping a client work through denial, or simply allowing the passage of time while sitting in a group of individuals who have committed similar crimes can create a culture of acceptance and understanding. Some programs have taken an innovative approach in which they do not even discuss the offense but rather focus on addressing the psychological issues that led to the individual being accused for the crime in the first place.

Low Motivation

Those offenders in denial are perhaps best conceptualized as being in the early stages of change. James Prochaska's Stages of Change Model, originally used with health behaviors (e.g., smoking cessation), has been adapted for offender populations. Key stages include precontemplation (i.e., no intentions of making positive changes), contemplation (i.e., thinking about making changes to problem behaviors; however, positive action has yet to be taken), preparation (i.e., preparing to take corrective action but any such actions are new and inconsistent), action (i.e., consistent efforts of a behavioral nature are observed over a significant period of time, with lapses into problem behaviors becoming fewer and further between), and maintenance (i.e., behavioral gains are maintained over a

substantive period, typically years). Thus, interventions matched to an offender's stage of change may assist him or her to build greater motivation and decrease risk of treatment dropout. For example, it may be counterproductive to assign homework to offenders who are in a precontemplative stage of change. Use of MI strategies with precontemplative individuals, however, may assist offenders in understanding some of the positive benefits of changing problem behaviors and thus help move them along the continuum of change.

Cognitive Challenges

Given that many offenders have left school prematurely owing to antisocial attitudes, learning problems, or cognitive challenges which may be present at birth (e.g., alcohol-related neurodevelopmental disorder) or sustained later in life, possibly owing to their high-risk lifestyle (e.g., serious head injury), interventions need to be tailored to their level of academic achievement (e.g., reading level) and cognitive functioning (e.g., IQ). Low educational attainment and IQ are strongly correlated with treatment noncompletion and require special attention. Disruptive behavior while in treatment may be an effort to conceal deficits in functioning. Incomplete assignments may also be a reflection of such deficits rather than antisocial attitudes regarding the treatment itself. Assessments of cognitive and intellectual functioning (e.g., literacy, verbal and nonverbal problem-solving) may assist treatment providers to better understand the nature of any difficulties and adapt treatment materials, assignments, and expectations accordingly (e.g., use of concrete interventions and examples, less reliance on written materials or highly verbal interventions).

Trauma

Early childhood trauma is often cited as being an important responsivity consideration. However, in the treatment attrition meta-analysis described previously, only past sexual abuse was associated with treatment noncompletion in offender populations. Trauma-informed treatments may be helpful for some offenders; however, in the majority of cases, treatment for trauma alone is unlikely to reduce the likelihood of

recidivism. Treatment for trauma should be prioritized in conjunction with criminogenic or crime-related needs, and timed appropriately, so as to occur in a safe setting and after the development of coping skills which could be applied should destabilizing emotions be experienced as a result of trauma work.

Mental Health

In addition to trauma, there are other mental health concerns which have been associated with treatment noncompletion. One example is psychosis. Experiencing symptoms such as hallucinations (e.g., seeing or hearing things that are not real) and delusions (e.g., belief that one is being persecuted by malevolent forces) can understandably interfere with treatment progress, especially when these symptoms do not respond well to medication, or medication is taken inconsistently, or refused. Aside from monitoring and promoting medication adherence, staff members should be trained in mental health awareness, be aware of the signs and symptoms of psychosis, and be able to respond to clients in a patient, calm, and effective manner without destabilizing the situation. In addition to treatment of criminogenic needs, sometimes ancillary services may need to be provided to promote mental health and well-being to maximize client engagement and service effectiveness.

Personality Disorder and Psychopathy

Personality disorders associated with disruptive, impulsive, unstable behavior, and emotional volatility (i.e., borderline personality disorder or antisocial personality disorder) can present challenges to treatment service providers and are linked to attrition. Personality disorders also involve destructive patterns in interpersonal relationships, which would extend to staff and co-client relationships. For instance, individuals with personality disorder may *split* staff members (i.e., manipulate one group to side with them against another) or approach multiple staff members in search of fulfillment of a request or special favors. Some clients may also transgress staff member boundaries or try to convince them to violate institution rules (e.g., bringing in contraband).

Psychopathy, a particularly serious clinical construct characterized by callousness, remorselessness, grandiosity, and manipulation, is associated with many of the aforementioned treatment-interfering behaviors and also linked to high rates of attrition. Experts in the area of psychopathy treatment recommend service providers to adopt a united front, maintain clear lines of communication, and work together to contain treatment-interfering behaviors of psychopathic offenders; many of these strategies would extend to other personality disordered clients. Doing so can result in retaining these clientele in treatment so that they may potentially benefit from risk reduction services.

Final Thoughts

The responsivity issues reviewed here are not an exhaustive list but highlight the many unique challenges clients bring to therapy which require services to be adapted so that such clientele do not add to dropout statistics. Difficult client behavior and the unique demands of challenging clients can be managed effectively by applying the principles of general and specific responsivity and ensuring relevant staff training. Techniques such as MI have considerable promise in mobilizing resistant clientele. Indeed, research has demonstrated that successful completion of offender treatment is associated with greater amounts of change derived, but to achieve this, even difficult clients need to be retained in treatment.

Mark E. Olver and Keira C. Stockdale

See also Treatment Dosage and Treatment Effectiveness; Offender Treatment Attrition; Recidivism

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OFFENDERS WITH COGNITIVE DISORDERS

People with cognitive impairments are at greater risk of involvement in the criminal justice system, both as young people and as persistent adult offenders. This entry describes the wide range of cognitive impairments, and the disorders through which they typically manifest, and considers the relationships between cognitive impairments and criminality.

Cognitive Impairments and Related Disorders

Cognition is a general term for the mental processes involved in acquiring new knowledge and applying existing knowledge. It therefore incorporates a range of specific processes, including those associated with attention, comprehension, memory, reasoning, evaluation, and decision-making. It is also closely related to the comprehension and production of language and to thinking, perception, and imagination.

Such processes can be unconscious and automated, as is the case when performing a task with which one is very experienced, such as riding a bike. Alternatively, they may require executive control—that is, the ability to coordinate and direct thought and action toward complex goals through processes such as the initiation, planning, and sequencing of complex tasks; the utilization of long-term memory; concentration; inhibitory control; and responsivity to changing circumstances. Brain imaging studies have demonstrated that such higher order cognitive functions engage the prefrontal cortex, in combination with various posterior areas of the brain, depending on the nature of the task. In contrast, automated or unconscious acts may only utilize posterior areas of the brain.

A cognitive impairment can refer to a deficit in any of the processes, tasks, or functions related to cognition. To be considered an impairment, this deficit should be durable (as opposed to the temporary deficits caused, for example, by drug taking) and significant enough to effect daily functioning. Impairments may be mild, moderate, or severe, typically defined by the degree to which functional difficulties affect daily life. Rather than

being considered deficits or impairments, where compensatory strategies ensure that daily functioning is not significantly affected, it is more appropriate to use the term *neurodiversity*.

Cognitive impairments are apparent in a range of clinically defined disorders, including neurocognitive disorders and neurodevelopmental disorders. Neurocognitive disorders are those in which a decline in cognitive function is apparent as a result of illness or injury. This category includes the following:

- *Dementia*, which is an umbrella term for a number of conditions associated with a gradual decline in functions of memory and thinking at a greater rate than might be expected by age. The most common type of such condition is Alzheimer's disease.
- Traumatic brain injury, which can affect a range of executive functions, particularly when the injury occurs in childhood, while the brain is still developing, and when the prefrontal cortex is affected. Indeed, the impact of such an injury in early childhood may not be realized until mid-adolescence, when affected areas of the brain are called upon to develop higher order executive functions.

Neurodevelopmental disorders are characterized by specific or general developmental difficulties that emerge in childhood and affect day-to-day personal, social, and academic functioning. This category includes a range of conditions related to cognition, including the following:

- Intellectual or learning disability is defined by deficits in global intellectual performance (typically measured by IQ) and associated difficulties in adaptive behavior that significantly affect everyday tasks.
- Specific learning difficulties are associated with certain areas of functioning, with no correlation to global intellectual functioning. (Indeed other areas of functioning may be improved by way of compensating for the specific difficulty.) This includes dyslexia, which is associated with difficulties with literacy resulting from deficits in working memory and speed of processing, and dyspraxia, which can affect the ability to organize and execute novel tasks.

- Maternal consumption of alcohol during pregnancy can result in fetal alcohol spectrum disorder, which, in addition to physical manifestations, can affect intelligence, coordination, and behavior.
- Attention-deficit/hyperactivity disorder can include symptoms related to ease of distraction, short attention spans, deficits in working memory, and impaired executive control.
- Autism spectrum disorder is characterized by varying profiles of cognitive strengths and difficulties, including understanding of the perspectives and thoughts of others and regulation of behavior.

These varied examples demonstrate that young people with certain neurodevelopmental disorders may therefore not develop the cognitive skills normatively associated with specific ages or periods of development. In particular, assumptions of cognitive maturity in early adolescence—as defined by flexibility in thinking, complex reasoning, and problem-solving—may not be applicable.

Cognitive Impairments and Criminality

While there is some evidence associating emergent criminal behavior in older adults with the onset of dementia, it is the neurodevelopmental disorders of childhood that are of particular concern in considering the relationships between cognitive impairment and criminality. There is ever-growing research evidence of the overrepresentation of young people with cognitive impairments and related clinically defined disorders in the criminal justice system. This includes a disproportionate prevalence of neurodevelopmental disorders among young people within the youth justice system and in particular among those in custodial institutions. For example, estimates of the prevalence of intellectual disability in the youth justice system typically range from 25% to 33%, compared to 2–4% in the general youth population. It is also apparent that cognitive impairments are associated with *life course persistent*—as opposed to *adolescence-limited*—offending, that is, with offending that begins in childhood and is sustained into adulthood, beyond the typical age of desistence from such behavior in late adolescence/early adulthood.

Understanding the relationship between cognitive impairment and offending requires consideration to the direct influence of impairment on

functioning and behavior, to the indirect influence on other social experiences related to offending, and to the ineffective responses to impairment in many criminal justice systems.

Cognitive Deficits Increase Risk of Criminality

Specific cognitive deficits can directly influence propensity toward aggressive or antisocial behavior in particular contexts or social situations and therefore increase vulnerability toward criminality. This suggests that, while young people with cognitive deficits may commit crime for exactly the same reasons as other young people, there may also be certain additional triggers or particular patterns of behavior related to the impairment. For example:

- Deficits in executive control are known to influence certain forms of antisocial behavior by reducing inhibition and the ability to regulate behavior and by impeding the capacity to anticipate the consequences of particular actions. This is particularly apparent in emotionally charged or novel situations, reducing the capacity to recognize what is, and what is not, socially appropriate behavior.
- Similarly, difficulties with impulse control inhibit the ability to resist the temptation to gratify immediate desires, regardless of whether such behavior might impact negatively on the self or others, as in the case of criminal or antisocial behavior.
- *Cognitive empathy* refers to the ability to understand the perspectives of others and to foresee the impact of one's own behavior on them. In the context of antisocial behavior, this is apparent in understanding and responding to the feelings of one's potential victims. Deficits in cognitive empathy are associated with a range of relevant childhood disorders and conditions, including attention-deficit/hyperactivity disorder, traumatic brain injury, and intellectual disability.

Negative Social Experiences Further Increase Risk of Offending

The existence of such traits is, of course, not deterministic of offending behavior or criminality or

therefore sufficient explanation for the heightened risk of serious and persistent offending among those with cognitive impairments. Consideration must also be given to the parallel heightened susceptibility to social experiences that can lead to a greater risk of involvement in the criminal justice system.

Cognitive impairment can affect a range of known significant risk factors for offending, including family functioning and peer influence. This influence is most apparent in relation to experiences of educational disengagement. Cognitive impairments clearly inhibit learning. Young people with intellectual disability can experience deficits in memory and problem-solving skills, which inhibit academic performance. Similarly, those with specific learning difficulties may struggle to engage in school, where such difficulties are unrecognized or inadequately supported.

For many young people with cognitive impairments, difficulties apparent prior to starting school can inhibit school readiness. For example, a variety of symptoms associated with fetal alcohol spectrum disorder develop in the preschool phase, including impulse control, a short attention span, an inability to concentrate, and a poor memory. Early educational experiences can have a cumulative effect on educational careers. At the age of 8 years, a child is typically expected to have sufficient underpinning literacy skills so as to enable him or her to read to learn. Those children who have not developed sufficient skills may therefore find this transition particularly difficult. It is well demonstrated that it is at this age that problem behavior in the classroom can become more apparent. For many, this may therefore be a response to their difficulties in engaging with their learning. Similar risks of disengagement are also apparent in the transition from the more nurturing environment of primary school to the secondary school that places significant academic, organizational, and social demands on the student.

The influence of cognitive impairment on social and environment factors linked to the risk of criminality is also apparent among adults. In particular, those with cognitive impairments may not so readily experience factors known to be key to processes of desistance in young adulthood. For example, young adults with attention-deficit/hyperactivity disorder or intellectual disabilities have been found to be less likely to be engaged in

stable, long-term employment, while those who have experienced childhood traumatic brain injury are at greater risk of experiencing difficulties forming and sustaining serious romantic relationships.

The Criminalization of Cognitive Impairment

Such experiences reflect both the influence of impairment and the often inadequate response of services and support. Whether or not there is an accurate diagnosis determines how a person's needs are understood and responded to by a range of professionals, including in schools and in the workplace. This is equally apparent in the criminal justice system, with various practices serving to increase the inadvertent risk of criminalization of those with cognitive impairments.

Inadequate screening and assessment and staff training lead to poor recognition of impairment and therefore a failure to respond appropriately. Without such recognition, specialist services may not be made available, including appropriate support during police interviews or when giving evidence.

Specialist interventions to address offending behavior directly related to cognitive impairment are typically limited. Available generic interventions tend to assume normative levels of cognitive competence. For example, interventions in the youth justice system often seek to utilize metacognitive skills—that is, the ability to reflect on and alter one's own thinking processes—so as to understand and alter offending behaviors. Such approaches may therefore be inappropriate for some young people with cognitive impairments, leading to difficulties engaging with and effectively completing court orders.

People with particular cognitive impairments also struggle to effectively understand and engage with various criminal justice processes. For example, cognitive impairment can inhibit engagement in forensic interviews in the courtroom or police station, due to difficulties retelling a story, particularly when asked to do so in a fractured or non-chronological manner. Furthermore, without recognition of these underlying difficulties, an inability to answer questions may be perceived as willful noncompliance, an attempt to conceal details, or fabrication and lying. It is clearly

imperative to counter such discrimination so as to ensure capacity to engage in the legal process and offer an effective defense. Only by recognizing and responding to the specific needs of people with cognitive impairment can experiences of discrimination and criminalization be countered.

Nathan Hughes

See also Cognitive Deficits, Effects on Rehabilitation; Cognitive Disorders in Incarcerated Offenders, Treatment of; Competency to Stand Trial; Developmental Theories of Crime; Mental Health Assessment; Therapeutic Jurisprudence and Problem-Solving Courts

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OFFENDERS WITH MENTAL DISORDERS: TREATMENT OUTCOME RESEARCH

Since the 1950s, deinstitutionalization of psychiatric hospitals and the tightening of involuntary commitment laws in the United States have made it very difficult to place someone into psychiatric care against his or her will. Therefore, many people with psychiatric disorders are now being dealt with in the community by the criminal justice system. Since the early 1990s, the Risk-Need-Responsivity model has been used to help the criminal justice system analyze offender risk of recidivism, determine the specific needs of the individual offender, and respond in a way that meets the offender's needs. Treatment outcome research is important, then, because it allows mental health-care providers to determine whether the responsivity is meeting the needs of the highest risk offenders. The entry begins with a discussion on mental health treatment outcome research for justice-involved individuals, including mentally disordered offenders. Then, there is a general discussion of what works and what does not work. Finally, characteristics of good outcome research are presented.

Treatment Outcomes

Some researchers have tried to research treatment outcomes by collectively examining many smaller research findings together (i.e., combining a number of smaller studies into one large study). This technique is referred to as a *meta-analysis*. Two key meta-analyses have been published since 2015 focusing on people with mental disorders who are in the criminal justice system. Both of these meta-analyses, one by Robert Morgan and colleagues and another by Isabel Yoon and colleagues, provide evidence that treatment is efficacious. Mental health treatment resulted in a better behavior, a reduction in anxiety and depression, and lower treatment costs incurred by the criminal justice system.

The first meta-analysis by Morgan and colleagues examined more than 12,000 documents from online databases. Using various standards,

26 studies were selected to be a part of the meta-analysis. These studies were conducted from 1973 to 2004. The final sample consisted of 1,224 people who completed treatment along with 260 offenders in control groups. Those who were included in the study were people involved in the criminal justice system who also had a serious mental illness, such as schizophrenia, mood disorder, or anxiety disorder.

Morgan and colleagues found that treatment groups fared better than control groups among a variety of outcomes of interest. First, treated offenders with mental illness reduced distress in general. Those treated were better able to deal with their problems and also better at adjusting to institutional rules. Treated offenders tended to have better behavior. When patients were given homework that focused on developing new behaviors and skills, treatment was more successful.

Another finding was that group therapy was effective with open groups as well as closed groups. An open treatment group means that as group members leave the treatment group, new members are added. A closed group means that when group members leave the treatment group, no new members are added. This is also an important finding for fiscal reasons, as open groups allow more offenders to gain access to therapeutic services in a timely fashion. This finding contradicted some clinicians' concerns that the addition of a new group member would disrupt (e.g., negatively impact trust, therapeutic rapport), rather than enhance, the group efficacy.

In a separate study, Morgan and colleagues found that individuals with serious mental illness who received a treatment program called *Changing Lives and Changing Outcomes* had a strong therapeutic alliance and were satisfied with the program. The study included 169 participants, both male (111) and female (58). Participants in the program had positive outcomes such as symptom reduction and evidence of reduced criminal thinking. Throughout the program, participants were required to take quizzes to measure their retention of course content. Those who retained the most information were more likely to complete the entire program, whereas those who retained the least amount of information were most likely to drop out of the program. The authors suggest that when a person is likely to

drop out, other modes of treatment such as individual treatment, peer tutors, or even behavioral reinforcement strategies to incentivize treatment continuation may be needed.

Another meta-analysis on treatment outcome research for mentally disordered offenders was conducted by Isabel Yoon and colleagues and published in 2017. This study examined 37 studies from 1979 to 2015 from several countries: China, India, Iran, Norway, Spain, the United States, and the United Kingdom. Participants had to be prisoners (not simply involved with the criminal justice system) who had been a part of randomized clinical trials. Participants were voluntary and had post-traumatic stress disorder, depression, or other psychiatric symptoms. The 37 studies included 2,761 participants.

Evidence from this meta-analysis revealed that cognitive behavioral therapy and mindfulness are useful theoretical approaches for improving symptoms of anxiety and depression. Randomized clinical trials, the gold standard of treatment outcome research, which focused on trauma-based treatment, however, showed little to no impact in reducing trauma symptoms in prisoners. One caveat to this finding is that prisoners may be experiencing a great deal of trauma inside prison as well as coming to prison with a history of traumatic experiences and thus trauma-related symptoms. It is possible, then, that trauma-based therapies are helping to reduce symptoms that are increasing naturally as the prisoner experiences prison life. Third, art and music therapy (action-oriented therapies) did not produce evidence that supported their efficacy. As mentioned earlier, these therapies may work for some, but there is little research about how well they work for prisoners. Finally, group therapy was found to be as successful as individual therapy when treating prisoners. This is important because group therapy can treat more people at once, thereby reducing the cost of treatment per prisoner.

Additional research by Jennifer Skeem reveals that specialty probation was much more successful than traditional probation for those with a mental illness. Skeem studied 359 probationers with mental illness for more than 7 years. Just over half ($n = 183$) of probationers received specialty probation while 179 received traditional probation. Specialty probation consisted of

smaller, homogenous groups and was focused on individualized treatment provided by experts. Rearrest rates reveal that those on traditional probation were 2.68 times more likely to be rearrested than those on specialty probation.

Discussion

Research conducted since the 1970s reveals that mental health treatment is efficacious for those with mental illnesses involved in the criminal justice system: Symptoms are reduced and behavior is better. This holds true if the treatment outcome research focus is on *offenders with mental disorders*, those incarcerated, and also those on probation. Treatment outcome research has also revealed the cost-effectiveness of treatment, particularly as it reduces rearrest rates.

Cognitive behavioral therapy helps to improve the symptoms of depression and anxiety. Cognitive behavioral therapy is enhanced by treatment that requires homework focused on developing new behaviors and skills. Those who retain content appear most likely to complete treatment. More research needs to be conducted on those who are most likely to drop out of the treatment program. Helping potential dropouts stay in the program should result in better outcomes.

Group therapy and open groups are as efficacious as individual therapy and closed groups. This leads to a reduction in therapeutic costs. Specialty probation as compared to traditional probation saves money as the probationer is much less likely to be rearrested. Future research should determine who is most likely to benefit from specialty probation and/or which aspects of the specialty probation is most beneficial.

Trauma-related symptoms, however, were not shown to be reduced by mental health treatment. Also, there is no evidence that action-based therapies such as art and music therapies are efficacious.

Past research has suffered from a number of methodological issues. There are some commonly agreed-upon characteristics of good outcome treatment research. Data sets need to be larger than that in the past whereby participants are randomly placed into therapeutic conditions. There needs to be more data collected on who drops out of the treatment groups. Self-report data are common in treatment outcome research but it would

be more desirable to have objective data on participants' behavior.

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See also Mental Illness and Crime, Etiological Linkages Between; Mental Illness and Violent Behavior: Perceptions and Evidence; Mental Illness as a Predictor of Crime and Recidivism; Meta-Analysis; Offenders With Mental Illness; Offenders With Mental Illness in Prisons, Treatment for; Prevalence Estimates of Mental Illness Among Offenders; Rehabilitation; Risk-Need-Responsivity, Principles of; Treatment or Program Outcome Evaluations

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OFFENDERS WITH MENTAL ILLNESS

Offenders with mental illness are disproportionately represented in the criminal justice system. In fact, rates of mental illness among offenders far exceed that of the general population. Serious

mental illnesses among offenders include psychiatric diagnoses such as schizophrenia, bipolar disorder, depression, and anxiety disorders. Furthermore, offenders with serious mental illness have a co-occurring substance use disorder, known as a *dual diagnosis* or *concurrent disorder*, at higher rates compared to the general population. Some offenders also have psychiatric diagnoses, such as personality disorder or post-traumatic stress disorder, that are not equated with such severe functional impairment as schizophrenia, bipolar disorder, and depression but still create challenges for treatment and program management within correctional facilities (e.g., jails, prisons, detention centers).

Approximately 14–16% of offenders have a serious mental illness, although there is great variation of prevalence estimates across studies. In fact, it is believed that most rates underestimate the actual prevalence of offenders with mental illness, with some suggesting prevalence rates of 25% or higher. In addition, prevalence rates of mental illness are higher among female offenders compared to male offenders.

Offenders with serious mental illness differ widely in type of diagnosis and severity of symptoms related to their psychiatric diagnoses and can pose unique challenges within the correctional systems, which have become responsible for their supervision, treatment, and rehabilitation. Offenders with mental illness tend to have longer periods of incarceration, are less likely to be released on parole, and tend to have higher rates of reoffending compared to offenders without a mental illness. This entry focuses on the overrepresentation of offenders with mental illness within correctional facilities and discusses mental health screening, correctional treatment, and reintegration of offenders with mental illness.

Overrepresentation of Offenders With Mental Illness in Corrections

The overrepresentation of offenders with a mental illness has increased substantially over the years, with some suggesting that overrepresentation of mental illness in corrections has always been an issue. For example, many correctional facilities had high rates of offenders with a mental illness prior to the development of psychiatric hospitals.

The overrepresentation of offenders with mental illness in correctional facilities has been attributed to changes in the provision of psychiatric care and is believed to have resulted in the criminalization of persons with mental illness when combined with strained community-based mental health services. The most extreme change in provision of mental health care is known as *deinstitutionalization*. Deinstitutionalization refers to the movement of persons with mental illness from psychiatric hospitals into community-based mental health care. As a result of deinstitutionalization, drastic shifts in the provision of psychiatric care occurred, with many people being discharged from psychiatric hospitals into the community without homes or social supports.

The community-based mental health services that then became responsible for the care of persons with mental illness discharged from hospitals were not equipped to sustain the increase in demand for their services. A lack of available mental health services especially in terms of case management and outreach services put a strain on an already overtaxed community-based mental health system. As a result, individuals who may have been previously institutionalized were not receiving the mental health services they needed to function in the community.

The notion that persons with mental illness are funneled through the criminal justice system as a way to access psychiatric care has been provided as a rationale for the overrepresentation of offenders with mental illness within correctional facilities. Essentially, as a consequence of deinstitutionalization, people unable to access mental health services became involved in criminal activity, resulting in incarcerations, as a way to access mental health services.

Furthermore, social problems such as poverty, homelessness, substance abuse, and social marginalization; legal changes; and changes in mental health-care funding have also been contributing factors in the overrepresentation of persons with mental illness within correctional facilities. It is also believed that some criminogenic risk factors (e.g., antisocial cognition) are as common if not more common among offenders with mental illness, putting them at increased risk of involvement with the criminal justice system.

Thus, due to a growing number of individuals with mental illness living in the community, unaddressed social problems, legal changes, and a limited capacity to provide community mental health services, more individuals are being diverted from the mental health system into the criminal justice system.

Mental Health in Corrections

Correctional facilities were not designed to provide comprehensive mental health treatment and so face challenges in meeting the needs of offenders with mental illness. Furthermore, as the population of offenders with mental illness has grown, the requirements that these correctional facilities provide mental health treatment and interventions to this population have stretched their resources. To complicate matters, conditions within correctional facilities can further exacerbate mental health symptoms, and offenders with mental illness often struggle to manage the stresses and expectations correctional facilities place on them. Inmate safety is also a concern among offenders with mental illness, as these offenders have an increased risk of victimization and self-harming, so extra correctional staff resourcing may be required. Essentially, the increasing number of offenders with mental illness has substantially changed the landscape of mental health services within correctional facilities. Even so, with the right screening, resources, and provision of mental health services, offenders with mental illness can experience significant treatment gains during incarceration.

Screening and Assessment of Mental Illness Among Offenders in Correctional Facilities

Screening of mental illness among offenders provides a brief overview of psychiatric symptoms, behavioral concerns, and other information that is utilized to establish the presence of psychiatric and/or behavioral problems requiring treatment and intervention. Screening can inform the need for acute care treatment interventions to help stabilize an offender's mental health symptoms.

Mental health screening within correctional facilities is intended to identify psychiatric

elements of an offender's current level of risk, symptoms, and overall functioning. Specifically, the intake screening process examines acute care needs such as risk of harm to self or others, current mental health and substance use symptoms, and an offender's level of functional impairment. The screening process may involve interviews with offenders at intake into correctional facilities, use of self-report instruments, and/or review of clinical and correctional offender files. The results of mental health screening are used to determine the need for further psychiatric assessment.

Mental health assessments provide a more detailed and intensive overview of the psychiatric and behavioral problems, informing psychiatric diagnoses, treatment interventions, and intensity of treatment required. Specifically, assessments review the severity of mental health and substance use disorders, barriers to treatment, offender motivation toward treatment, and inform types and intensity levels of treatment interventions.

Along with assessment of mental health needs, correctional facilities also complete risk assessments on offenders with mental illness to establish which criminal justice risk factors to target in treatment interventions to reduce the risk of reoffending. Risk assessments also inform the level of security required for correctional supervision for offenders with mental illness.

Mental health screening and assessment are necessary to determine the appropriate type and intensity level of treatment interventions to best meet the needs of offenders with mental illness. The combination of screening and assessment of psychological and criminal risk is essential in correctional treatment among offenders with mental illness. Offenders with mental illness have been found to have improved outcomes as a result of intake screening and assessment of mental health and criminogenic needs. Criminogenic needs (e.g., substance abuse, antisocial attitudes, employment, family relationships) are factors that change over time (dynamic factors) and are considered part of a person's risk level that when changed through targeted treatment can reduce a person's likelihood of reoffending.

Correctional Treatment Interventions

Over the years, there have been many shifts in the way treatment of offenders with mental illness has

been provided within correctional facilities. Traditionally, the focus of treatment of offenders with mental illness was on providing access to care through psychiatric medications and treatment. Based on the influence of changes in psychiatric care, the focus shifted to incorporate the recovery model within psychiatric treatment interventions provided to offenders with mental illness. The recovery model emphasizes psychological treatment and rehabilitation that support the offender's return to pre-mental illness functioning. More recently, there has been a shift to address both mental health and criminal justice risk factors (criminogenic needs) within treatment to support overall recovery and reduce risk of reoffending among offenders with mental illness. Overall, mental health services in correctional facilities identify mental health needs, crisis management (e.g., risk of self-harm or suicide), and establish treatment interventions based on offenders' individual needs.

Initially, most treatment interventions for offenders with a mental illness within correctional facilities focused on providing access to mental health services through pharmacotherapy (i.e., the provision of psychiatric medications). Medication adherence among offenders with mental illness was associated with decreased psychiatric symptoms and decreased rates of psychiatric relapse. Pharmacotherapy was considered to be a primary mental health treatment for offenders' mental health symptoms and supported the premise that addressing offenders' mental health needs would in turn reduce their contact with the criminal justice system.

Although psychiatric medication is still a component of mental health treatment within corrections, treatment interventions have expanded to incorporate psychological interventions to support offenders' mental health recovery. The perception was that by targeting offenders' mental health needs within treatment interventions, criminal justice involvement among offenders with a mental illness would be reduced or eliminated.

Research has indicated that targeting only mental health needs in treatment interventions among offenders with mental illness improves clinical symptoms but does not reduce rates of reoffending among offenders with a mental illness. Evidence suggests that to reduce rates of reoffending

among offenders with mental illness, treatment interventions need to target criminogenic needs as well as mental health needs. Thus, a more holistic approach to treatment for offenders with mental illness targeting both mental health and criminal justice risk factors within treatment interventions has been suggested for addressing clinical symptoms and reducing the risk of rehospitalization and/or reincarceration among this offender population.

Essentially, the aim of correctional treatment and rehabilitation methods for offenders with mental illness is to reduce psychiatric symptoms, support psychosocial functioning, and improve subjective well-being, as well as reduce the risk of reoffending among offenders with a mental illness. This combined treatment approach, targeting both mental health and criminogenic needs, can reduce an offender's likelihood of psychiatric hospital readmission and return to the criminal justice system on new charges or revocation of parole upon release into the community.

Community Reintegration of Offenders With Mental Illness

To ensure that treatment effects and skills learned by offenders with mental illness can be applied in the community, correctional mental health treatment should connect with community reintegration efforts. Based on the high risk of rehospitalization and/or reincarceration among offenders with mental illness, research supports the notion of addressing the criminal justice risk factors along with mental health treatment needs within correctional treatment and ensuring that targeted treatment efforts are continued once the offender is released into the community.

Discharge plans, which are developed during an offender's incarceration, provide a detailed outline of the individual treatment and service needs of an offender. Discharge plans can inform the community treatment needs and prior to release can inform community-based mental health services to support continuity of care. The extent of discharge planning varies and is dependent on the offender's unique needs and the resources available within the community into which the offender is being released. Essentially, the combined mental health and criminal justice treatment interventions

support the offender's mental health recovery, reduce the risk of reoffending, support reintegration, and comprise a continued focus of treatment intervention once the offender is within the community.

Krista Mathias

See also Mental Illness and Crime, Etiological Linkages Between; Mental Illness as a Predictor of Crime and Recidivism; Prevalence Estimates of Crime Among Persons With Mental Illness; Prevalence Estimates of Mental Illness Among Offenders

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OFFENDERS WITH MENTAL ILLNESS IN PRISONS, TREATMENT FOR

Rates of mental illness are higher among incarcerated populations than among community populations. Various explanations for this phenomenon have been discussed in the literature, with mental illnesses proposed as direct or indirect causes of criminal behavior, correlates of other factors associated with crime (e.g., community socioeconomic factors), or consequences of incarceration. Regardless of how persons with mental illnesses come to

reside within prisons, they present a number of challenges to criminal justice professionals charged with the provision of health care, the management of correctional institutions, and the protection of basic human rights. Generally speaking, mental health treatment refers to any intervention targeting problems of thought, emotion, or behavior. The unique characteristics of the prison environment influence mental health treatment in a number of ways, from the targets, structure, and content of interventions. This entry summarizes the extent of the mental health difficulties observed in prisons as well as justifications for, types of, and special considerations pertaining to mental health treatment offered to offenders with mental illness in prisons.

Rates of Mental Illness Among Incarcerated Offenders

Rates of mental illness among prison populations are difficult to estimate for a number of reasons. First, mental illness is a heterogeneous concept. In the same way that physical illnesses vary in symptoms and severity, from the transient effects of common viruses to the terminal consequences of various forms of cancer, mental illnesses vary in important ways. Some mental illnesses persist over weeks, while others persist over many years and even over a lifetime. Some mental illnesses are associated with increases in goal-directed behavior, while others are associated with a decrease in such behavior. Some mental illnesses are specific to a single aspect of the individual's experience (e.g., a phobia reflecting fear of a single object or experience), while others impact the individual across various domains of functioning (e.g., personality disorders). Thus, it is difficult to reduce these diverse illnesses into a single number. Second, the measurement and identification of mental illnesses within prison populations is often challenging. For instance, arriving at formal diagnoses using existing structured approaches, such as the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* and the *International Classification of Diseases and Related Health Problems, 10th Revision*, requires appropriately trained mental health professionals and can be costly and resource intensive. Even when professional resources make formal diagnostic

assessments feasible, correctional institutions may be interested in and impacted by mental health problems that do not fully meet strict diagnostic thresholds.

Nonetheless, empirical estimates of the rates of mental illness among prison populations are available. In 2006, the U.S. Department of Justice released a report containing estimated rates of mental illness among various prison populations. They found that 73% of females and 55% of males incarcerated in state prisons, 61% of females and 44% of males incarcerated in federal prisons, and 75% of females and 63% of males incarcerated in local jails experienced mental health problems. In Canada, the Office of the Correctional Investigator reported that 45% of federal offenders (i.e., offenders sentenced to a period of incarceration lasting 2 years or more) received some form of mental health intervention in 2011–2012. One Australian study from 2011 found that over 50% of police detainees had a history of involvement with the mental health system. Similarly, a study of prisoners in India in 2011 reported that approximately two thirds of the participants had a mental illness. Overall, this research indicates that mental illnesses are common among offenders in prisons internationally.

Why Treat Mental Illnesses in Prison?

For some readers, the justifications for providing incarcerated offenders with mental health treatment may not be immediately obvious. In many cases, mental health treatment is warranted to directly or indirectly support rehabilitative efforts to reduce risk of recidivism. For instance, individual offenders may receive mental health care to target a mental illness identified as a primary risk factor (e.g., an individual with crimes prompted by periods of acute psychosis), support participation in correctional or rehabilitative programming, or facilitate effective community functioning and reintegration. In addition, prison administrators may encourage mental health treatment to support the offender population's institutional functioning or security/operational activities. Beyond the criminogenic or correctional justifications for mental health treatment in prisons, offenders are also often considered to have rights to health care, including mental health care.

For instance, the Correctional Service of Canada is required by law to provide offenders in their custody with access to essential mental health services. In the United States, offenders with mental illness in prisons have a constitutional right to essential mental health care.

Types of Mental Health Treatment Offered in Prisons

Psychiatric Medication

Psychiatric medications are among the most common forms of mental health treatment offered to offenders with mental illness in prisons. These medications can be separated into many classes and are used to address a variety of mental health concerns. For instance, medication may be used to reduce acutely or chronically elevated anxiety, elevate or modulate problems with mood, improve attention and concentration, or reduce aggressive behavior. Offenders with psychotic disorders, which are characterized by hallucinations or delusions, may be prescribed antipsychotic medications. Individuals demonstrating difficulties with excessive or inappropriate sexual behaviors may be prescribed antilibidinal (i.e., sexual drive reducing) medications.

Psychological or Behavioral Interventions

Many mental health treatments offered to offenders with mental illness in prisons are primarily psychological or behavioral in nature. Many of these interventions are based on cognitive behavioral therapy (CBT) techniques. CBT interventions have received considerable empirical support and are used to address a number of psychological difficulties among offender and community populations alike. The CBT model posits reciprocal relationships among thoughts, emotions, and behaviors. As a result, CBT practitioners help clients to develop insight into and change their irrational or problematic cognitions, implement healthier behaviors, and regulate emotions. For instance, an offender presenting with impairments caused by excessive anxiety, such as avoidance of educational or exercise programming, may consistently interpret ambiguous information as evidence of negative social evaluation or danger. To assist this individual in overcoming

these impairments, a CBT practitioner might help the individual arrive at more balanced interpretations of events or plan behavioral experiments to test his or her assumptions about others' reactions to the individual. In addition to the large body of research supporting the effectiveness of CBT for common mental illnesses, such as anxiety and depressive disorders, there is now increasing empirical support for the application of CBT techniques to schizophrenia and other psychotic disorders.

Other mental health interventions offered in prisons are based on the relapse prevention approach, which was created to address alcohol and substance use problems. More specifically, this approach was developed to assist those individuals for whom positive developments made during treatment were not maintained after treatment. To develop a relapse prevention plan, the offender must identify risky situations in which problematic behaviors have occurred in the past or are likely to occur in the future. Once the offender has identified these high-risk situations, he or she then plans to employ alternative behaviors to navigate them more effectively. Research suggests that relapse prevention and CBT are both effective for reducing alcohol and substance use problems among offender populations and that they produce greater effects than punishment.

Many offenders with mental illness demonstrate deficits in social interaction or the completion of activities of daily living that are not unique to their particular diagnoses. As a result, behaviorally focused interventions targeting functional deficits in social and life skills are also employed among incarcerated offenders. Research suggests that these interventions can improve mental health as well as criminogenic factors.

Some incarcerated offenders demonstrate evidence of severe emotional and behavioral dysregulation. Dialectical behavior therapy (DBT) was developed as an intensive intervention for persons demonstrating such difficulties. DBT combines CBT principles with elements of mindfulness, emotion regulation, and distress tolerance skills. Research has indicated that DBT is effective for reducing a number of psychological and behavioral symptoms. For instance, DBT has been found to reduce the incidence of suicidal and self-injurious behavior among persons with

personality disorders. DBT programming has been employed at women's institutions operated by the Correctional Service of Canada, and an outcome evaluation identified improvements in both psychological and institutional functioning among the offenders receiving the treatment.

Special Treatment Considerations in the Correctional Environment

The nature of mental health treatment in prisons is influenced by unique aspects of the setting and the population being served. Consider, for example, the distribution of psychiatric medication. Prescribing professionals' decisions regarding medications are impacted by practical considerations pertaining to security, operations, and staffing. For instance, given that security staff may impose restrictions on institutional movement without warning based on security or safety considerations (i.e., blocking access to health care), professionals must consider whether to prescribe a fast-acting medication on an as-needed basis or rely on an alternative form of medication. In addition, service providers must be mindful of the reality that substance abuse difficulties are prevalent among prison populations, and various psychiatric medications have the potential to be abused. Beyond the individual patient, psychiatric medications may be exchanged as part of the illicit economy of goods and services operated by prison inmates.

Medication is not the only form of mental health treatment requiring special consideration in prison environments. Psychological service providers must also adapt their targets and methods to the realities of a prison. For instance, various treatments for anxiety or trauma-related disorders require graded exposure to real-world situations that may be impossible to re-create, or re-create safely, in a prison setting. Service providers also grapple with difficult questions such as, Who is the client? (e.g., the patient or the institution); What are the appropriate limits of confidentiality and privacy? and Is the offender's consent freely given?

Other special considerations apply to all forms of mental health treatment offered in prison. For instance, service providers must critically evaluate the extent to which their patients' self-report and presentation could be influenced by a desire for primary or secondary gains. An individual may

exaggerate or misrepresent symptoms to obtain medication, transfer to a more comfortable living arrangement, or mitigate the consequences of inappropriate behaviors.

Conclusions

Prisons contain large numbers of persons with mental illnesses. Mental health treatments may be offered in prisons to address diverse criminogenic or noncriminogenic needs. While community-based research and practice can inform the mental health treatment offered in prisons, treatments must also be adapted to the unique aspects of the prison environment.

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See also Basic Mental Health Services Versus Rehabilitation; Bipolar Disorder in Incarcerated Offenders, Treatment of; Mental Health Treatment; Mental Health Treatment Planning; Mental Illness as a Predictor of Crime and Recidivism

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OLDER VICTIMS OF CRIME

An increase in the proportion of the population that is considered older has led to growth in the number of older crime victims. Historically, older victims of crime have not received special attention; however, it is now recognized that the needs of older victims may be quite different from those of younger victims. Older victims may require assistance with transportation, special housing, financial counseling, personal physical care, or psychological counseling, for example. Having a sense of security and being able to live without fear for personal safety are also major concerns. This entry first discusses the older adults in general and then focuses on the needs of and services for older victims of crime.

The Older

The concept *age* can be easily measured since it is a continuous variable. To develop a better understanding of how age is related to an individual's development, emotions, and behavior during various periods of life, age has been conceptualized to include such categories as infant, young child, adolescence, middle age, and old age. These groupings are arbitrarily defined, and there is no agreement among researchers on the specific year that separates one category from another or on the specific year or age that should be used to define the *older adults*. Some researchers studying offenders and victims of crime categorize the *older adults* as age 60 years and older, whereas others choose age 65 years and older. The Federal Bureau of Investigation, in recording arrests made in the United States, categorizes older offenders arrested into groupings of 61–64, 65–70, and 71 and above. Research on victimization tends to follow the same categories as those used by the Federal Bureau of Investigation.

Trends in Size of the Older Population

An analysis of the trends in the population distribution of most economically developed countries of the world reveals that the proportion of the population that is considered older has increased during recent years, and this trend is expected to

continue. The percentage of the U.S. population defined as 65 years of age or older was about 13% in 2009. It is estimated that, by 2030, 71.1 million persons in the United States, or about 19% of the population, will be in this age group. It is predicted that by 2025, more than 62 million Americans will be aged 65 or older and 7.4 million will be aged 85 or older.

In addition, as a result of improvements in health care, communications, and education, changes in life styles (including types of employment), and changes in social relationships, the life span of the populations of most countries of the world has increased. People are living longer, working longer, and have more formal and informal contact with people outside their primary social relationships. In the past, a large proportion of the victimization of the older adults was by family members, relatives, and close acquaintances. However, the victimization of the older adults by non-primary group contacts has increased as a result of the aforementioned factors.

Older Victims of Crime

Older persons have become more vulnerable to criminal victimization for a number of reasons. A larger proportion of the older adults than in the past lives in nursing homes or managed care facilities, under the care of persons other than family members or relatives. If they remain in their homes, they may not have interaction with or emotional support from close family members. For those who are physically or mentally disabled, the need to rely on *outsiders* is more apparent. When family members are involved in older adult care, they sometimes abuse or steal from the older adults.

Researchers have identified such abuse as including neglect, emotional/psychological abuse, financial/material exploitation, and physical abuse. Researchers report that many older violent crime victims reported being victimized at or near their homes. Only about half of the older victims reported the victimization. Higher rates of victimization have been found for individuals who are living in low-income households, are unemployed or retired, are in poor health, have experienced prior traumatic experiences, and have low levels of social support.

The older adults often are the targets of fraud or scams. Such fraud and scams perpetrated against older persons include health care, Medicare, and health insurance fraud; counterfeiting prescription drugs; and fraudulent antiaging products. Other victimizations involve telemarketing scams such as the *The Pigeon Drop*, *The Fake Accident Play*, and *Charity Scams* as well as Internet fraud and e-mail phishing scams. Investment schemes, homeowner/reverse mortgage scams, and sweepstakes and lottery scams may also target older persons.

Response to Older Victimization

Much of the crime against the older adults is either not discovered by the victims or, whether detected by them, never reported to a person or agency that can provide assistance. The older adults in hospitals or nursing homes or under the care of their children often are not mentally capable of realizing that they are being victimized, as they may be too trusting of their caregivers. Moreover, they may be afraid of accusing their children, relatives, or other persons caring for them of wrongdoing. Those who are aware that they have been victims of fraud or scams may not report the victimization for various reasons, including the embarrassment of admitting that they have been tricked.

Crime Prevention Strategies for the Older Adults

The following are strategies known to be employed to prevent victimization of the older adults and to assist those who have been victimized:

- a communications network to keep the older adults alert to potential crime;
- information and training on how to report crime;
- services to support older victims in dealing with the physical, emotional, and financial impacts of crime; and
- access to products, training, and other services to help prevent victimization.

When employing such strategies, it is important that the information provided be factual and

truthful but not create such a fear of crime that the older adults are afraid to leave their homes to shop, go to church, or engage in social activities. To the extent possible, the older adults should be encouraged to engage in social interaction with family, friends, and others in the community.

Action strategies for preventing victimization of the older adults consist of legislation, providing services, and law enforcement programs. The Victims of Crime Act passed by the U.S. Congress in 1984 established the Crime Victims Fund. The funds are used to support victim assistance and compensation programs. All victims, regardless of their age, who have experienced physical or material harm from a criminal act can apply for assistance and compensation.

Crime Victim Assistance Agencies

Older victims of crime tend to rely on their family and friends for emotional and physical support. A secondary source of support is a victim service agency. These agencies provide such services as assisting the victim through the court system, providing assistance in crisis intervention situations, assisting the victim with the completion of forms such as requests for compensation, assisting with the completion of impact statements, and visiting victims at their homes. These agencies may also provide educational materials for crime prevention programs and training in personal safety. In addition, they may assist victims in locating housing and funds should they have immediate needs relating to food and shelter as well as make referrals to other agencies, including counseling agencies.

In many police jurisdictions, the security needs of the older adults have been recognized, and programs to ensure the safety of older citizens have been developed. These programs include the assignment of police officers to housing complexes for older residents, providing crime prevention education for the older adults, and establishing community policing programs in neighborhoods where the large majority of the residents are senior citizens.

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See also Internet Victimization; Victim Assistance Programs and Legislation; Victims of Crime

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ONTARIO DOMESTIC ASSAULT RISK ASSESSMENT (ODARA)

The ODARA is an actuarial instrument for evaluating risk of intimate partner violence (IPV). It is used to identify men at risk of violent recidivism; that is, a new offense of assault among men who have already committed an act of IPV. The ODARA is scored based on events at or prior to the most recent occurrence of IPV (the index assault). This entry describes how the ODARA was developed and validated, its use within a two-level assessment approach, and its application to other research questions.

Development and Validation

The ODARA was the first IPV risk assessment to be empirically developed. That is, component items were selected through statistical analysis in a follow-up study of offenders. The construction research included 589 men with a police report of assault on a current or former cohabiting partner and used information contained in police and criminal records to identify offender characteristics and circumstances that best distinguished men

who had a subsequent record of IPV from those who did not. Multivariate analyses were used to identify unique predictors, and the statistical sampling technique of bootstrapping was used to maximize the likelihood that the results would generalize to new samples. This empirical method makes it possible to develop assessment norms.

The ODARA contains 13 items, each scored 1 for yes and 0 for no based on explicit scoring criteria. In summary form, the items are as follows: pre-index domestic assault in police or criminal records, pre-index nondomestic assault in police or criminal records, pre-index sentence to 30 or more days in custody, failure on pre-index conditional release, threat to physically harm or kill anyone at the index assault, confinement of the partner–victim at the index assault, partner’s concern about future domestic assaults, more than one child of the offender or victim, victim having a biological child with a former partner, pre-index assault on the victim while she was pregnant, offender substance abuse, and barriers to victim support. The total score is the sum of the item scores, prorated where necessary for items treated as missing.

Actuarial tables for the ODARA show normative data for total scores. One piece of data is the likelihood of IPV recidivism, defined as a new record of assault on a cohabiting partner in the follow-up that averaged almost 5 years. This information depends on the definitions and time frames used in the original research and will not necessarily *calibrate* or generalize to other samples. The table also shows rank order in terms of the percentage of offenders at or below each score. These percentiles can be more informative as they allow individual offenders to be compared with other offenders in terms of their risk of IPV recidivism, regardless of its definition or absolute probability. The use of actuarial data to evaluate individual risk is considered controversial by some, but the predictive validity of this method is well established for both violence risk and general offending, and the numeric information that is yielded by actuarial assessment has been seen to improve violence risk communication.

Reliability and Validity

Interrater reliability of ODARA scoring among researchers and police officers has been excellent ($\geq .90$). The ODARA’s ability to discriminate

between subsequent recidivists and nonrecidivists has been demonstrated among men with or without a correctional history, presentenced offenders, and incarcerated men and women. Some research has validated the ODARA as a predictor of general violent and criminal recidivism and domestic sexual recidivism, among other outcomes. ODARA scores are also associated with the timing, frequency, and severity of subsequent IPV. In meta-analytic research, the ODARA compares favorably with other leading IPV risk assessments.

ODARA and Domestic Violence Risk Appraisal Guide

A two-level risk assessment process has been conceived in which the ODARA is used as a brief frontline tool, and the Domestic Violence Risk Appraisal Guide (DVRAG) is used where more in-depth assessment is possible and desirable. The DVRAG was developed as a result of research examining information not normally available to police for their ability to improve on the ODARA's predictive accuracy. Existing assessments were tested for their incremental value, and the Hare Psychopathy Checklist–Revised was the most consistent contributor to the empirical models of dichotomous and continuous measures of IPV recidivism, including severity and injury. An algorithm was derived for weighting Psychopathy Checklist–Revised score and ODARA items to construct the DVRAG. It is recommended that the DVRAG be used whenever the ODARA score is 2 or more, and a reliable Psychopathy Checklist–Revised score can be obtained.

Other Applications of the ODARA

ODARA score has been associated with IPV recidivism by female offenders, although women reoffend at a lower rate than men. As a result, the ODARA can be used to rank order female offenders with respect to their risk of IPV recidivism, but further research is necessary to obtain normative data regarding the absolute probability of reoffending among female offenders.

Emerging research indicates that ODARA scores are higher among male IPV offenders with co-occurring violence against children. A relevant ODARA item is the partner having biological

children with a former partner, which is a key risk factor for child abuse.

The ODARA has been used to evaluate the effect of policing intervention on IPV controlling for pre-arrest risk. A benefit of arrest was detected among lower risk cases, in that recidivism was delayed.

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See also Criminal Risk Assessment, Domestic Violence; Female Offenders; Intimate Partner Violence; Offender Risk Assessment: Risk Communication; Policing; Psychopathy Checklist–Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL:SV); Violence Against Children

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ORGANIZED CRIME ACTIVITIES

Organized crime activities is a broad term used to describe a variety of illegal activities often associated with criminal networks, groups, or organizations. A defining characteristic of organized crime groups is that they are profit-driven, supplying public demands for services and goods that are prohibited, regulated, cost prohibitive, or in short

supply. The potential list of criminal activities that organized crime groups are engaged in around the world is rather extensive. These activities include, but are not limited to, illegal gambling, extortion, labor racketeering, prostitution, money laundering, corruption, and the trafficking of humans, human organs and body parts, illicit drugs, weapons, stolen vehicles and parts, exotic animals, natural resources, and hazardous waste. To maintain their market share of illicit enterprises, criminal groups will resort to the use or threat of violence and will corrupt government officials in an attempt to avoid arrest and prosecution. Therefore, while the list of potential organized crime activities is extensive, these activities can be grouped into three broad categories: the provision of illicit goods, the provision of illicit services, and the infiltration of government and business.

Provision of Illicit Goods

Organized crime groups provide illicit goods to consumers around the world. The types of goods include illicit drugs, weapons, humans, human organs and body parts, exotic animals, stolen vehicles and parts, minerals and natural resources, art and antiquities, and a variety of counterfeited products. Markets for these goods emerge from legislation prohibiting or regulating the products, such as drugs and weapons, and others emerge because the products, such as designer or luxury items, are demanded for their status value but may be cost prohibitive. While the list of goods provided is extensive, the most common are illicit drugs, humans, weapons, and counterfeited products.

Illicit Drugs

The largest and most profitable commodity organized crime groups are responsible for is supplying illegal drugs. Criminal organizations around the world traffic marijuana, heroin, cocaine, methamphetamine, ecstasy, and synthetic drugs. The United Nations estimates the profits from the global drug trade at over \$300 billion annually, with the majority of these drugs destined for the United States and Europe. Most of the drugs trafficked into the United States transit the country's land border with Mexico. This has caused several drug trafficking organizations in

Mexico to emerge and compete for control over U.S. drug routes. In Europe, some drugs—namely cocaine—are trafficked from Latin America, usually transiting northwest Africa. Europe's heroin market, however, is supplied from Afghanistan. The United Nations estimates that Afghanistan supplies 90% of the world's heroin, though much of the heroin entering the United States comes from Mexico.

Humans

Human trafficking is the movement of people across state or national borders under fraudulent pretensions or coercion. Some organized crime groups are engaged in some aspects of human trafficking, supplying the sex industry with forced prostitutes, and legitimate businesses with cheap labor. Human trafficking is most often conducted by small criminal networks linked by familial and friendship bonds, as opposed to being controlled by criminal syndicates. Human trafficking sometimes starts as human smuggling, wherein smugglers/traffickers may take advantage of a political or economic crisis in one part of the world by offering to smuggle migrants from these nations to a destination country but later coerce them into the sex industry or into work with little or no pay. It is estimated that worldwide these activities involve millions of victims, although precise numbers are difficult to obtain.

Weapons

Organized crime groups are engaged in the acquisition, sale, and movement of both illegal and legal firearms. Criminal organizations acquire firearms on the black market or through the use of straw purchasers, who legally purchase weapons for the criminal organization. Mexican drug trafficking organizations, for instance, have acquired automatic assault rifles and other deadly weapons from the United States by using straw purchasers to buy firearms at gun shows and other venues. Approximately 90% of the guns recovered in Mexico can be traced to the United States. Other criminal organizations in Eurasia took advantage of unsecured weapons' stockpiles immediately following the collapse of the Soviet Union and sold these weapons on the black market in the Middle

East and Africa. To date, the black market in weapons is largely supplied by weapons manufactured in the United States, Russia, and China.

Counterfeit Products

Counterfeit products are products that are sold under another's brand name without the brand name owner's authorization. Many of these products are in high demand because of their perceived status but are too expensive for the average consumer. This situation creates a market for counterfeited products that are more affordable, though the quality of the product is often inferior to the legitimate version. These products include counterfeited purses, sneakers, cigarettes, T-shirts, medications, DVDs, CDs, and a host of other items. Since counterfeiting manufactured goods requires some level of organization, organized crime groups often have the connections and infrastructure to facilitate their manufacture, transportation, and distribution. Chinese Triads in Hong Kong—in collusion with businessmen and state actors—and other Asian organized crime groups are believed to be extensively involved in the manufacturing and trafficking of counterfeited goods.

Provision of Illicit Services

Like illegal goods, there is a demand for certain services that are prohibited or regulated, such as prostitution and gambling. Prostitution, for instance, has a history of being prohibited in the United States and in many other nations—but ironically in the context of a high customer demand for paid sex. Other services in demand, such as protection and dispute resolution, emerge from customers' participation in black market economies. Participants in illegal businesses, for example, cannot seek legal recourse to settle disputes, giving rise to the demand for dispute resolution and protective services.

Prostitution

Prostitution—or pay for sex—is one of the oldest vices in the world. In most nations, prostitution is illegal, although some have decriminalized it, deciding to regulate the industry instead. In the

United States, prostitution is mostly illegal, with the exception of the state of Nevada. While the true scope of sex services is unknown, estimates suggest that there are over 13 million prostitutes worldwide. China, India, and the United States, respectively, are estimated to have the largest number. These prostitutes often ply their trade in a number of different settings, including the street, brothels, massage parlors, and strip clubs. Organized crime groups often own or partially own these venues or, at a minimum, *tax* them in exchange for protection from law enforcement or from other criminal organizations seeking to extort them.

Gambling

Gambling, like prostitution, is a vice that has a history of being prohibited and/or regulated unevenly across and within countries. In the United States, for instance, some gambling is legal in certain states, such as Nevada and Connecticut. In addition, state-ran lotteries are legal; in certain coastal states, such as Mississippi and Maryland, offshore gambling ships provide customers with an opportunity to gamble in international waters. Despite circumscribed legislation legalizing gambling, organized crime groups continue to be involved in various ways. These include bookmaking (i.e., betting on the outcome of a sporting event), numbers rackets (i.e., a form of lottery, in which people place bets on a group of numbers), and video poker games. In addition, more recently, the American mafia has become involved in Internet gambling operations.

Dispute Resolution and Protection

Organized crime groups provide dispute resolution and protection to both legal and illegal businesses. These are services that larger and more structured criminal organizations with a reputation for violence and corrupt networks, like the American mafia, provide smaller, less well-organized criminal groups or legitimate businesses needing protection from extortionate demands from other organized crime groups. While some academics suggest the ability to provide protection is a unique characteristic of mafias—as distinguished from other forms of

organized crime—there are instances of prostitution rings operating in the United States that receive protection from violent street gangs. These larger criminal organizations often demand a street *tax* for their services, which can blur the line between these services and the offense of extortion (more on extortion in the next section).

Infiltration of Government and Business

Organized crime groups have an interest in nullifying the state in order to continue their illicit activities and generate significant revenue with impunity. To avoid or prevent state intervention, organized crime groups will corrupt government officials, use financial institutions to obfuscate illicit proceeds, establish front companies, or take control of legitimate businesses, and, with more sophisticated organized crime groups, control labor unions and pension funds. Organized crime groups, however, do not want the responsibility of running the day-to-day operations of legitimate businesses or government. Such groups will establish front companies or take control of a business to provide organized crime members with a means to launder illicit proceeds and to have a legitimate source of reportable wages for income tax purposes.

Money Laundering

Money laundering is the process of making illegally-gained proceeds appear legitimate. The offense typically involves three phases: placement, layering, and integration. Placement occurs when cash is converted to a monetary instrument or is deposited in a financial institution. Layering involves the movement of the placed money to other financial institutions to obscure its origin. Integration involves the use of the money to purchase legitimate assets or fund further activities. This process of making illegally gained proceeds appear legitimate is essential for organized crime groups. These groups want to make substantial profits from their illegal activities, but they must balance making such profits with avoiding undue attention from law enforcement by making their illicit proceeds appear to come from a legitimate source.

Corruption

Organized crime groups corrupt government officials at all levels—local, state, and federal—in an effort to conduct their illegal operations with impunity. Criminal organizations have corrupted local, state, and federal law enforcement officials, including customs and border patrol agents, politicians, judges, and other government officials. Corruption often occurs when an organized crime group offers a public official money in exchange for ensuring their criminal activity is not prevented, mitigated, or disrupted. These exchanges are possible because many civil servants throughout the world are not paid very well, and when faced with the prospects of receiving a significant financial payoff from a criminal group, they are willing to turn a blind eye to the illegal activity. A more subtle way organized crime groups corrupt politicians is through campaign financing or ensuring votes during an election year.

Extortion

Extortion is the acquisition of money or property under the threat of physical harm or damage to property. Organized crime groups threaten individuals and their loved ones or businesses with physical harm or damage. To avoid the harm, the victim is forced to provide the crime group with money or property. Italian, Eurasian, and Asian organized crime groups have been able to infiltrate legitimate businesses by initially extorting owners of small businesses, such as pizza parlors, cafes, bars, and other venues. The financial demands made on the legitimate business by organized crime groups are often exorbitant, and the business owner is unable to make continued payments. This leads to the crime group eventually proposing to become partial owners of the business. However, in some situations, a legitimate business may actually seek out the services of an organized crime group for protection and/or for a favorable business deal. This arrangement can, however, eventually turn into extortion when the business is unable or unwilling to continue to pay the organized crime group the *tax* they levy on their services.

Labor Racketeering

Labor racketeering is the infiltration of a labor union, employee benefits plan, or control over the labor workforce. More sophisticated organized crime groups have been able to penetrate labor unions and control employee pension funds. The American mafia, in particular, was able to infiltrate the International Brotherhood of Teamsters, the Laborers International Union of North America, the Hotel Employees and Restaurant Employees International Union, and the International Longshoremen's Association. This mafia was able to take control of these major national unions, and many locals, through the corruption of union officials. Through its control of these organizations, the mafia was able to steal from the unions' employee pension funds. These funds were then used to fund additional ventures, including casinos in Las Vegas, Nevada, for example.

In sum, the activities of organized crime constitute a set of illegal businesses. As with any business, the ultimate goal is not to espouse an ideology or even to gain power for its own sake but rather to make money—and as much as possible.

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Authors' Note: The views and opinions expressed herein are those of the authors and do not necessarily reflect the views of the Federal Bureau of Investigation or the U.S. Government.

See also Sicilian Mafia; Criminal Organizations and Networks; Drug Trafficking; Human Trafficking; Organized Crime Typologies

Further Readings

Albanese, J. S. (2015). *Organized crime: From the mob to transnational organized crime* (7th ed.). New York, NY: Routledge.

similarities and differences between two general types of organized crime groups in the United States: traditional Sicilian organized crime groups (referred to as “The Mafia” or *La Cosa Nostra*) and newly emerging groups. The entry concludes with remarks about the projected futures of these general types of organized crime groups operating in the United States.

Establishment of Organized Crime in the United States

To many people, the term *organized crime* conjures an image fostered by Hollywood as a gang of Italian mobsters dealing in the illegal alcohol of Prohibition, prostitution, gambling, and drugs. While the Sicilian gangs may have been the largest, most prominent, and well-structured ethnically based gangs in the history of U.S. organized crime, they were not the only gangs established on culture and nationality to enter the underworld nor were they even the first. Irish, German, and Jewish gangs had already left their marks when the Volstead Act (the National Prohibition Act) was passed in 1919 to enforce the Eighteenth Amendment to the U.S. Constitution, which banned the manufacture, distribution, and sale of alcohol, providing a new illegal product for gangs to serve to the buying public.

As World War II and the Cold War ended, U.S. society became more diverse with new ethnic groups from the former Soviet Union and Yugoslavia as well as countries of Latin America, the Middle East, Asia, and Africa arriving in the pursuit of the American Dream. Their reasons for immigrating to the United States were many and included a desire to escape the ravages of war and its aftermath, to escape various forms of religious and political oppression and persecution, to escape the limits of opportunity associated with the more caste-like societies of their homelands, and to partake of the American Dream of upward mobility through the fruits of their own independence and hard work. However, a very small percentage of the members of these groups chose to follow the model built by the traditional Sicilian mobsters who had arrived in the United States in the late 19th century and early 20th century seeking their fortunes in less conventional methods.

ORGANIZED CRIME TYPOLOGIES

Many authors have explained the concept of organized crime through various characteristics. After reviewing how organized crime became established in the United States, this entry describes the

The usual pattern featured the small criminal element perpetrating extortion on fellow immigrants. This extortion was usually rationalized as *protection*. In many instances, the new immigrants did not know the language or customs of their new country and did not go to the police because they often came from lands where law enforcement agents were feared and not to be trusted. In short, they assumed that the illegal acts of a very small number were to be dismissed as business as usual. Once these gangs became established and organized, they were free to expand into other illegal activities as the criminal market would dictate.

Characteristics of Organized Crime Groups

This section explores the characteristics that authors have used to describe organized crime groups. These defining characteristics are based on the similarities and differences between traditional Sicilian organized crime groups and newly emerging groups.

Absence of Political Goals

Organized crime activities are motivated solely on the basis of obtaining money and power and not by social doctrine, political beliefs, or ideological concerns. In most instances, organized crime groups do not want to change the existing political structure. To do so may remove their *raison d'être* or “reason for existence”—that is, to provide goods and services that are inherently illegal or too expensive to possess legitimately.

However, because organized crime groups have generally not adhered to any moral or ethical constraints on the activities pursued to obtain the money and power being sought, the cash flow of many of their business interests from the sale of raw materials for illegal drugs, human trafficking, and extortion has often been intertwined with stolen military equipment, including weapons and ammunition, by terrorist groups such as Al-Qaeda, the Taliban, and the Islamic State of Iraq and Syria. The members of both traditional and newly emerging groups justify their behavior as *just business*.

Hierarchical Structure

Traditional organized crime groups follow a vertical power structure with at least three permanent levels, while newly emerging groups tend to have a smaller and flatter organization chart. This structural difference is most likely due to the fact that new groups tend to focus only on one activity, usually drug trafficking. However, as the more established Sicilian groups matured after the era of Prohibition, they diversified into other areas of illegal businesses merely to survive. In some cases, they went back to their usual sources of revenue such as gambling, prostitution, and stolen merchandise but with expanded operations. They also ventured into new areas such as loan sharking and union infiltration. Importantly, they recognized the importance of money laundering to avoid the allegations of tax evasion. As a result, additional layers and compartments were needed to supervise and coordinate the activities more effectively and efficiently.

Limited or Exclusive Membership

With extremely rare exceptions such as Russian Meyer Lansky being associated with Sicilian Lucky Luciano's gang, organized crime groups limit membership to the gang on the basis of nationality and ethnicity. This characteristic is practiced by both traditional and newly emerging groups. It does not imply that all members of any particular ethnic group are criminal or that they even support organized criminal activity. Instead, what is meant is that the members of any organized criminal enterprise will not accept anyone from outside the ethnic group for full membership. In some cases, an organized crime group may be so selective that prospective members must come from a specific town or province within the parent country before any offer of membership is extended. For security reasons, members of a gang may be required to converse among themselves in their native tongue and dialect when discussing business.

Unique Subculture

Members of organized crime groups view themselves as different from conventional society and thus exempt from its rules. While the

two general categories of organized crime groups—traditional and newly emerging groups—view themselves as different from conventional society, members of established traditional groups at least make an effort to appear legitimate and respectable. In many cases, the businesses obtained for money laundering not only provide the appearance of legitimacy but also provide a base of operations for further criminal activity. During the 1950s, the Cantalupo Realty Company in New York City was such a company. Other traditional mobsters, most of whom came to power long after the repeal of Prohibition in 1933, participate in normal societal activities through churches and civic groups. For example, Frank Costello, who controlled the Luciano crime family after Lucky Luciano was imprisoned in 1936, was often seen displaying his flowers at various horticultural shows in New York. Today, many traditional organized crime gangs are staffed and led by the grandsons of the original bosses. They have taken great pains to avoid publicity and to blend in with normal society. In contrast, new groups have not yet learned to diversify beyond the illegal drug and at least appear to merge with mainstream society.

Self-Perpetuating

Members of an organized crime group operate under the assumption that the organization will continue beyond the human lives of the constituents. The first and second generations of traditional groups have also recognized the importance of cultivating successors from within their own biological families. They have sent their children to leading colleges and universities to learn how to run the criminal organizations as legitimate businesses. However, newly emerging groups appear to be concerned more with immediate results and to have not yet matured into a realization that for an organization to prosper in the long term, its leadership must cultivate trusted and loyal successors.

Willingness to Use Illegal Violence

For organized crime groups, the use of force, up to and including homicide, is not viewed in moral or legal terms but solely as a practical means to eliminate competition, settle territorial disputes,

provide an object lesson for witnesses or victims, or instill discipline within the ranks of the organization. Rival Sicilian gangs of the 1930s recognized after the repeal of Prohibition that to be most effective and to avoid public disapproval, any use of violence must be kept to a minimum and away from the public view. Above all, violence cannot turn innocent bystanders into victims. As long as the gang members quietly killed only each other and in a manner that did not draw attention, the public appeared to be tolerant.

Newly emerging groups, especially from the Russian mob and Latin American drug cartels, are far from discrete in their use of violence. Intended deaths of spouses, children, and neighbors of rival gangs are common. At the least, they are regarded as collateral damage, and at the worst, they are meant to be object lessons for the competition. Even completely innocent bystanders who happen to be at the scene of a gangland murder are considered to be unwanted nuisances and potential witnesses.

Monopolistic

While competition is usually viewed as the motivation for improving quality and efficiency in capitalist society, it is avoided in organized crime. Among traditional organized crime groups, a monopoly is generally achieved by the subtle corruption of politicians and police personnel who can eliminate or control any competing groups. Newly emerging groups prefer to use force and intimidation as their methods of directly obtaining and maintaining their territorial monopolies.

Governed by Rules and Regulations

Like any other business, an organized crime group expects its members to adhere to a set of rules and regulations. Unlike a legitimate establishment whereby a violation of rules can result in demotion or termination of employment, violation of the criminal gang's rules and regulations often involves the death of the violator. Traditional organized crime groups follow strict rules for everything from etiquette during meals to the manners displayed in front of the children and spouses of rivals. Newly emerging groups do not recognize such rules.

Future of Organized Crime Groups

Newly emerging organized crime groups may share many similarities with traditional groups, but the differences are more numerous. These differences tend to produce a perspective by the public that the new groups are more violent, more odious to society, and more malevolent in the goods and services that they provide. Consequently, society is thought to be less indulgent and forgiving than it was toward traditional gangs. The new gangs are not more criminal than their predecessors nor are they more intrinsically malicious or immoral. They simply do not stay absent from the public eye. As far as the public regards traditional organized crime groups, the adage that *out of sight, out of mind* rings true. As newly emerging organized crime groups go through a maturation process, their activities will continue, but they will likely gradually become less obvious.

Organized crime is a consumer-driven phenomenon. Whether the product is the illegal alcohol of Prohibition, stolen goods, dangerous drugs, gambling, or any of the other myriad ways that the groups have seen a potential for profit, it is the customer who generates the demand. Even when a product is entirely legal but unattainable through limited supply or an excessive price, it is the organized crime groups that can satisfy the demand. Prohibition did not stem the desire to consume alcohol by making the production, distribution, and sale illegal. Knowing the dangers and consequences had little effect on the public's appetite. Prohibition merely slowed the flow at best; at worst, it resulted in disregard and contempt within the public for the criminal justice system.

Finally, the lure of pursuing the American Dream has attracted many people to the United States. The overwhelming majority of new arrivals has conformed to the legitimate model of hard work in the classroom and workplace, patience,

perseverance, honesty, and ethical behavior in the free market. However, a small percentage has still desired the goals of upward mobility, financial independence, and freedom of choice but has elected to find alternative means to achieve these ambitious ends.

Regardless of the ethnicity of an organized crime group developing from the attraction of these goals, after establishing itself with various forms of extortion rackets that victimize its own fellow immigrants, the group will then conduct its own form of a market survey to determine what illegal goods and services will be most profitable for its continued operations.

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See also American Gangs; Organized Crime Activities; Prostitution

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P

PAROLE

Parole is defined as a period of conditional supervision within the community following release from a prison term. This is in contrast to probation, which also includes conditional supervision within the community but typically serves as an alternative to incarceration. In other words, parole involves community supervision after serving a prison sentence, whereas probation involves community supervision as the sentence instead of prison. In the majority of jurisdictions within the United States, parole supervision agencies are housed within state correctional departments while in others they are separate, independent entities. There are two general forms of inmate release to parole: discretionary parole release by a parole board or mandatory parole release.

All offenders are provided with certain provisions that they must follow while on parole supervision. If an offender violates these conditions, then parole may be revoked and the offender may be sent back to a correctional institution to serve the remainder of the sentence. Parole revocations are not uncommon, and most revocations occur shortly after an offender's release from prison. There are many issues faced by parolees when reintegrating into society, which contribute to the high rate of returns to prison, including disconnection from family and friends, substance abuse, homelessness, and unemployment. Research

exploring the effectiveness of parole supervision in reducing recidivism is mixed.

Current Parole Estimates

The majority of parole supervision agencies in the United States are located within state correctional departments. Thirty-eight states have a joined probation/parole/corrections agency. Many jurisdictions supervise both probation and parole populations within one agency, while 17 states do not. Five states—California, Texas, Illinois, Pennsylvania, and New York—supervise nearly half of the nation's parole population.

In 2014, there were more than 4.7 million adults under community supervision in the United States, and 18% of this population (or nearly 857,000 persons) were on parole supervision. Although community supervision rates overall have declined in recent years, the adult parole population increased by 3.7% from 2007 to 2014. In addition, the average amount of time offenders remain on parole supervision increased from nearly 18 months in 2010 to approximately 23 months in 2014.

The majority of parolees under community supervision are male (88%). Recent estimates from the Bureau of Justice Statistics show that 43% of parolees are White, 39% are Black, and 16% are Hispanic. Approximately 56% are on parole supervision for a felony offense; the most common types of offenses committed by offenders placed on parole include property and drug offenses.

Parole Release

Discretionary Parole Release

In some states, parole is granted on a discretionary basis by a parole board. A parole board is a group of individuals (usually appointed) who review inmate cases to determine whether an offender has been sufficiently rehabilitated while incarcerated and will successfully reintegrate into the community upon release. In states where discretionary parole is practiced, parole boards have four primary functions: to place inmates on parole, to supervise parolees in the community, to discharge parolees from parole, and to determine whether parole should be revoked if the parolee has violated the conditions of parole.

Depending on the jurisdiction, parole is granted at a parole hearing or a series of parole considerations. During this process, the board reviews the inmate's information and may meet face-to-face with the offender. This provides inmates who are being considered for parole with an opportunity to present their side of the offense and explain why they believe that discharge on parole supervision is deserved. The offender's accomplishments while incarcerated are discussed, and the inmate's plans for housing and employment after release are reviewed. Victims' statements may also be reviewed by the parole board. The main goal of the parole hearing is to determine any problems that an offender has had in the past and those issues that he or she may face in the future once released. Thus, the board takes into consideration both the needs of the offender and any potential public safety concerns when making a parole decision. Parole is granted to the offender if the board believes that the parolee will successfully reintegrate within the community after release and does not pose a threat to the community at large. This parole board also mandates the parole requirements an offender must obey while on community supervision; these provisions are provided to the offender upon release from the correctional institution. If an inmate is denied parole supervision, he or she may be eligible for another trial hearing at a later date.

In the 1970s, discretionary parole release was the most common form of parole release. At that time, inmates typically served open-ended, indeterminate sentences, and state parole boards were able

to exercise complete discretion in the release of inmates. Inmates were released to parole supervision if they could adequately demonstrate that they were rehabilitated and had employment or family available to them within the community upon release. However, the release of inmates to parole supervision utilizing parole board discretionary release eventually changed when research indicated that indeterminate sentencing was quite discretionary. These studies indicated that disparities in sentencing were present when the characteristics of the offense and the offender (e.g., offender race, socioeconomic status, and place of conviction) were taken into account. Many states moved to determine sentencing practices as a result.

Mandatory Parole Release

Another form of parole discharge is mandatory parole release. For many categories of offenses, the amount of time that must be served is legislatively mandated or predetermined at sentencing and often reflects a percentage of the full sentence (e.g., 85% or 2/3 of the full term). Inmates eligible for mandatory parole release are released at the expiration of the specified time frame, regardless of reintegration readiness or the presence of a suitable release plan, provided that the inmate had no infractions while incarcerated. Inmates may also be released to parole supervision when their amount of time served, minus any good time credit, equals the length of their sentence. Offenders released on mandatory parole release must follow parole supervision guidelines as set by a parole board. For some offenses, parole supervision does not have a specified expiration date. For example, many jurisdictions in the United States mandate that persons convicted of certain sex crimes are placed on lifetime parole supervision.

Parole Requirements

Regular Parole Supervision

Inmates discharged from a correctional facility to parole supervision are mandated to meet with their parole officer shortly after release, typically within a 24-hour period. Parolees must adhere to the provisions outlined by the parole board or risk having their parole revoked and be returned to prison. Conditions of parole may include the

payment of restitution, face-to-face office visits with a parole officer, visits to the parolee's approved residence by the parole officer, telephone contacts, employment verification and monitoring, and drug or alcohol testing. It is not uncommon for a parole officer to have a caseload of more than 70 parolees at any given time, but the average caseload within jurisdictions nationally is 38. Nearly two thirds of parolees have face-to-face contact with their parole officers at least once per month.

Intensive Supervision Parole

In some jurisdictions, parolees who are in need of increased surveillance while in the community are placed on intensive supervision parole (ISP). ISP caseloads are smaller than regular caseloads for a parole officer. Parolees on ISP are required to meet with a parole officer more frequently than parolees on regular supervision while also adhering to increased provisions for home visits and drug or alcohol testing. Parolees on ISP may also be placed on electronic monitoring using electronic ankle transmitters and home-based receivers. Few jurisdictions utilize GPS devices. Like other ankle transmitters, the GPS devices are bracelet transmitters that are affixed to a parolee's ankle. The transmitter communicates with satellites and downloads the parolee's location coordinates into a communication center. Electronic monitoring is used to enforce parolee curfews, to determine whether parolees are entering prohibited or restricted areas, and to assess parolee day-to-day movements generally. Parole officers may receive an alert when a parolee is within a prohibited location at a specified time and can initiate contact with the parolee. Electronic monitoring may be statutorily mandated upon release from a correctional facility and has been utilized for sex offenders, parolees with mental illness, and parolees prone to curfew or absconding violations, among others.

Parole Programming

Parolees face a number of issues upon their release from prison. Research indicates that parolees experience a higher prevalence of substance abuse than the general population and have higher rates of mental illness. Parolees are often less

educated and less employable. The majority of inmates leave prison with no savings, no entitlement to unemployment benefits, and no job prospects. One year after release, nearly 60% are not employed in the labor market. Furthermore, many parolees end up homeless and have limited options for housing because they are not welcome in public housing complexes once convicted of a crime.

To combat these issues and to aid parolees in their reintegration into society, many offenders are instructed to attend one or more forms of parole programming. Nearly all jurisdictions provide parolees with some form of drug programming, such as Alcoholics Anonymous or Narcotics Anonymous groups. Many agencies also place parolees into mental health treatment programs if necessary. To prevent homelessness and unemployment, parole authorities often work with other state agencies to assist parolees with finding suitable housing arrangements and legitimate employment. Community resource centers have recently become popular in the United States. These *one-stop shops* provide parolees with daily rehabilitative programming and supervision while they remain living within the community. Offenders assigned to such programs report to the centers during the day and return home at night when programming is complete. Treatment and programming provided by such centers may include educational or vocational training, job placement services, drug abuse education and/or treatment, and life skills training. Parolees may be mandated to attend such centers as a condition of parole upon release or as a halfway back sanction for parole violators.

Parole Revocation and Returns to Prison

If a parole staff believes that a parolee has violated one or more of the conditions of his or her parole, community supervision may be revoked, and the offender may be returned to prison to serve the remainder of his or her sentence. Parolees suspected of a technical violation are arrested and held until a parole revocation hearing is scheduled. At the hearing, the evidence of a parole infraction is reviewed by parole administrators or parole board members. If determined that there is probable cause to suspect a violation has occurred, the parolee is returned to prison. In some instances, parolees found guilty of a technical violation are

returned to parole supervision and provided with a modification of conditions. If probable cause is not found at the hearing, the parolee is returned to parole supervision. According to the Bureau of Justice Statistics, the rate at which parolees were reincarcerated as a result of revocation was 5.2% in 2014. Parolees may also be returned to prison if they have committed a new offense. If convicted of a new crime, parole is automatically revoked without the need for a parole revocation hearing.

Parole Discharge

If an offender does not violate the terms of his or her parole, the parolee is discharged at the expiration of the sentence. In some states, it is acceptable for an offender to continue paying restitution and any monies owed after parole discharge. The U.S. exit rate due to successful completion of supervision was 33 exits per 100 parolees in 2014.

Parole Effectiveness in Reducing Recidivism

More than 60% of parolees return to prison within 3 years of release, either for a parole technical violation, a new offense, or both. The majority of these returns to prison occur within the first 6 months after release. Research indicates that those persons who are most likely to return to prison are those who maintain criminal peer associations, carry weapons, abuse alcohol, and harbor aggressive feelings. Parolees who are employed, have stable living arrangements, and are receiving a drug/alcohol intervention are most likely to succeed on parole. Research exploring the effect of ISP specifically in reducing returns to prison is mixed. Some studies indicate that ISP can reduce recidivism upon prison release and are cost-effective alternatives to incarceration. Other studies have found that parolees sentenced to ISP do not fare any better in the community than parolees on regular supervision and that ISP parolees have higher revocations rates, likely due to the increased level of supervision.

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See also Strategic Training Initiative in Community Supervision (STICS); Community Context and Mass Incarceration; Community Corrections; Corrections; Electronic Monitoring; Probation; Reentry

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PEDOPHILIA

As defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, pedophilia (known as *pedophilic disorder*) is characterized by at least a 6-month period of sexual fantasies, urges, or behaviors involving a prepubescent child or children. The diagnosed individual must have either acted upon such urges, or the urges cause clinically significant distress or interpersonal difficulty. In addition, to be diagnosed, an individual must be of age 16 years or older and at least 5 years older than the child or children involved in sexual activity. This precludes the diagnosis from being applied to teenagers engaging in consensual sex with same-age peers. Specifiers indicate whether or not the diagnosed individual is exclusively attracted to children; to males, females, or both; or if the disorder is limited to incest.

Although much debate occurred regarding the diagnosis, the diagnostic criteria of pedophilia remained largely unchanged from *DSM-IV* to *DSM-5*. However, the name itself was changed to *pedophilic disorder* to highlight that it is in fact a disorder and not just an atypical sexual interest, which the *DSM-5* suggests be called a *pedophilic orientation*. Although the exact prevalence rate of pedophilia is unknown, it is estimated to be 3–5% in the male population and much lower in the female population. Comorbid disorders may include substance use, depressive disorders, bipolar

disorder, anxiety disorders, antisocial personality disorder, and other paraphilic disorders. After addressing in more detail the critiques of the pedophilia diagnosis, this entry discusses causes and risk factors, assessment, and treatment.

Critiques of the Pedophilia Diagnosis

Major unsolved problems with the diagnosis of paraphilias have been enumerated in the literature. Some of the most important critiques of the pedophilia diagnosis include the following:

- Definitional problems exist. For example, it is unclear whether pedophilia is better construed categorically (e.g., present or absent) versus along a dimension (e.g., present in varying levels of intensity).
- As a diagnostic category, it has yet to demonstrate acceptable predictive validity. Furthermore, the few studies that have examined inter-rater reliability have demonstrated moderate reliability at best. Rates of test–retest reliability remain unknown.
- There is an overreliance in the diagnostic criteria on notoriously problematic self-report. Without evidence that one has acted upon a sexually deviant urge involving a child, the individual may deny experiencing such fantasies or urges and thus not meet criteria for the diagnosis.
- The individual must also experience either distress or interpersonal problems due to the urges (or have acted upon the urges) in order to meet criteria for diagnosis. This issue is especially pertinent in the example of an individual who experiences frequent and intense sexual fantasies or urges involving children but who has *not yet* acted upon them. This individual may not be distressed or experiencing any interpersonal problems related to the urges and thus may actually be more likely to act upon them but still does not meet diagnostic criteria.

Etiology

Most pedophiles report that their sexual interest in children begins in adolescence, around the onset of puberty—similar to the onset of other sexual interests; however, some have disclosed sexual interest in children beginning at even younger ages. Several

theories exist regarding the origin and development of pedophilia. Many wonder whether pedophilia has biological origins or if it is shaped by the environment, and the answer seems to be both. There is some notion that pedophilia may have a genetic component. Because of a lack of twin studies, it is impossible to say whether or not this is truly the case. However, abnormal brain development has been associated with pedophilia. For example, poor cognitive functioning, lower IQ and recall memory, proclivity toward left-handedness, and dysregulated neurotransmitter levels have all been found at higher rates in pedophiles than in the general population, offering some evidence that there could be a neurodevelopmental component to the disorder.

From a learning perspective, conditioning models contend that sexual arousal is a (at least partially) learned behavior. Classical conditioning theory argues that arousal toward novel (hence neutral) stimuli can be produced when such stimuli are paired with an unconditioned sexual stimulus (e.g., nude pictures). There is some empirical support that research participants have been classically conditioned to become sexually aroused to neutral stimuli such as black boots using such a procedure; however, such research contains some methodological issues, and thus, the findings are difficult both to replicate and to generalize to pedophilia. Operant conditioning models, through which scientists have attempted to change sexual arousal responses through reinforcement and punishment, have produced inconclusive results. Thus, it seems as though learning may contribute to the development of the disorder, but it is unknown exactly how.

Research has yielded substantial evidence that sexual offending against children is linked to childhood trauma, especially childhood sexual abuse in the offender's own history. It is important to note that this is not a bidirectional relationship: The majority of children who are abused will not go on to become pedophiles, but many pedophiles do report being abused as children. Studies have found that 28–93% of male pedophiles and 47–100% of female pedophiles report histories of sexual abuse as children, compared to approximately 15% of random controls. However, it is unclear if the experience of childhood sexual abuse actually acts causally as a risk factor for becoming a pedophile.

Scientists have also noted some biological risk factors for pedophilia. Pedophiles have been noted to demonstrate increased concentrations of catecholamines (especially epinephrine) in their neurological systems. Again, it is unclear if this is a causal factor for developing pedophilia or if it is only a correlate. In addition, neurodevelopmental disturbances such as head injury prior to age of 13 years and acquired organic conditions mainly involving frontal and temporal regions of the brain have been described as risk factors.

Assessment

Assessment of Sexual Interest

The most commonly utilized measure of pedophilic interest is penile plethysmography, also known as *phallometry* or *penile tumescence testing*. Such assessments work by presenting various types of sexual stimuli to the individual and measuring penile tumescence (usually circumference) during the presentation. Evaluators then compare penile tumescence in response to deviant (neutral) and nondeviant (e.g., child pornography) stimuli to determine the amount of blood flow and thus what is interpreted to be the individual's sexual arousal to each set of stimuli. Across studies, penile plethysmography assessment for pedophilia has demonstrated sensitivity rates ranging from 42% to 100% and specificity rates ranging from 80% to 100%. Visual reaction time tools have also been used as a measure of sexual interest in this population. Similarly, the individual is presented with deviant and nondeviant sexual stimuli, and his or her viewing time in response to such stimuli is compared. Visual reaction time assessments have been shown to be able to discriminate between child sexual abusers, a community control, and nonchild sexual abusers.

Assessment of Risk and Recidivism

Risk and recidivism assessments generally use clinical or actuarial judgment or a combination of both. Common assessments include the Sex Offender Risk Appraisal Guide, the Historical-Clinical-Risk Management-20, and the Level of Service Inventory-Revised. With regard to predictive validity, it is important to note that the

diagnosis of pedophilic disorder does not necessarily provide information about the individual's likelihood of sexual reoffense. Some research has found no difference in sexual recidivism rates for pedophiles versus nonpedophiles, whereas other evidence shows that the diagnosis does not add to the prediction of reoffense above and beyond that of standard recidivism assessment (e.g., the Rapid Risk Assessment of Sex Offender Recidivism).

Treatment

Biological and Medical

Various medical treatments have been used in attempts to treat pedophilia. Most commonly, attempts are made to lower testosterone in the individual. Such treatments generally have side effects including weight gain, breast development, heart problems, raised voice pitch, loss of muscle mass, depression, and liver damage. Some research supports the use of antiandrogens, including cyproterone acetate and medroxyprogesterone, to reduce testosterone in pedophiles to lower recidivism risk. In addition, gonadotrophin-releasing hormone agonists and surgical castration have been utilized to lower sexual arousal; however, the scientific studies supporting their use lack rigor. Selective serotonin reuptake inhibitors, although originally developed as antidepressants, also function to decrease sex drive, although there is a paucity of research available to determine whether or not these are truly effective for treating pedophilia.

Psychological

Many treatments have not yet been subjected to proper scientific study. Cognitive behavioral interventions have been shown to have modest positive treatment effects, indicated by lower recidivism rates in the treatment group compared to a no-treatment control group. In addition, multisystemic therapy, which involves many environmental factors such as the client's family, has been shown to be beneficial for adolescent sex offenders. Relapse prevention models of treatment, which focus primarily on strategies for reducing risk of future offenses, have generally shown little to no effectiveness in reducing reoffense among

pedophiles. The newer Good Lives model approach to treatment is focused on helping the offender build strengths, as opposed to the typical relapse prevention approach, although further research is needed to determine the effectiveness of this intervention.

William T. O'Donohue and Natalie Bennett

See also Criminal Risk Assessment, Sexual Offending; Good Lives Model; Historical-Clinical-Risk Management-20 (HCR-20); Level of Service Inventory-Revised (LSI-R); Multisystemic Therapy; Sex Offender Risk Appraisal Guide (SORAG); Sexual Offenders; Sexual Offenders: Treatment Approaches; Sexual Offending

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PERSONALITY DISORDERS IN INCARCERATED OFFENDERS, TREATMENT OF

Personality disorders are defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, as conditions in which the individual has an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and

inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment. The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, lists 10 personality disorders divided among three clusters, each based on shared phenomenology and criteria. Cluster A (*eccentric disorders*)—paranoid, schizoid, and schizotypal personality disorders—is characterized by a pervasive pattern of abnormal cognition (e.g., suspiciousness), self-expression (e.g., odd speech), or relating to others (e.g., reclusiveness). Cluster B (*dramatic disorders*)—borderline, antisocial, histrionic, and narcissistic personality disorders—is characterized by a pervasive pattern of violating social norms or the rights of others (e.g., criminal behavior), impulsivity, excessive emotionality, grandiosity, or *acting out* (e.g., tantrums, self-abusive behavior, angry outbursts). Cluster C (*anxious disorders*)—avoidant, dependent, and obsessive-compulsive personality disorders—is characterized by a pervasive pattern of abnormal fears involving social relationships, separation, and need for control. Because borderline and antisocial personality disorders (ASPDs) are the best researched of the 10 personality disorders, they are the focus of this entry.

Personality disorders are highly prevalent in the community with estimated prevalence rates of 10–20%. Among incarcerated offenders, the rate is even higher. Personality disorders are associated with significant behavioral and management problems in prison, not surprising because the symptoms of these disorders contribute to offending behavior (e.g., impulsivity, failure to recognize the rights of others) as well as disciplinary problems within jails and prisons. Experts have suggested that treatment that lessens the symptoms of a personality disorder is likely to lessen the offending behavior. Thus, helping patients with a personality disorder to better control their emotions and behavior has direct relevance to addressing the processes that can lead to incarceration.

Borderline Personality Disorder (BPD) and ASPD

BPD is characterized by a pervasive pattern of emotional instability, impulsivity, and disturbed relationships. In contrast, ASPD is associated with

a pattern of socially irresponsible, exploitative, and remorseless guiltless behavior that begins in childhood or early adolescence. These conditions are associated with depression, substance misuse, domestic violence, and psychiatric comorbidity. Family and marital relationships are often disturbed, and health-care utilization is excessive. Both conditions are associated with high mortality rates and excessive suicides. Deliberate self-harm (e.g., cutting or burning) is common in persons with BPD and can result in physical injuries, disfigurement, or lifelong handicaps (e.g., paralysis). In prison settings, both BPD and ASPD show considerable overlap.

BPD has an onset during adolescence or early adulthood and is more common in women than men. The course tends to be most severe during the late teen years and early 20s, when mood instability, impulsivity, and deliberate self-harm lead to a high consumption of health-care resources. BPD symptoms are less stable than once thought, and the disorder may have a better prognosis than other severe mental disorders, such as bipolar disorder. Longitudinal studies show that while many persons may no longer meet diagnostic criteria for BPD in their 30s or 40s and have obtained some stability in their relationships and vocational functioning, problems continue for many as they remain behind their peers educationally and fail in their interpersonal relationships.

ASPD begins early in childhood and is preceded by the diagnosis of conduct disorder. According to *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, the diagnosis converts to ASPD at age 18 if behavioral problems have persisted. While chronic and lifelong for most, ASPD attenuates with advancing age in a process often referred to as *burnout*. Earlier onset and younger age are associated with worse outcome, whereas older age is associated with better functioning. ASPD mainly occurs in men, but its prevalence among incarcerated women approaches that of men.

Treatment in Correctional Settings

There are no standard treatments for personality disorders in the community or in correctional settings. That said, for individuals with BPD, psychotherapy has been the mainstay of treatment. There is now strong evidence supporting the

efficacy and effectiveness of a number of manual-based psychotherapies shown to relieve borderline symptoms, improve mood, and lessen the often excessive health-care utilization. The programs include dialectical behavior therapy, schema-focused psychotherapy, transference-based psychotherapy, mentalization therapy, and the Systems Training for Emotional Predictability and Problem Solving program. With the exception of dialectical behavior therapy, none of the programs have been widely disseminated in the community. These programs emphasize group, rather than individual, psychotherapy, which may be advantageous to cash-strapped correctional systems.

Correctional systems have been slow to adapt these treatment programs. Several prisons have implemented pilot programs involving dialectical behavior therapy, but there are no published adaptations. The Systems Training for Emotional Predictability and Problem Solving program has been introduced to several state prison systems without modification. It has been shown to boost mood and reduce borderline-related symptoms, while reducing disciplinary infractions and administrative segregation days. No other program has been systematically evaluated in these settings. Interestingly, Systems Training for Emotional Predictability and Problem Solving has been used successfully to treat patients with comorbid BPD and ASPD, which may give it special relevance in offender populations.

Psychotropic medication is widely prescribed to BPD patients in the community, and this practice is followed in correctional settings even though there are no standard treatments or U.S. Food and Drug Administration–approved drugs. These patients are typically prescribed antidepressants to treat associated anxiety and depression, antipsychotics to help with anger control and suicidality, and mood stabilizers to treat emotional instability. Community-based studies show that many patients with BPD benefit from these treatments, but they have not been systematically evaluated in offenders.

While persons with BPD have benefitted from the many psychotherapies that are now available, the treatment of ASPD remains vexing, and many experts believe the disorder is untreatable. Because research on this question is wholly inadequate, the field is not in a position to conclude that ASPD is

untreatable. In the community, few individuals seek treatment for the disorder, although they often seek care for comorbid psychiatric disorders such as major depression or for problems relating to marital discord, substance misuse, or suicidal behavior.

There are currently no psychological therapies that have been specifically developed to treat ASPD. Individual psychotherapy has been a mainstay of treatment for antisocial patients, and while psychoanalytic treatments held sway for several decades, they have gradually been replaced by cognitive behavioral therapy. The goal of cognitive behavioral therapy is to improve the individual's moral and social behavior by recognizing distorted beliefs and attitudes that interfere with interpersonal functioning or achieving goals. The person is encouraged to identify alternative ways to think and behave and evaluate the outcome. Guidelines are set for the patient's involvement, including regular attendance, active participation, and completion of homework outside office visits. Cognitive behavioral therapy may be helpful to persons with mild ASPD who possess some insight and have reason to improve. Cognitive behavioral psychotherapy has been used to treat the disorder, and early results appear promising. Some experts have cautioned against using psychotherapy, particularly in those who are considered psychopathic by virtue of their extreme antisocial behavior and complete lack of empathy. It is thought that for these persons, their rigid personality structure resists outside influence, and therapy may only give them additional skills to manipulate others. Despite these cautions, there is no empirical evidence that therapy makes antisocial patients worse.

While psychotropic medication is often used to treat people with ASPD, as of 2018, there are no Food and Drug Administration–approved medications. Nonetheless, medication can be effective in treating comorbid psychiatric disorders such as major depression, panic disorder, or attention-deficit/hyperactivity disorder. Treating associated conditions may lead to a diminution of antisocial behaviors. Several drugs have been shown to reduce aggression and temper outbursts, a target symptom of ASPD, and they may be helpful in selected individuals. These medications include the mood stabilizers lithium carbonate and

divalproex, and second-generation antipsychotics. All of these agents have an array of side effects that require careful medical monitoring. Benzodiazepine tranquilizers should be avoided due to their potential to cause disinhibition, thereby fueling *acting out* behaviors. Likewise, stimulants for attention-deficit/hyperactivity disorder should be avoided because of their tendency to be habituating, in addition to having abuse potential in prison.

In addition, many prisons have incorporated special programs for offenders that are designed to target criminal thinking, anger and irritability, trauma and abuse, or other issues that are associated with personality disorders. While widespread, their effectiveness has not been fully evaluated. Clearly, a range of treatments including medication and psychotherapy need to be developed, tested, and refined for correctional settings.

Final Thoughts

The treatment of personality disorders often involves a combination of psychotherapy and psychotropic medication. Inmates should be systematically screened for personality disorders at intake, particularly ASPD and BPD. Those with BPD should be referred for an evidence-based psychological treatment program. While there are several programs to choose from, cost and feasibility will be key issues in their selection. A shorter program may be preferable because of the tendency for prisons to abruptly discharge or transfer inmates. Psychotropic medication may be effective adjunct and should target the individual's comorbid psychiatric disorders.

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See also Antisocial Personality Disorder in Incarcerated Offenders, Treatment of; Borderline Personality Disorder; Personality Pathology

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PERSONALITY PATHOLOGY

This entry presents an overview of personality disorders with an emphasis on those personality disorders that are relevant from a forensic perspective. The psychiatry classification system of the American Psychiatric Association, the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, distinguishes a number of personality disorders, which are clustered in three categories. Cluster A personality disorders, distinguished by features of eccentricity, include paranoid, schizoid, and schizotypal personality disorders. Cluster B personality disorders, characterized by emotionality or unpredictability, include antisocial, borderline, narcissistic, and histrionic personality disorders. Finally, Cluster C personality disorders are distinguished by features of anxiety: avoidant, dependent, and obsessive-compulsive personality disorders.

There are a number of disadvantages of this model of categorizing personality disorders. Most patients diagnosed with a personality disorder meet criteria for more than one. The use of the severity criterion leads to the use of relatively

arbitrary diagnostic thresholds (e.g., 5 of 9 criteria), which results in large heterogeneity within the personality disorder category: Two individuals can meet the criteria for the same personality disorder while having few features of this disorder in common. In addition, inter-rater agreement on the presence or absence of a personality disorder is rather modest, and the relatively low test–retest reliability indicates diagnostic instability. Given these problems, a dimensional trait-based approach rather than this categorical approach was proposed in the task force of *DSM-5*. In the interests of continuity, the existing, symptom-based system of defining personality disorders as distinct categories has been retained. The trait-based system of personality disorders, however, was included in the *DSM-5*, in Section III “Emerging Measures and Models,” noting those measures and models not in clinical use yet, given that they are still subject to further research.

Personality disorders are rather prevalent in the general population with about 10% (range 4–13%) affected. Personality disorders with the highest prevalence include antisocial personality disorder (3.8%) and borderline personality disorder (2.7%). There is considerable evidence, though, that personality disorders are much more prevalent among forensic individuals than in the general community. Based on structured interviews, approximately 66% of the male general prison population and 42% of the female general prison population fulfill the criteria for one or more personality disorders. The antisocial personality disorder is highly prevalent; prisoners are 10 times more likely to receive a diagnosis of antisocial personality disorder than individuals in the general population. The risk of violence in people with any personality disorder is 3 times higher than in people without a personality disorder.

This entry begins with a description of personality disorders that are most prevalent for forensic practice. In addition, it discusses etiological factors including the role of childhood trauma and attachment and genetic factors. Further, the part played by personality disorders in intimate partner violence and in sexual offending is discussed. Finally, this entry discusses the effects of treatment of offenders with personality disorders.

Personality Disorders

Dependent Personality Disorder

Dependent personality disorder is defined as a pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation. One of the main components is the aspect of interpersonal dependence. There is a link between dependent personality disorder on the one hand and child abuse and intimate partner violence on the other. Parents who abuse their children are often characterized by problems with underlying dependency strivings. Also, not only victims but also perpetrators of intimate partner violence are often characterized by dependent personality traits. Fear of abandonment is prominent in this personality disorder.

Borderline Personality Disorder

Borderline personality disorder is characterized by a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity. Borderline personality disorder is overrepresented in prison populations, with 25–50% of incarcerated individuals having this disorder. Many female forensic patients with a diagnosis of borderline personality disorder have committed crimes of a very impulsive nature (e.g., arson). Compared with other personality disorders from Cluster B (dramatic and emotional cluster), patients with borderline personality disorder may show quasi-psychotic thought described as relatively fleeting departures from reality. In a large study in the general population in the United Kingdom, such delusional ideation was prevalent among those in whom antisocial personality disorder co-occurred with borderline personality disorder. Recent evidence suggests that delusions implying threat or harm to the individual are associated with angry affect, which mediates the relationship with serious violence.

Antisocial Personality Disorder

The *DSM-5* diagnosis of antisocial personality disorder is characterized by an enduring pattern of unlawful behavior, aggressiveness, deceitfulness, impulsivity, irresponsibility, reckless disregard for the welfare of others, and/or remorselessness manifest

during adulthood, as well as evidence of conduct disorder in youth. Not surprisingly, prevalence rates of prisoners with antisocial personality disorder are high, ranging between 50% and 80%.

The reliability and validity of this diagnosis has repeatedly been called into question. In fact, antisocial personality disorder has one of the poorest diagnostic inter-rater reliabilities of the *DSM-5* personality disorders. One of the reasons for this may be that clinicians are inclined to assign an antisocial personality disorder diagnosis based on recent criminal behavior, even when patients do not meet full diagnostic criteria.

Although it is often claimed that a diagnosis of antisocial personality disorder predicts violence in prison, there is limited evidence to support this claim. Co-occurrence of antisocial and borderline personality disorders is associated with a broad spectrum of criminal behavior, including violence. There is some evidence that individuals with high antisocial–borderline comorbidity have a higher risk of reoffending following their release into the community than others with a single personality disorder.

Narcissism

Narcissism is defined as a pervasive sense of grandiosity, need for admiration, and lack of empathy. The prevalence of this disorder in the general population is rather low (less than 1%), but this disorder is relatively more prevalent in business leaders and political leaders. Narcissists are especially vulnerable to negative feedback that may challenge their inflated self-view. Psychologists understand narcissism as a dimension that places individuals somewhere along a continuum. Research has revealed that narcissism is strongly associated with information processing deficits, heightened attention and sensitivity to negative stimuli, and emotional dysregulation, which together increase the likelihood of violence. In a study of the general population (National Epidemiology Survey on Alcohol and Related Conditions), individuals classified as high in narcissism and low in self-control were characterized by having engaged in an array of violent acts. These individuals were more than 7 times as likely to have forced someone to have sex against their will.

Schizoid Personality Disorder

Schizoid personality disorder is characterized by a pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings. Schizoid personality disorder has been found to be associated with violent behavior, and it is a prospective risk factor for recidivism. A number of perpetrators of sexual homicide meet criteria of schizoid personality disorder. There is some evidence that schizoid personality structure is specifically associated with intrafamilial child offending.

Psychopathy

Psychopathy is not a personality disorder; rather, it is a well-known clinical construct associated with norm-breaking and remorseless behaviors, including criminal acts. The term *psychopathy* refers to a condition with distinctive personality features, such as grandiosity, impulsiveness, sensation seeking, lack of empathy and remorse, impaired punishment sensitivity, and antisocial behavior. Psychopathy partially overlaps with features of antisocial personality disorder. Attempts by the *DSM-5* task force to introduce psychopathy to the *DSM* system were unsuccessful.

In forensic practice, psychopathy is most commonly measured using the Psychopathy Checklist–Revised, in which a higher order psychopathy factor bifurcates into two second-order factors: interpersonal/affective (Factor 1) and unstable and antisocial lifestyle (Factor 2). Factor 1 corresponds with the classic description of psychopathy, whereas Factor 2 is more closely related with antisocial personality disorder and measures of criminal behavior.

There is some discussion whether psychopathy should be considered a homogeneous clinical entity given that five of the *DSM-5* personality disorders—antisocial, paranoid, narcissistic, borderline, and histrionic—were found to be associated with high Psychopathy Checklist–Revised scores. Psychopathy as measured by the Psychopathy Checklist–Revised is modestly associated with risk of future violence and general recidivism.

Less than 1% of the general population may have psychopathy, primarily males. In contrast, psychopathy is highly prevalent in the

incarcerated population (25%). Prisoners with psychopathy start offending early in life, commit a disproportionate number of violent crimes compared with prisoners who are not psychopathic, and show higher rates of recidivism. In addition, their use of violence tends to be more instrumental, dispassionate, and predatory than that of other offenders. Although the majority of psychopaths recidivate within a few years after release, about one quarter of psychopaths do not reoffend even after long periods of follow-up time.

A number of studies have examined developmental factors for psychopathy. Both attention-deficit/hyperactivity disorder and conduct disorder (a childhood disorder characterized by rule breaking) are clear risk factors for psychopathy. Prospective studies show that the most severely antisocial children are more likely to receive an adult diagnosis of psychopathy. There is evidence for biological and genetic influences on psychopathic behavior. Neurological deficits have been linked to the inability to regulate behavior. The emergence of new neuroimaging methods has led to a vast increase in the number of neuroimaging studies in individuals with psychopathy and expanded knowledge about the neural mechanisms underlying this disorder. Psychopathy is linked to a broadly distributed network of cerebral regions, including (specific regions of) the prefrontal cortex, amygdala, hippocampus, and the insula. Finally, a few studies have also reported abnormalities in the corpus callosum and the basal ganglia. Although psychopathy is poorly recognized within the formal diagnostic systems, it remains of considerable importance for research and practice in the forensic field.

Childhood Trauma, Attachment, and Personality Disorders

The association between child abuse and neglect and a range of personality disorders, particularly borderline personality disorder and antisocial personality disorder, has been well established. While maltreatment in general has been related to both antisocial personality disorder and borderline personality disorder, there is some evidence that sexual abuse is specifically associated with borderline personality disorder.

Related to this, there is evidence that insecure attachment is a risk factor for personality disorders

and criminal behavior and violence. Insecure attachment is characterized by individuals who view close relationships as harmful. Insecure attachment is strongly related to all types of criminality (i.e., sexual offending, violent offending, nonviolent offending, and domestic violence). There is also some evidence that the combination of dysfunctional attachment and childhood trauma may lead to personality disorder. Cumulative exposure to childhood trauma is associated with an increased risk of conduct disorder and criminal behavior in adults. More specific to child molesting, several studies found limited parental warmth and protection and insecure attachment are vulnerabilities in the development of child-molesting behavior.

Genetic Influence

Aggression is considered to be partly heritable. Research has revealed that there is a concentration of perpetrators of crime in families: Half of all crime is committed by fewer than 10% of families. It is now generally accepted that biological factors play an important role in the etiology of antisocial behavior and, subsequently, also in criminal behavior.

Individual differences in antisocial and criminal behavior are explained by both environmental and genetic factors, with genetics estimated to contribute about 50% of the variance. It is likely that an additional 15–20% of this behavior can be explained by environmental factors shared by families. To complicate matters, however, environmental influences can generate changes in gene function, which result in modifications of neuronal functioning that influence behaviors.

There is some evidence that genes may play a protective role in the development of antisocial behavior. Adoption and twin studies found that bad parenting had relatively little effect on antisocial behavior in children who were at low genetic risk. Generally speaking, genetic links to crime are generally very small and cannot be used for clinical recommendations in forensic practice.

Intimate Partner Violence

Intimate partner violence can be expressed as psychological, physical, or sexual abuse; all harm the well-being of the partner. Several subtypes among

batterers have been found, which differ regarding severity of marital violence, generality of the violence (toward the partner only or toward others as well), personality disorders, substance abuse, and attachment style. Several studies found that male batterers are more (often) insecurely attached as compared with nonbatterers. More specifically, male batterers are predominantly preoccupied or fearfully attached. Studies have shown that insecure attachment is related to dependency, impulsivity, low levels of empathetic concern, lack of self-esteem, and high levels of jealousy. The self-esteem of insecurely attached persons is dependent on other people's approval, and the slightest indication of disapproval, criticism, or disinterest can strengthen their low self-esteem.

So far, studies comparing batterers and nonbatterers regarding personality characteristics generally found differences between these two groups. That is, most studies found that compared with nonbatterers, wife batterers score higher on abandonment anxiety and impulsivity. Furthermore, a number of studies have found that male batterers have lower self-esteem than nonbatterers and that low self-esteem is related to violence and predictive of abusive behaviors. There is also some evidence that narcissism, borderline personality disorder, and antisocial personality disorder are related to intimate partner violence. High antisocial and borderline personality traits in intimate partner violence perpetrators were associated with a high risk of recidivism. In intimate partner violence perpetrators with both antisocial and borderline personality traits, the risk of recidivism was higher than in those with only one of these traits.

Sex Offenders and Sexual Homicide

Criminal sexual behavior comprises a wide spectrum of actions across a variety of situations. Sex offenders cannot be simply classified because they are heterogeneous, both in terms of etiological factors and degree of severity, which has led to distinct sex offender profiles. Mixed sex offenders are more likely to demonstrate psychopathy-related traits than intra- or extrafamilial child sex offenders, rapists, and non-sex offenders.

The empirical literature on sexual homicide has positioned the sexual murderer as a unique type of

offender. Different models have been proposed to explain sexual homicide. There is some evidence that personality disorders and personality traits may also play a part in the type of sexual offenses. A number of studies investigated the differences in personality between nonhomicidal sex offenders who inflicted (severe) physical injuries and sexual homicide offenders who killed their victim. Generally, studies comparing differences between nonhomicidal sex offenders and sexual homicide offenders found that sexual homicide offenders had more problematic childhood and adolescence, were more frequently diagnosed with antisocial and schizoid personality disorders, and had more maladaptive personality traits. Although some sex offenders may be largely influenced by situational factors and end up killing the victim, there is some evidence that personality disorders and personality traits (e.g., impulsivity/lack of self-control) may also explain why some sex offenders kill their victims. Serial sexual homicide offenders were more likely than single offenders to have narcissistic and/or schizoid traits.

Treatment

Generally, clinicians are highly pessimistic about the results of psychological treatment of antisocial personality disorder and psychopathy; however, a negative attitude with respect to possible outcome of psychological treatment may not be justified. The conclusions drawn from several meta-analytic studies on the effectiveness of treatment outcome studies were that treatment reduces recidivism rates and that cognitive behavioral treatment is more effective in reducing recidivism than psychodynamic and nondirective interventions. In general, there is some consensus that structured treatment, aimed at the alterations of cognitions and behaviors, is more effective in offender populations than less structured treatment. Such cognitive behavioral treatment programs typically focus on identifying and challenging cognitive distortions associated with crime and violence, enhancing perspective taking; improving emotional regulation and coping; teaching interpersonal skills, conflict resolution skills, and problem-solving skills; and developing relapse prevention plans. A few randomized controlled trials have investigated the effects of psychopharmacology on antisocial

personality disorder, but the few studies conducted do not allow any conclusions to be drawn about the use of pharmacological interventions.

A few studies found that patients with high levels of psychopathy had adverse responses to psychotherapy (i.e., they did worse in terms of reoffending after treatment had ended). Presumably, programs that are beneficial for non-psychopathic offenders are not effective or may be even harmful for psychopaths.

For borderline personality disorder, schema-focused therapy (i.e., psychotherapy based on a combining theory and techniques from previously established therapies) is an evidence-based treatment. In preliminary studies in a forensic setting, however, results were less encouraging. In Dutch forensic settings, schema-focused therapy is specifically adapted to the population, and a specific schema-focused therapy model is developed to focus on personality traits, which incorporates fluctuating emotional phases that easily result in aggressive, impulsive, or antisocial behavior. Results reveal that criminal behavior is often first preceded by feelings of vulnerability and abandonment, loneliness, and states of intoxication. Criminal behavior itself is characterized by states of impulsivity, anger, and the use of overcompensatory strategies involving threats, intimidation, and aggression. Yet this is still ongoing research and it remains unclear whether this specific forensic model leads to less recidivism in forensic settings. Another evidence-based approach for patients with borderline personality disorder is dialectical behavior therapy. To date, this treatment has not been evaluated in controlled studies, but research has indicated that forensic patients do not differ on borderline personality disorder variables from nonforensic patients.

Conclusions

Personality disorders are much more prevalent among forensic individuals than in the general community. Prisoners are 10 times more likely to receive a diagnosis of antisocial personality disorder than individuals in the general population; borderline personality disorder is also overrepresented in prison populations. Psychopathy, characterized by grandiosity, impulsiveness, lack of empathy and remorse, and antisocial behavior, partially overlaps with

features of antisocial personality disorder. Individual differences in antisocial and criminal behavior are explained by both environmental and genetic factors, with genetics estimated to contribute about 50% of the variance. Insecure attachment is a risk factor for personality disorders and is strongly related to all types of criminality. Cumulative exposure to childhood trauma is associated with an increased risk of criminal behavior in adults. Psychological treatment reduces recidivism rates, and structured treatment, aimed at the alterations of cognitions and behaviors, is more effective in offender populations than less structured treatment.

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See also Behavioral Genetics and Other Biological Influences on Criminal Behavior; Mental Health Treatment; Mixed Sexual Offenders; Offenders With Mental Illness; Personality Disorders in Incarcerated Offenders, Treatment of; Diagnostic and Statistical Manual of Mental Disorders, Classification of Psychopathy in; Psychopathy; Stalking

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PHYSICAL AND MENTAL HEALTH TREATMENT

When working with prison inmates, mental health professionals often take a holistic and multidisciplinary team approach, assisting medical personnel with the appropriate assessment and treatment of physical and mental health concerns that will lead to effective clinical interventions. Consistent with a biopsychosocial model, it is important for such professionals to be aware of the unique aspects of inmates' psychological makeup, social history, history of illnesses, and their current medical conditions in order to treat their mental and physical health needs. This entry considers the role of combined treatment for various populations of prison inmates.

Older Adult Inmates

As the number of older adult prisoners increases, patients with dementia and Alzheimer's disease may be found within the confines of prison. The control and structure of the prison routine may be helpful for patients with dementia, as consistency and stability can assist them in performing daily living skills and in reducing confusion; however, a

multidisciplinary team approach can further improve outcomes. For example, providing visual memory cues, such as a calendar or a daily schedule, as well as photos of loved ones, can be useful compensatory strategies. Such inmates may be more sensitive to changes in their routines and may be overly moody or anxious; thus, mental health professionals may need to provide additional counseling. In addition, properly trained and supervised *inmate companions* can help to watch and assist those who may get confused or lost or are at risk of falling.

Additional combined treatment includes providing cognitive exercises and activities and facilitating occasions to socialize with others. The former can help these patients with their memory, executive functioning, and disorientation issues, whereas the latter can reduce loneliness. Educating staff members on the benefits of patience, clear and slow communication, and strategies for navigating aggressive behaviors in a calm, controlling, and nonconfrontational manner can reduce their stress and address any security concerns that may arise between inmates and caretaking staff.

Inmates With Addictions and Unhealthy Lifestyles

Many inmates have a history of addiction that oftentimes results in long-term physiological consequences. These inmates may present with diseases such as hepatitis, diabetes, dental concerns, and liver concerns. They may also be dealing with a variety of mental health concerns possibly exacerbated by previous substance abuse. Thus, it is important for medical personnel to be aware of past addictions when prescribing medications, especially psychotropic medications (i.e., drugs used to affect the mind, mood, or behavior) used for the treatment of severe mental illness. The dispensing of medications that are known to be commonly abused (e.g., opioids, narcotics) should be well controlled and monitored. Furthermore, if possible, medicines of potential abuse should be crushed and mixed with water when given to the inmate to ensure that the inmate actually ingests the drug and isn't *cheeking* it (holding the drug in one's mouth instead of swallowing the pill).

Drug treatment services can be provided to assist this population with the emotional and

behavioral aspects of their addictions. Such treatment consists of education about addictions, identifying addictive patterns, and developing strategies for avoiding maladaptive patterns. Psychoeducation on basic health, diet, and exercise can also be provided to encourage the development of a healthy lifestyle—one conducive to remaining drug free and to enhance physical functioning. Inmates may also benefit from education on healthy relationships, good communication strategies, handling unpleasant emotions in a healthy and effective manner, and stress management.

Some inmates have a history of living an unhealthy lifestyle, as obesity and associated illnesses are prevalent. These inmates may be unaware of good dietary choices and the importance of exercise. For those who would like to learn and incorporate a healthy lifestyle, a nutritionist can provide valuable information and assistance with healthy food choices, and a psychologist can provide assistance with motivation. Cognitive and behavioral techniques, as well as the provision of support, can assist inmates with improving their choices in relation to their physical health.

Inmates With Significant Injuries and Medical Illnesses

Some inmates have significant prior injuries—for example, having been involved in accidents, having been seriously injured by others, or having suffered gunshot wounds—and some may have terminal illnesses or illnesses with associated pain that they must manage. Some inmates may be paralyzed and using a wheelchair and may require assistance with daily living skills.

Inmates with significant injuries may need physical and occupational therapy to assist them with effective and compensatory strategies and emotional assistance to help them grieve the loss of physical functioning. For inmates with pain issues, a mental health professional can provide psychoeducation on pain management, including monitoring pain levels and contingencies associated with increased and diminished pain. In addition, these inmates can be taught relaxation strategies as well as distracting techniques to assist them with pain management.

Restful and satisfying sleep assists with good health, but pain, stress, lack of mobility, and

boredom may make it difficult for such inmates to sleep well. Treatment includes psychoeducation on strategies to assist with sleep, such as maintaining a regular sleep schedule, getting out of bed when unable to sleep for too long, staying away from caffeine in the later afternoon, meditation and progressive muscle relaxation techniques, and maintaining a quiet environment prior to bedtime. In addition, to combat boredom, recreation staff can provide opportunities for inmates to engage in enjoyable and healthy activities, which can give them a sense of purpose, distract them from negative emotions, and provide forums for healthy socialization.

When inmates are emotionally vulnerable, desperate, or seeking spiritual validation, behavior modification techniques can encourage their engagement in self-care. Techniques such as cognitive reframing can help inmates view their role in society in a more healthy way, resulting in an improved sense of self-worth and value.

Inmates with terminal illnesses can be encouraged to find closure in their relationships. At times, this may mean attempting to reconcile with family members who have stopped communicating with them. If an inmate is unable to contact someone with whom they would like to connect, they can be encouraged to write a letter and perhaps give it to someone they trust for future delivery to the intended party. Such a letter may entail taking full responsibility for the offense for which they are serving time and apologizing for any hurt they may have caused. Psychologists can help inmates fully appreciate the consequences of their actions and how those consequences have impacted them, their lives, and their loved ones. Issues of grief and loss that may arise can be addressed with a psychologist as well.

Inmates with terminal illness may also benefit from regular services provided by religious services staff. For example, religious counseling may help these inmates address any spiritual issues they may be facing as a consequence of their prognosis, including anxiety related to their own health and death, which may increase when one of their peers dies. Staff presence at memorial services held for deceased inmates may give prisoners more confidence in the resources and support available to them, which can be helpful for morale, mental health, and general engagement in health care.

As mentioned earlier, mental health support can help those with significant injuries and illness grieve the loss of physical functioning, but such support can also help them review mistakes they have made and the relationships that have been lost and reconcile their life's end in prison. As these inmates near the end of their life or grieve their physical losses, they may be ready to examine the manner in which they have lived their life—both good and bad. Giving them an opportunity and forum for thorough and insightful end-of-life reflection is incumbent upon psychologists working with this inmate population.

Social Support

Social support has been shown to be helpful for good health, longevity, and recovery from illness and surgery. Prison inmates have limited access to their loved ones, so they may rely on each other for support. Psychology services can provide appropriate therapy groups that encourage support and effective communication. Group members can benefit from learning what constitutes a healthy and positive relationship and learn healthy communication skills to facilitate a healthy group process. Such therapy groups focus on providing a forum where inmates feel as though there are others who care about them and their situation, building a social network within their current environment, and improving their sense of worth.

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See also Basic Mental Health Services Versus Rehabilitation; Prevention Versus Intervention; Therapeutic Communities

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PLEA NEGOTIATIONS

Approximately 90% of all criminal cases in the United States are pled guilty, and a majority of these cases are a result of plea negotiations. Plea negotiation is defined as pleading guilty in exchange for something of value from the prosecutor—generally, a reduction of charges or counts or a more favorable sentence recommendation. There is a great amount of psychology in determining the factors that influence the negotiation process. It is important to understand the term *plea negotiation* and identify the different types of pleas and plea negotiations—all of which this entry discusses. In addition, this entry addresses the role of both the prosecutor and defense attorney in this plea negotiation process. Finally, this entry addresses legally relevant and legally irrelevant influences of the plea negotiation decision.

Understanding Plea Negotiation

The term *plea negotiation* suggests a contractual agreement between two parties with one party making an offer to give something of value in exchange for something of value in return from the other party. In a sales contract, for example, a seller will offer a product of a certain value in exchange for some monetary payment from the buyer. In some cases, the buyer can negotiate the terms of the purchase either reducing the sale price or changing the quality or quantity of the item. The buyer can also negotiate any of these terms in return.

The negotiation is a type of bartering system between the two parties. In criminal justice, the two parties are the prosecutor, who represents the state or commonwealth, and the defense attorney, who represents the defendant. For the prosecutor, one of the goals is to seek and carry out justice for the community and/or victim. For the defense attorney, one of the goals is to obtain the best *deal*

for his or her client. Therefore, in plea negotiations, the prosecutor desires to obtain a conviction with a level of punishment to obtain the kind of justice the victim and/or community desires. The defense attorney seeks to minimize the impact of this justice on his or her client.

Much like a contractual negotiation, each party—prosecutor and defense attorney—holds a certain amount of authority. On one hand, the prosecutor determines the type of charge, the severity of charges, the number of charges and/or counts of a particular charge, and the type and/or length or amount of a recommended punishment. On the other hand, the defense attorney determines if the case will go to trial or not by accepting and/or negotiating the terms the prosecutor offers.

A plea agreement, therefore, is a defendant's guilty plea in exchange for a reduced charge or number of counts or a reduced sentence. Both parties give something of value in exchange for something of value in return.

Types of Pleas

All plea negotiations—if successful—require two things. First, the defendant must plead guilty to the terms negotiated. Second, the judge must approve the terms of the plea negotiation. In order to understand plea negotiations, though, it is important to understand the different pleas one can make at arraignment—the part of the criminal court process in which the prosecutor must give the defendant notice of official charges and the defendant makes a plea in response to those charges.

The first type of plea one can make in open court is *guilty*. Pleading guilty necessitates the defendant to admit wrongdoing and accept the punishment required for the charges made by the prosecutor. The second type of plea during one's arraignment is *not guilty*. This plea communicates to the court that the defendant does not admit guilt and wants to contest the charges in a trial. The prosecutor, therefore, carries the burden to prove that the defendant committed the crime; the level of that burden is beyond a reasonable doubt, which is approximately 85–90% certainty.

A third type of plea a defendant can make during arraignment is *nolo contendere*—otherwise

known as *no contest*. This plea allows the defendant to accept the punishment without admitting guilt. This plea protects the defendant from civil lawsuits and additional punishment for subsequent criminal charges. A fourth and related type of plea is called an *Alford plea*—named after the U.S. Supreme Court case titled *North Carolina v. Alford* (1970)—which allows the defendant to accept the punishment given that the evidence is enough to find guilt in a trial, but the defendant does not have to admit guilt. Although there is a possibility that the charge or charges might be dismissed by the judge for insufficiency of evidence, this type of plea allows for subsequent criminal or civil action unlike no contest. Pleas of guilty, not guilty, and Alford pleas can play a significant role in plea negotiations. Two more pleas—*not guilty by reason of insanity* and *guilty but mentally ill*—can be made in open court that address one's mental status at the time of the crime, but they generally do not involve plea negotiations.

Types of Plea Negotiations

Plea negotiations in a criminal case are defined as pleading guilty in exchange for something of value from the prosecutor. There are several different types of plea negotiations based on what the prosecutor could do. These different plea negotiations are charge negotiations, count negotiations, and sentencing agreements.

Charge negotiations and count negotiations are directly controlled by the prosecutor. Charge negotiations take multiple forms. First, a defendant can plead guilty in exchange for a reduced charge. For example, the prosecutor reduces the severity of the charge—from a felony to a misdemeanor, for example—in exchange for a guilty plea. Second, a charge negotiation can include a reduction of the number of different charges. For example, the prosecutor reduces three different offenses down to one offense.

Similarly, the defendant and the prosecutor can enter into count negotiations. The defendant may have been originally charged with multiple counts of one particular offense. In a count negotiation, the defendant may agree to plead guilty to one count of that particular offense in exchange for the prosecutor dropping the other counts. These

decisions are at the discretion of the prosecuting attorney.

A final type of negotiation is called a *sentencing agreement*. In this plea negotiation, the defendant agrees to plead guilty in exchange for a more lenient sentence recommended by the prosecutor to the judge without reducing the charges and/or counts. Since the sentence is ultimately determined by the judge and/or jury, the prosecutor cannot guarantee this term of the plea negotiation. However, based on the sort of day-to-day shared environment between prosecutors, defense attorneys, and judges—known as the *courtroom workgroup*—the defendant can rely upon this sentence agreement.

Roles of the Prosecutor and Defense Attorney

To understand plea negotiations in the U.S. criminal justice system, it is important to understand the roles played by the attorneys involved—namely, the prosecutor and the defense attorney. Each plays a role in making the decision to enter into a plea negotiation but have different orientations and levels of authority in this negotiation process.

The role of the prosecutor is to prove that the defendant fulfilled the requirements of a particular crime (known as *elements*) and that the evidence supports this conclusion beyond a reasonable doubt—a heavy burden. The prosecutor in most states is a political figure, that is, prosecutors are either elected or appointed by an elected official (e.g., governor). Therefore, they are accountable to a certain group of constituents in this political climate. From a sociopolitical perspective, the prosecutor has additional strains than merely winning the case. To be certain in obtaining convictions, prosecutors rely on guilty pleas and enter into plea negotiations even if trial may be the desire of the community.

The prosecutor holds a vast amount of discretionary power in the courtroom. The prosecutor can decide to charge or not, to determine the severity of those charges and how many charges or counts to apply in the case. The prosecutor can use his or her discretionary authority to request a certain pretrial release—bail. The prosecutor can decide whether to charge the defendant with an

enhancement or even the death penalty. Finally, the prosecutor uses his or her discretion to enter into plea negotiations and to determine the terms of that negotiation.

The defense attorney has a different role in the criminal case. Since the prosecutor must prove the requirements of the crime beyond a reasonable doubt, the role of the defense attorney is to question evidence presented by the prosecutor and provide evidence that would produce reasonable doubt. However, the defense attorney has a different set of pressures. First and foremost, the defense attorney must advocate for his or her client—the defendant. Unlike the prosecutor, the defense attorney does not have the added political pressure to win the case. On the other hand, the defense attorney does not have the type of discretionary power and authority in the case as does the prosecutor. The prosecutor sets the case in multiple ways; the defense attorney typically can only respond to the case. Finally, a defense attorney can either be public or private, which adds its own type of pressure. Private defense attorneys are paid by the client, whereas public defense attorneys are paid by the state or commonwealth and provided to the defendant if the defendant cannot afford an attorney, which is a right protected by the Sixth Amendment to the U.S. Constitution as interpreted by *Miranda v. Arizona* (1966).

Factors Influencing Plea Negotiations

Both the prosecutor and defense attorney can be interconnected in the courtroom workgroup whereby both sides have an understanding of the *going rate* of what the case is worth. Given this regular working environment and the predetermined going rate of the value of the case, plea negotiations can become routinized. Many factors can influence this negotiation process regardless of the routine nature of these decisions.

The most influential factor on plea negotiations is the strength of the evidence in the case. If the evidence is strong, then the certainty of conviction is high, and therefore, the need to negotiate a guilty plea is greatly reduced. There is great debate about what makes evidence strong or weak. Does the presence of DNA evidence make evidence strong? Does the sheer volume of evidence make evidence strong? Is eyewitness testimony found more

credible coming from some sources compared to others? How is strength of evidence assessed?

Strength of evidence is a factor that is known as a legally relevant factor because the determination of whether a case is convictable is a legally rational factor. There are other factors that are less legally relevant. For example, the sociopolitical factors and pressures both the prosecutor and defense attorneys feel would be classified as less legally relevant to serving justice.

Another legally irrelevant factor on plea negotiation is whether the defense attorney is private or public. Some argue that attorneys might be more motivated to advocate for defendants if they earn higher wages, that is, private attorneys are stronger advocates than public defense attorneys. If private attorneys are viewed as stronger advocates, then the plea negotiations are more favorable for defendants. In addition, the caseload for public defense attorneys is typically much higher than private attorneys because most defendants cannot afford a private attorney.

With the combination of political pressures, courtroom workgroup, affordability of certain types of attorneys, and the mounting caseloads, Rodney Uphoff summarized three types of defense attorney personalities in plea negotiations: zealous advocate, double agent, and beleaguered dealer. The zealous advocate personality fits the private attorney the best in that the private attorney stops at no cost to advocate for his or her client without regard to salvaging any relationship in the courtroom workgroup. The double agent plays both sides in trying to salvage the relationships with different prosecutors in order to assist his or her cases in the long term but attempts to convince his or her client that he or she is a strong advocate. Finally, the beleaguered dealer is frustrated by high caseloads with low resources and is reluctantly willing to engage in a high volume of plea negotiations. The beleaguered dealer is an often-used representation of the public defender.

Finally, many would argue that the factors that are the most legally irrelevant are demographic characteristics of the defendant. The marginalized characteristics of the defendant may influence the prosecutor's negotiating practices in obtaining a guilty plea. For example, are Black defendants less likely to obtain a favorable plea negotiation than White defendants? Are male defendants less likely

than female defendants? Are younger defendants less likely than older defendants? These factors are still debated today.

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See also Confessions; Criminal Charges, Federal; Criminal Courts; Prosecutorial Discretion

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POLICE INTERROGATIONS

A police interrogation involves a police officer interviewing someone who is believed to have committed a crime. The officer who conducts the interview is often called *an interrogator*, and the person being interviewed is commonly referred to as *a suspect*. The evidence pointing to the guilt of the suspect can range from mere suspicion to absolute certainty. Interrogators may differ on their goal when talking to the suspect. For instance, the interrogator may simply wish to obtain an admission of guilt from the suspect (i.e., confession), or the interrogator may wish to obtain a full story about the suspect's involvement in the crime (or the suspect's whereabouts when the crime was committed). Beyond those differences, there are also differences in how interrogations are conducted, as discussed in this entry.

Third-Degree Approach

Until the 1930s, it was common for police officers to use *third-degree* tactics when interrogating

suspects. Third-degree tactics included different types of physical force and abuse (e.g., hitting), isolation, and deprivation of basic necessities (e.g., food). Interrogators apparently used these harsh tactics because they perceived themselves to be at war with crime and that the third degree was the most effective weapon in winning the war (i.e., securing confessions). Third-degree tactics were used because officers believed they only interrogated guilty individuals. That is, they failed to believe that they sometimes interrogated innocent people. Therefore, such harsh tactics were seen as a necessary evil in making uncooperative suspects talk. Police organizations came to realize that harsh tactics produced unreliable information, elicited unreliable confessions, lowered public confidence in policing, and impeded the professionalization of policing.

Accusatorial Approach: The Reid Technique

The use of third-degree tactics was mostly obsolete by the mid-1960s. Interrogations are now based largely on the personal experiences of Chicago polygraphist John Reid. The Reid Technique (Reid) has been taught to hundreds of thousands of investigators worldwide. Reid consists primarily of a behavioral analysis interview and a nine-step interrogation.

The behavioral analysis interview aims to identify guilty individuals who need to be interrogated. It is assumed that guilty individuals will answer questions in a way that is distinct from innocent individuals. Specifically, guilty people are thought to provide evasive and ambiguous answers. Empirical tests of the behavioral analysis interview have shown that it is not effective, and furthermore, training officers to use Reid-advocated cues impairs their ability to separate truth tellers from liars.

Those who are believed to be guilty are exposed to a nine-step interrogation. The nine-step technique aims to elicit a confession through a psychologically pressure-filled interaction.

Step 1 involves a direct, positive confrontation with a suspect. Interrogators are taught to state their unwavering belief in the suspect's guilt and to follow the confrontation with a pause so that the suspect's response can be scrutinized. Interrogators are taught to examine an *evidence folder*

(which can contain blank pages) to communicate to the suspect that the interrogator has proof of guilt and to use a transition statement (also known as a *theme*) that provides the suspect with a reason for why the interrogation is taking place (i.e., the suspect's guilt is assured).

Step 2 pertains to the development of a theme or a reason that the suspect committed the crime. Interrogators are taught that the chosen theme should reinforce the suspect's rationalizations for committing the crime in order to make it easier for a guilty person to overcome any hesitations associated with admitting his or her criminal involvement. If the suspect continues to reject the themes, interrogators are taught to use different themes in an effort to find one that the suspect will find acceptable.

Step 3 requires the interrogator to prevent suspects from denying involvement in the crime. For example, interrogators may reconfirm their belief in the suspect's guilt and reiterate the proposed theme, all while preventing denials from being voiced. Allowing initial denials of criminal involvement presumably reduces the likelihood of obtaining a confession at a later stage in the interrogation.

Step 4 involves the interrogator overcoming objections, or excuses given by suspects as to why they could not, or would not, have committed the crime. Because it is assumed that only guilty suspects verbalize objections, a movement from denials to objections is assumed to be a good indication of deception. Unlike denials, interrogators are taught that objections should be permitted because they can be used to further the development of a theme—namely, by providing the interrogator with an opportunity to turn the objection around to match the proposed theme.

Step 5 aims to obtain and retain the suspect's attention. After being discouraged from expressing denials and having their objections turned around to support the interrogator's proposed theme, suspects may psychologically withdraw. At this point, interrogators are taught to regain the suspect's attention and increase pressure—for example, by inching their chair forward into the suspect's physical space.

Step 6 requires interrogators to recognize and overcome passive moods. After the suspect's attention is gained, the suspect is presumed to be more

willing to listen but may appear physically defeated. At this stage, interrogators are taught to concentrate on a specific theme, display understanding and sympathy, and urge the suspect to tell the truth. Interrogators are taught to use such techniques until the suspect shows signs of considering whether to tell the truth.

Step 7 is the presentation of the alternative question. An alternative question presents the suspect with a choice between two explanations for the commission of the crime (e.g., Did you plan to kill him or was it an accident?). One of the explanations is face-saving and one more reprehensible, but both involve an admission of guilt. Alternative questions allow a suspect to save face while providing the interrogator with an incriminating admission.

Step 8 attempts to get the suspect to verbalize the details of the offense. After a suspect makes an admission of guilt, the interrogator is encouraged to show signs of sharing the suspect's relief and to draw the suspect into a conversation to fully develop the confession. When general acknowledgment of guilt is achieved, the interrogator is encouraged to return to the beginning of the narrative and obtain information that can be corroborated.

Step 9 is the final step whereby the oral confession is converted into a written confession. This final step is thought to be important because it is assumed that a written confession reduces the possibility that an individual will retract the confession and, if he or she does, it helps to ensure the confession will lead to a conviction.

Research has shown that some of the persuasive tools in Reid's toolbox increase the chances of obtaining false confessions. In a classic experiment, commonly referred to as the *ALT KEY paradigm*, Saul Kassin and his colleagues found that false confessions could be elicited from students through psychological manipulation. Other researchers have replicated these findings using the same design and also using more realistic and pressure-filled scenarios.

Humane Approach: The PEACE Model of Investigative Interviewing

PEACE is an acronym that stands for the stages of interviewing, which include (a) Planning and Preparation, (b) Engage and Explain, (c) Account,

(d) Closure, and (e) Evaluation. Under the PEACE model, the term *interrogation* is replaced with the term *investigative interview*, as the approach is based on a humane and ethical philosophy. In direct contrast to accusatorial approaches, interviewers are taught to collect information before making decisions, which is more akin to hypothesis testing in science. The role of interviewers who utilize PEACE is that of objective fact finders, as they are taught to be open-minded, not to attempt to detect deception through behavioral cues, and not to lie or use psychologically coercive tactics to manipulate interviewees.

Planning and Preparation involves getting interviewers to create a written plan that documents the following: How information obtained will contribute to the investigation; interviewee information (e.g., vulnerabilities); legal safeguards to be administered; and objectives (e.g., points to be disproven). Interviewers are also taught to consider practical arrangements (e.g., where to conduct the interview), develop a timeline of events, prepare the opening question and subsequent questions that emerge from an analysis of existing evidence, create an interview outline, and plan for eventualities (e.g., no comment interview).

Engage and Explain involves engaging the interviewee in conversation and explaining what will happen during the interview. Interviewers engage the interviewee by personalizing the interview, building rapport, engaging in self-disclosure, and acting in a respectful and considerate manner. Interviewers are taught to be accommodating by making sure the interviewee understands the purpose of the interview and to be ethical by providing the required legal safeguards in a clear manner. This phase of the interview also involves telling the interviewee about the outline of the interview, the routines that will be followed (e.g., note-taking), and expectations of both parties (e.g., limited interruptions).

Account involves asking an open-ended invitation that elicits a step-by-step account of the interviewee's whereabouts during the material time frame (i.e., a period of time that encompasses the time when the crime was committed) or asks the interviewee to provide a detailed answer that takes into account the evidence that both the

interviewee and police know about (known as a *trailer question*). The goal of the first part of this phase is to obtain an uninterrupted account of their version of the events. If a free narrative is not forthcoming, interviewers are taught to ask planned questions that attempt to understand the detailed movements and actions of the interviewee during the material time frame.

Interviewers are encouraged to take notes on the various topics (e.g., people, locations, actions, times) regarding the incident. The interviewer should then explore each of the identified topics in a structured manner by (a) opening up a topic through the use of an open-ended invitation (e.g., starting with *tell, explain, describe*), (b) probing the account (who, what, where, when, why, and how), and (c) summarizing all of the information obtained about a particular topic. This systematic process is repeated until all of the topics identified from the interviewee's free narrative have been explored. Once the interviewer believes that all topics have been covered in detail, a summary of the entire interview is provided to the interviewee and checked for the interviewee's agreement of the account.

Interviewers are then taught to consider whether or not the interviewee's account is consistent with the available evidence. If a discrepancy is identified, the interviewer may challenge the interviewee at the end of the interview. A challenge is a clarification-seeking task where the interviewee is given an opportunity to explain any discrepancies. The number of challenges depends on the amount of discrepancies identified. Interviewers are also taught to recognize resistance (e.g., receiving evasive answers) and are taught to handle it in an ethical and appropriate fashion (e.g., not engaging in arguments).

Closure occurs when the interviewer has asked all of his or her questions, and all of the objectives have been achieved. Interviewers summarize the main points of the interview, provide the interviewee with the opportunity to correct or add any information, and explain what will happen in the future.

Evaluation is the final phase in which interviewers consider the effect of new information on the investigation and how the information is consistent with the available evidence. Interviewers are encouraged to conduct self-evaluations of

their performance, and supervisors provide constructive feedback as well.

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See also Confessions; Wrongful Convictions

Further Readings

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POLICE LINEUPS, PSYCHOLOGY OF

The police lineup involves the presentation of multiple individuals (a suspect and a group of known innocent individuals known as *fillers*) to a witness in order to determine whether or not the witness recognizes the suspect as the perpetrator of the crime. The purpose of presenting a suspect within a group of other individuals is to increase the likelihood that a witness who identifies the suspect is doing so because the suspect is the perpetrator and not simply because the witness feels compelled to identify someone. A properly

constructed and administered lineup provides information regarding the likelihood that the suspect is the perpetrator. In U.S. agencies, lineups are typically administered with photo spreads: A photograph of the suspect is presented among photographs of persons of similar appearance. Historically, physical lineups containing a set of people, not photographs, have been used, but their use today is extremely rare. Lineups as a means of criminal identification have been used since the 1800s, but the refinement and sophistication embedded in the policies and procedures that have come about in the 2000s are based largely on empirical science conducted since 1970. This entry discusses considerations and factors involved in administering lineups and presents evidence-based recommendations for conducting police lineups.

Memory Considerations for Police Lineups

All identification procedures are founded on the premise that the witness actually saw and remembers the offender. While obvious, this assumption is complex. Seeing is one thing, forming a memory rich and detailed enough for a reliable identification weeks later is another. An optimal environment for forming a memory would require observing an undisguised face moving slowly in angle and posture at a near distance (5'–10') for a short time (~10") under good daylight illumination in the absence of threats to the observers' life and safety, without competing demands on one's attention to the face observed and without intervening objects (e.g., bushes, screens, glass or plastic media providing reflections). The memory formed is nearly always better if the face is of the same appearance group as the observer: A contrast (e.g., African American or European American faces for Mexican American observers, and vice versa) leads to less effective information gathering from the face.

A large scientific literature exists on the factors affecting perception and memory for faces. However, sorting out their influence in a particular instance is not straightforward. The further the conditions of viewing and memory preservation are from optimum, the more important it is that the procedures and protections built into modern identification techniques be carefully followed. To omit them or take shortcuts increases the

likelihood of false identification, which not only can put an innocent person in prison but also leave the actual offender on the street to offend again.

Preparation of a Police Lineup

The key concern when preparing a lineup is that the suspect should not stand out from the fillers. Eyewitnesses commonly believe that law enforcement has correctly placed the guilty person in the lineup and that their task is to choose this person. Any characteristic that uniquely differentiates the suspect from the fillers may be taken as indicating the identity of the offender. To ensure that the suspect does not stand out, a high-quality lineup will consist of fillers that are similar in appearance to the suspect. Lineups that meet this criterion have been shown to improve the accuracy of the decisions made by witnesses by decreasing the likelihood of a false identification. A variety of factors should be considered to ensure that the suspect does not stand out.

General Appearance

Faces should be similar in their overall shape (round, long, square, triangular) and have similar forehead area and hairline. The features of the fillers should resemble those of the suspect. No one in the lineup should have a facial expression that marks him or her as distinct from the others. Skin coloration should not vary widely.

Distinctive Features

If a witness reports a specific distinctive feature (e.g., marks, scars, tattoos) in his or her description of the perpetrator or if the suspect has a distinctive feature, all lineup members should have a distinctive feature consistent with that described by the witness or present on the suspect. If unable to locate fillers that share the consistent feature, it is better to add that distinctive feature to the fillers that do not have that feature (e.g., through photo editing software) rather than obscuring the feature on all lineup members.

Clothing

Clothing should either be highly consistent across all members of the lineup or should vary

widely. The clothing described by the witnesses from the original criminal event should not be worn by any member of the lineup.

Photograph Quality

Photographs should be highly similar in their general properties (e.g., color of background, source of illumination, facial shadows, contrast, clarity) and should be originals or, when using digital images, prints shown to the witness should be made directly from the digital image. Photocopies from Xerox-type copiers should not be used.

Administration of a Police Lineup

The manner in which the lineup is administered can influence the quality of the witness's identification decision. Factors found to influence these decisions include the pre-lineup admonitions provided to witnesses, the administrator knowledge of the suspect's identity, the manner in which the lineup members or photographs are presented to the witness, and the use of repeated lineups with the same witness.

Pre-lineup Admonitions

Instructions (i.e., pre-lineup admonitions) for witnesses generally influence the witnesses' perception of how much evidence of identity they require before making an identification. Because witnesses tend to approach a lineup with the expectation that the police have identified the perpetrator, they often perceive that their duty is to pick out the perpetrator rather than to evaluate the lineup to determine if the perpetrator is present. Statements made to the witness prior to viewing a lineup have been demonstrated to further exacerbate this misperception of the lineup task. For example, if the witness is told, "We've got a guy who we think did this, and we'd like you to look at some pictures to identify him," the witness has been given information that the police think they have apprehended the perpetrator and also that the witness's task is to identify the one person among those displayed whom the police believe is guilty. As a result, instructions have been developed to produce an unbiased context for the identification process. Instructions that inform the

witness that the perpetrator “may or may not” be in the lineup and that the investigation will continue regardless of their identification decision have been shown to decrease the witness’s expectation that the witness should identify someone from the lineup and reduces the likelihood of the witness identifying a lineup member. In contrast, instructions that inform the witness that the perpetrator, if present, may have changed his or her appearance increase the likelihood of the witness identifying someone.

Administrator Knowledge

Law enforcement agents with knowledge of the suspect’s identity can intentionally and inadvertently influence a witness’s decision when viewing a lineup. Witnesses viewing a lineup administered by this *knowledgeable* administrator may look to the administrator for cues of the suspect’s identity, even when those cues are not being provided by the administrator, thereby making the witness more likely to identify someone even if the suspect is not the perpetrator. To avoid this, all communication regarding the identification procedure from making the appointment to its actual implementation should be made by law enforcement agents who are *blind* to the suspect’s identity.

Lineup Presentation Format

Lineups are typically presented in some version of a simultaneous or sequential format. Simultaneous lineups involve the presentation of all lineup members to the witness at the same time with the witness being asked to determine whether any of the members is the perpetrator. Sequential lineups require the presentation of lineup members one at a time with the witness required to make a determination of whether the specific individual the witness is viewing at that time is or is not the perpetrator before being presented the next lineup member. Sequential presentation leads to a reduction in identification rates whether or not the offender is present. Overall, the accuracy of identification decisions in sequential lineups is sometimes equal to those from simultaneous lineups but not superior.

Repeated Identification Procedures and Memory Contamination

A common finding in the memory literature is the relative ease with which memories of past events can be changed by new information an individual encounters. This phenomenon is referred to as *memory contamination*. One source of memory contamination is the repeated presentation of a suspect to a witness across multiple identification procedures. Identifications made by witnesses participating in two or more identification procedures containing the same suspect are less likely to be accurate. Another source of memory contamination is postdecision feedback provided to witnesses regarding whether or not they identified the suspect. No information about witness performance should be given to witnesses by law enforcement or anyone else.

Documentation of Confidence in Identification Decision

When assessed immediately after the identification decision, a witness’s confidence in his or her decision can be a valuable indicator of the likely accuracy of that identification. Because of the ease with which witness confidence can be manipulated, certainty statements provided by a witness at any time other than immediately after the identification decision are unreliable indicators of accuracy.

Current Recommendations for Conducting Police Lineups

Evidence-based recommendations for creating and administering lineups have been specified in many policy statements, including those produced by the U.S. Department of Justice, the International Association of Chiefs of Police, the Innocence Project, the National Academy of Sciences, and various state prosecuting attorney and law enforcement organizations (e.g., Washington Association of Prosecuting Attorneys, Law Enforcement Management Institute of Texas). Although specific recommendations may vary across these organizations’ policies, four core recommendations are consistently found.

Lineup Composition

Lineup composition refers to the quality of the fillers selected for the police lineup. The suspect should not stand out among the fillers. Fillers should be selected based on their physical similarity to the suspect and should reflect the descriptions given by witnesses, providing they were clear, specific, and in agreement.

Pre-lineup Admonitions

Pre-lineup admonitions refer to the instructions provided to the witness prior to participating in the police lineup. To decrease the likelihood of a false identification, this recommendation states that witnesses should be informed that the perpetrator may or may not be in the lineup, that they are not required to make an identification, that it is just as important to exclude innocent individuals as it is to identify the perpetrator, and that the investigation will continue regardless of the witness's decision.

Blind Administration

Blind administration occurs when the law enforcement agent administering the lineup does not know which individual in the lineup is the suspect. To decrease the potential for administrators to intentionally or unintentionally influence a witness's decision, this recommendation states that the law enforcement agent presenting the lineup to the witness should not have knowledge of which individual is the suspect.

Documentation

Documentation refers to the extent to which a complete record of the lineup procedures and the witness's decision are produced. To maximize the quality of the evidence collected from the witness and decrease the potential for future information to contaminate the investigator's and witness's recollection of the lineup procedure and witness's decision, this recommendation states that law enforcement should produce a complete record of the lineup including the individuals or photographs shown to the witness, the instructions provided, any statements made to the witness during or after the lineup, and any statements made

by the witness during or after the lineup including a statement clarifying the witness's certainty in his or her identification decision. All identification procedures should be video recorded so as to show the administrator, witness, the identification materials (e.g., photos, forms), and a clear view of the surface on which the materials are placed.

Law Enforcement Practice and the Implementation of Recommendations

Various state and municipal law enforcement agencies have adopted aspects of the recommendations. Training in their implementation appears to have lagged considerably behind the formal adoption of policy, and it is not at all clear whether law enforcement agencies effectively monitor the compliance of their investigators with the new protocols.

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See also Eyewitness Testimony; Meta-Analysis; Showup Identifications; Wrongful Convictions

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POLICE MISCONDUCT AND CORRUPTION

Police officers hold a position of power in the criminal justice system, exercising authority over members of the public to maintain order in society. Much research in the field of criminal psychology focuses on understanding offenders and their offending, assisting police in their role of crime detection and investigation. However, research has also acknowledged that police officers themselves do not always act within the law or exercise their authority in acceptable or ethical ways. Where there is power, ultimately there is the risk of corruption, and policing is a high-risk occupation, rife with opportunities for criminal actions as well as workplace misconduct. The consequences can be far-reaching, with negative impacts on the criminal justice system including miscarriages of justice as well as reduced public support for the justice system through undermining beliefs in police legitimacy. This entry discusses types of police wrongdoing, contributing factors, and some responses.

Definitions and Measurement

Knowledge of the extent of police wrongdoing is dependent on how it is defined and measured. While some authors use the terms *corruption* and *misconduct* interchangeably, and as synonymous with generalized workplace wrongdoing, others provide more specific definitions to acknowledge and distinguish a range of unethical practices. Police officers can be vulnerable to corruption defined as acting against their duty (or failing to act in accordance with their duty) in exchange for some sort of gain. This can be considered different from misconduct, which is typically breaking the internal rules of the organization but which does not necessarily involve a relationship with a

corruptor. Finally, police officers can commit criminal offenses, the same as any member of society.

Sources of knowledge on this topic can be particularly problematic due to the secrecy of police officers and police culture more broadly, often termed the *code of silence*. This can impact the likelihood of wrongdoing coming to light as well as directly interfere with investigations. Historically, therefore, serious cases of corrupt conduct have often been revealed through whistle-blowers and media exposés, leading to large-scale investigations or commissions of inquiry. Examples include the beating of Rodney King in 1991 leading to the Christopher Commission investigation into the Los Angeles Police Department, the Fitzgerald Inquiry into corruption in the Queensland (Australia) Police after a series of media stories in 1987, and the Leveson Inquiry after the UK phone hacking scandal in 2011.

Less serious issues are often highlighted through complaints by members of the public. However, historically, the public lacked confidence in police to take such complaints seriously and investigate them impartially. This led to the establishment of independent complaint-handling bodies, some of which publicize extensive data on numbers and types of complaints received against officers in their jurisdiction. Such data, though, have been argued to represent only the *tip of the iceberg* in terms of revealing problem behavior.

Difficulties in detection of acts of corruption or misconduct have led researchers to develop alternative measures, such as ethical climate surveys. These surveys measure officers' ethical attitudes and hypothetical behavior in response to a variety of scenarios and can be used to monitor trends over time, both between and within police departments. This signifies a more research-oriented approach of monitoring issues rather than investigating individuals.

Cases and Types

Policing is not the only occupation open to corruption and misconduct, but police work offers some unique opportunities. Areas of police work involving large sums of money, such as those investigating drugs, vice, or robbery, have shown particular risks, as well as undercover police work

and dealing with criminal informants. The powers delegated to officers, and the high degree of discretion they have in applying them, mean their decision-making can be vulnerable to internal and external influences. Officers may experience implicit biases when applying the law but can also face explicit attempts at influencing their conduct. This could range from a motorist trying to avoid a speeding ticket to organized criminals looking for protection for their illegal activities, and incentives can be wide-ranging.

The Knapp Commission, which investigated corruption in the New York Police Department in the early 1970s, highlighted the difference between officers who were *meat eaters* or *grass eaters*, proactively seeking out opportunities for large-scale gain or reactively responding to offers of low-level perks, respectively. Common to both, though, was an underlying motivation of benefit for the officer. However, scholars soon recognized that officers could also act corruptly to further organization goals. The *Dirty Harry* effect saw police rule breaking under the guise of the *noble cause*, that the ends justified the means. This could include illegal searches, planting evidence on suspects, ignoring due process (e.g., questioning suspects without legal representation), and forcing or falsifying confessions. While the motivation was to solve crime by ensuring the arrest and conviction of suspects, such behavior has led to high-profile miscarriages of justice around the world, such as the cases of the Birmingham Six and Guildford Four in the United Kingdom in the 1970s.

After the 1990s, police deviance shifted from corrupt behavior toward the abuse of authority. Assault and excessive force consistently appear among the most common types of complaint against police across many jurisdictions around the world. Many scholars cite the inappropriate use of coercive force to be the central problem of police misconduct, creating a *slippery slope* toward more serious behavior such as lying and falsifying charges against the victim. This corruption–brutality relationship was noted by the Mollen Commission, which investigated the New York Police Department in 1994. The negative impact on police–community relations is also evident from high-profile public demonstrations and rioting in both the United States (e.g., in Ferguson,

MO, in 2014) and the United Kingdom (e.g., the 2011 riots in London and other UK cities) in response to police use of deadly force.

There is also increasing interest in the conduct of police officers while off duty. Clearly, police officers should not be engaging in any form of criminal behavior, but many hold police officers to higher moral standards than ordinary citizens. Activities such as secondary employment, conduct in social situations (particularly involving alcohol or other substances) or on social media, as well as associations held by police officers can all come under scrutiny. Actions that do not conform to expected standards, even when out of uniform, can reduce public perceptions of the legitimacy of police officers and damage the reputation of whole police departments.

Causes and Contributors

Inquiries and research into police wrongdoing initially promoted individual-level explanations that labeled corrupt officers as *rotten apples* in an otherwise *healthy barrel*. This quickly gained traction with police departments as it was more palatable to identify and remove individuals than to consider problems widespread and systemic. Police recruitment still relies on such a perspective to a certain extent, with procedures to screen out undesirable traits, attitudes, and backgrounds considered unsuitable for police work. However, this perspective assumes that *bad* individuals will always be bad and so can be detected early and that removal of individuals will remove the problem; neither is always the case.

Subsequently, there was a growth in recognition of the policing culture as being inherently problematic, with ethnographic and observational research concluding that all police officers share common values and norms including a sense of social isolation from, and cynicism toward, the public, solidarity with fellow officers (the code of silence), and traditional notions of masculine behavior, as well as support for the use of coercion. However, these dimensions have been criticized as a stereotyped, negative view of police, and there is debate as to whether police culture is homogenous or varied. Thus, it is not only the officer's cultural environment that is important, but how that officer responds to it. Differences in

culture are also noted at distinct phases of officers' careers and at different positional ranks.

A common finding of corruption inquiries is that certain policing structures and goals (organizational factors) can breed systemic problems and promote negative cultures that tolerate or perpetuate poor behavior. Much police work operates in an environment of low visibility, with a lack of supervision, where officers may encounter multiple opportunities to use their discretion as to whether and how they enforce the law. As noted, under these conditions, there can be opportunities for corruption, particularly in environments where large sums of money are involved. In addition to pressures from everyday encounters, the organization can contribute to problems through setting performance goals based on arrests, crime *clear up* rates, and other metrics that evaluate policing by the outcomes rather than the integrity of the process. Similarly, providing insufficient or unworkable policies and a lack of leadership to reinforce standards, oversee activities, or address behavioral issues can also promote a culture that tolerates misconduct and corruption. Early inquiries highlighted particular problems with supervisors turning a blind eye to wrongdoing or setting a bad example to junior officers through their own inappropriate behavior. Contemporary perspectives have begun to recognize the importance of supervisory behavior in terms of the fair treatment of officers and the effect this has on officers' organizational commitment and rule adherence.

Responses and Prevention

Understanding the causes of misconduct and corruption aids in designing appropriate responses and prevention strategies. Inquiries into police corruption often highlight the ineffectiveness of police internal investigations and the need for greater external accountability of police agencies. Public confidence in the impartiality of police to investigate complaints against their own officers has typically been low. It is, therefore, common for police jurisdictions to have a mechanism for civilian oversight. However, the independence and scope of such a mechanism can vary greatly from the review of police decisions, to extensive powers and resources to independently investigate suspicions of corruption. While external agencies can

provide the reassurance of independence and improve public confidence in complaint handling systems, police agencies must also take responsibility for the behavior of their employees for ambitions of police integrity to be considered genuine.

Reactive responses to misconduct include providing suitable consequences for rule breaking. This includes provision of remedial responses, such as counseling or retraining, as well as punishment and possible criminal prosecution of officers. Early intervention systems are a popular concept within police departments, whereby patterns of misconduct can be detected early through monitoring prescribed indicators, such as complaints, to identify and address problems early before they escalate in seriousness or frequency. More proactive approaches to improving behavior include applicant screening and enhanced ethics training, drug and alcohol testing of officers on duty, and risk management procedures, for example, registering gifts and conflicts of interest. Technology is also increasing police accountability. Beginning with the audio recording of police interviews to guard against false statements, now searches and seizures are routinely video recorded and, increasingly, officers are using body-worn video cameras to record their encounters on the street. Technology also helps to track police patrol cars, including during high-speed pursuits; record and control access to confidential information through individualized accounts; and provide sophisticated covert tactics for gathering intelligence on possible corrupt practices.

Finally, modern policing places more importance on the culture of integrity. Police agencies publicize their organizational goals and values, which typically include service delivery to the public, as well as ethics and fairness. These messages promote the integrity of the policing process, although there can still be some tension between these messages and numeric outcomes-based performance measures. Officers are also encouraged to come forward and report wrongdoing (indeed in some jurisdictions not doing so is a disciplinary offense) and are provided support to manage ethical dilemmas in the workplace, such as telephone advice lines.

There is a range of reactive and proactive measures that jurisdictions can adopt to improve

police behavior. Whether a minimal or more advanced approach is chosen may depend on the environment, including the opportunities for wrongdoing; there is no one-size-fits-all strategy; solutions should be tailored to problems. Police departments must be open to scrutiny, be data driven, and learn from incidents in a way that recognizes the value of external assistance in tackling problems at the systemic level.

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See also Law Enforcement Agencies; Law Enforcement Employment Screening; Occupational and Corporate Crime; Police Interrogations; Policing

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POLICE OFFICER EVALUATIONS: SUITABILITY FOR HIRE AND FITNESS FOR DUTY

Suitability for hire and fitness for duty evaluations (FFDEs) for police officers are complex evaluations that attempt to predict one's suitability for being hired as a police officer or to determine fitness to continue to serve as an officer. There are multiple issues with regard to conducting these assessments; some of the issues addressed in this

entry are (a) predictive validity; (b) normative samples, defensiveness, and response styles; (c) the California Peace Officer Standards and Training (POST) dimensions; (d) typical problems with police officers; and (e) typical types of psychological measures that are used in conjunction with police evaluations.

Predictive Validity

Predictive validity refers to how accurate psychologists are in predicting what they are trying to predict. It asks the question, "What percentage of the time is a psychologist correct in his or her opinion about what they are trying to predict?" To improve this validity, it is important to use measures that have been shown in research to be linked to the outcome variable, in these cases, suitability or fitness. Many measures have been used in evaluations, but not all have been found in research studies to be accurate in predicting suitability or fitness. Just because a measure is useful in a clinical population, it should not be assumed that it is relevant to the issues involved in police screening. But, there is limited research on the predictive validity of common clinical tools used by psychologists for police evaluations. As a result, measures not shown in research to be predictive of suitability or fitness are often used because they are predictive of clinical syndromes and addictions.

Two ways to improve predictive validity are to use measures shown in research to be predictive of suitability or fitness and to conduct future research on the predictive validity of common clinical tools for these evaluations.

Normative Samples, Defensiveness, and Response Styles

A normative sample is a sample of individuals who have previously taken a given test. Typical sample numbers are in the thousands. An examinee's score during a suitability evaluation or FFDE is compared to the normative sample. Scores too high or too low are considered *not normative* or *outliers* because they lie outside of the typical responses in that group and are rarer for that sample. The type of normative samples used in evaluations is important because it has an

effect on whether or not the individual is being compared to individuals similar to himself or herself.

A sample of applicants who were subsequently hired, or a sample of incumbent police officers, is called a *public safety sample* and is preferable in suitability evaluations to a clinical or community sample for multiple reasons. One reason is that the American Psychological Association's ethical guidelines state that appropriate normative samples be used when conducting psychological assessments. Another reason is response styles, or an individual's tendency to deliberately try to fake good, fake bad, or respond randomly or inconsistently to items. In police evaluations, individuals are being assessed with regard to employment and not as individuals in the community seeking psychological assessment or treatment. So, when they take the tests, there may be an increased level of defensiveness, a tendency to portray oneself in a favorable light, an unwillingness to admit to minor shortcomings, or an attempt to get out of work.

Most individuals assessed for preemployment are hoping to be found suitable for the job and free from mental illness. A desire to be hired can increase the results of the validity scales. As such, a *faking good* response style can render the results invalid. For example, in a FFDE, an individual could fake bad or fake good, depending on their motivation (i.e., wants to get out of work or wants to go back to work, respectively).

Using public safety samples in suitability evaluations can minimize the likelihood that measures will be invalidated because of defensiveness or a tendency to fake good in suitability evaluations. This is because the entire normative sample was assessed for preemployment reasons rather than for a clinical reason or for participation in a study. Therefore, in suitability evaluations, the tendency to fake good would likely be the *norm* because candidates will want to be seen as suitable. The use of a public safety sample serves to normalize a tendency to portray oneself in a positive light. Thus, because most candidates in suitability evaluations want to be hired, the use of public safety norms helps to level the playing field. As a result, a candidate would have to be extreme in his or her attempt to fake good in order for the validity scale to be considered significant.

Using a public safety sample also helps to detect pathology that may have been missed if an individual was portraying himself or herself in a positive light, but not to the extent that the measure would be invalidated. In those cases, the scales assessing for pathology would be reduced, and there would be a greater likelihood the psychologist would not see problems when looking at the data. This is because the scale that assesses for various dimensions would be depressed or subthreshold and not flagged as a problem. Thus, when possible, it is preferable to use measures that offer a public safety normative sample when conducting suitability evaluations. To date, no FFDE normative samples have been developed.

California POST Dimensions

The California POST dimensions provide a well-researched and defined taxonomy for defining suitability. The California POST Commission conducted a statewide analysis of the demands and requirements of the job through subject matter experts (patrol supervisors and field training officers) from the entire state of California, rating the importance of various competencies to successful officer performance. After three empirical studies, the following 10 dimensions were found consistently to be linked to successful performance:

1. *Social competence* involves social awareness, empathy, respectful communication, and concern in one's daily interactions.
2. *Adaptability–flexibility* involves the ability to adjust to unexpected or sudden tasks and the continuation of duties without supervision.
3. *Impulse control–attention to safety* involves the avoidance of unnecessarily risky and/or impulsive behavior, attention and awareness of hazards, and ability to suppress impetuosity.
4. *Teamwork* includes effectiveness in working with others, providing assistance, and maintaining cooperative working relationships.
5. *Conscientiousness–dependability* involves reliable and diligent work patterns, carrying out assigned tasks, good organizational skills, and perseverance.

6. *Integrity–ethics* involves maintaining high standards of personal conduct, abiding by laws and procedures, and not bending rules or abusing the system for a personal gain.
7. *Avoiding substance abuse and other risk-taking behavior* involves avoiding participation in risky behavior that can be self-damaging or inappropriate (e.g., sale of drugs, domestic violence, alcohol or drug abuse).
8. *Emotional regulation and stress tolerance* involves the ability to stay in control and maintain composure in stressful situations, acceptance of mistakes, and maintaining an even temperament on and off duty.
9. *Assertiveness–persuasiveness* involves taking control appropriately in all situations, the ability to confront suspects, and persuading others to adopt a desired course of action.
10. *Decision-making and judgment* involves the ability to use practical judgment and efficient problem-solving skills, and the application of deductive and inductive reasoning when necessary.

Typical Problems With Police Officers

While the POST dimensions are used to define the *ideal* cop, they are dynamic rather than static variables, meaning that they do not remain fixed but instead can change over the course of a career as critical incidents or other events occur. Once an officer is found suitable for hire, he or she may encounter problems, experience trauma, or other circumstances may arise that may render that officer unfit. Typically, police departments will identify a problem and refer the officer for an FFDE. Reasons for referral of an officer for examination typically fall into four main categories: (1) trauma and post-traumatic stress disorder, (2) substance abuse problems, (3) domestic violence or anger management problems, and (4) other.

Due to the circumstances of the job and the role of being a first responder, police officers often experience work-related trauma. Some officers also have substance use disorders, either as a coping mechanism for post-traumatic stress disorder or for other reasons. It is more common for alcohol use to be problematic than street drugs, as

officers are randomly drug tested. However, officers who have had work-related injuries may become addicted to prescribed medications.

Difficulties in managing anger and relationships can also arise for police officers. Long hours, night shifts, a need to maintain control and order at work, and pent-up anger can result in domestic violence and anger management issues. Finally, there are a number of *other* situations, such as those related to off- or on-duty misconduct, head traumas, dementias, concussions, brain diseases, grief, stress, or other medical illnesses that can affect one's mental state.

Typical Assessments and Measures

Psychological testing for preemployment screening typically involves a measure of normal personality traits such as the Big Five: conscientiousness, emotional stability, agreeableness, extraversion, and openness. The California Personality Inventory looks at the Big Five traits as well as others. The factor scales of the California Personality Inventory have been researched and shown to be valid predictors of the California POST dimensions. Public safety norms are also available for the test. The Public Safety Report offers favorable and unfavorable job indicators related to fitness as well as information about job suitability.

Also, typically administered in suitability evaluations is a screen for psychopathology and substance abuse. The Personality Assessment Inventory–Public Safety Selection Report and the Minnesota Multiphasic Personality Inventory–Restructured Form–Police Candidate Interpretive Report are designed to detect pathology and substance use disorders. Both measures provide public safety norms and information regarding job suitability.

In suitability evaluations, a measure of cognitive functioning is also typically given to ensure adequate cognitive functioning. The choice of cognitive measures depends on the purpose of the testing. For instance, in a preemployment examination, in which multiple applicants might need to be assessed cognitively, a group-administered measure that provides a quick cognitive screening can be administered. However, if the individual is already a police officer and has a head trauma or possible dementia, full testing with a comprehensive IQ test or the use

of neuropsychological measures might be indicated in order to answer the question of fitness.

Various other measures are often used to assess background history, substance abuse, violence risk, suicide risk, current stressors, coping abilities, and state or trait anger. Most of the measures that are used in FFDEs have no public safety norms and have not been shown to have predictive validity. Many of the clinical measures, however, do have predictive validity with regard to the individual problems or mental health disorders assessed.

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See also Career Paths in Criminal Justice; Community Policing and Crisis Intervention Team Model; Correctional Officer Stress; Correctional Officers; Correctional Officers, Occupational Duties of; Corrections; Intimate Partner Violence; Law Enforcement Agencies; Malingering

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POLICE RESPONSE TO PEOPLE WITH MENTAL ILLNESS

During the last third of the 20th century, dramatic changes in regard to the treatment of people with mental illnesses occurred. In particular, the development of antipsychotic medications meant that many people, particularly with psychotic illnesses such as schizophrenia and bipolar disorder, who had formerly been untreatable, were now able to receive medical treatment that effectively reduced many of their symptoms. At the same time, changes in mental health legislation resulted in an increase in the rights and privileges accorded to people with such problems. In combination, these factors resulted in significant numbers of people with mental illnesses being discharged from psychiatric hospitals and, thus, living in the community. This contributed to a substantial increase in the number of interactions between police and people with mental illnesses. Since that time, police organizations have been developing a number of initiatives and programs to address this situation.

Nature and Causes of Police Interactions With People With Mental Illnesses

While on the surface these major shifts were advantageous to people living with mental illnesses, there were a number of unforeseen consequences from this mass deinstitutionalization. In most countries, governments did not anticipate or provide sufficient support for people with mental illnesses living in the community. Inevitably, this led to an increase in the involvement of people with mental illnesses with the criminal justice system in general and, in particular, a dramatic increase in the number of interactions between people with mental illnesses and police.

Although reliable data are difficult to come by, it has been estimated that 7–15% of police calls might involve a person with a mental illness or a mental health problem. The question of whether people with mental illnesses are actually more likely than other people to participate in criminal activity is complex. There is evidence that mental illness in combination with substance abuse can lead to an increase in criminal activity. However, it does not appear that an increase in criminal activity by people with mental illnesses is the primary reason for the increased number of interactions between police and people with mental illnesses. In fact, most interactions between police and people with mental illnesses do not involve criminal activity. There are a variety of reasons why PMI might come in contact with the police:

- most mental health legislation includes a provision for police to apprehend people who appear to be experiencing a mental illness under certain conditions and take them to a psychiatric facility for assessment; this usually occurs in situations in which the person is perceived to be a danger to him- or herself or to someone else;
- people with mental illnesses, particularly when they are unwell, are at higher risk to become victims of crime and, therefore, might come in contact with the police when they have been victimized as opposed to being perpetrators of crime;
- people with mental illnesses are at much higher risk of becoming homeless;
- the families of persons with mental illnesses often resort to calling the police when their relative appears unwell and in need of treatment, but the person with mental illness might not be agreeable to going voluntarily to the hospital to receive such treatment; hence, police might use the authority of mental health legislation to take such persons involuntarily;
- police might, and indeed often do, play an informal social support role with people with mental illnesses, informally keeping track of them and looking out for their well-being; and
- some people with mental illnesses do in fact participate in criminal behavior and come to the attention of police in this context.

Because of the often inadequate mental health services, many people with mental illnesses have their first contact with the mental health system through the criminal justice system. Police can even be viewed as the gateway to the mental health system for persons with mental illness or mental health problems.

Even though attending to vulnerable populations, such as those with mental health problems, is an integral part of police work and consistent with the fundamental principles of contemporary policing, the involvement of the police might also contribute to undue stigmatization of mental illnesses. In addition, police have traditionally not been well equipped with the skills and knowledge necessary to interact constructively with people who might be acutely ill. This can be due to several reasons. One is that sometimes police officers are hired who are not suitable for some aspects of police work. Another is that sometimes basic training of new police officers as well as ongoing in-service education and training is insufficient to prepare police personnel for working with vulnerable persons. As a result, some interactions have not gone well.

When one looks at statistics related to use of force by police and their interactions with the public that result in a death, people with mental illnesses are clearly overrepresented. Consequently, starting in the mid-1990s, there has been increased emphasis within police agencies and police academies to develop skills and knowledge on the part of police officers to understand and interact with people with mental illnesses and to form greater and more constructive linkages with the mental health system.

There have been two areas of particular focus in regard to improving outcomes of police interactions with people with mental illness. The first of these has related to providing not only additional education and training for police personnel but also a wider variety of education and training that will enable positive outcomes. The second relates to the development of specialized teams and services within police agencies to respond to calls for service that might involve a person with a mental illness.

Education and Training for Police Personnel

By the early 21st century, it had become fairly standard for police academies to include at least a

minimal number of hours of training and education about mental illness for police officer candidates. Typically, such curricula include the following:

- understanding the basic signs and symptoms of mental illness,
- the common types of mental health diagnoses and treatments,
- assessing and responding to suicidal people,
- verbal interaction and de-escalation skills,
- the powers and limits accorded to police under mental health legislation, and
- the options available to police when they encounter a person who appears to have a mental illness.

While some research has been conducted in regard to police interactions with people with mental illnesses and the learning necessary to maximize positive outcomes, overall, substantial additional research is required. In particular, research that is focused on how effective current learning programs are and how learning will be retained by police officers over time and applied under sometimes stressful circumstances is necessary. The extant research in regard to the efficacy of such education and training is inconclusive, as it can be difficult to determine exactly what components are most effective in changing police behavior. Moreover, it is also difficult to measure actual changes in behavior. In addition, curricula are highly variable from one police academy or organization to another. Many studies report an improvement in knowledge and attitudes on the part of police following training. Nevertheless, it has become generally recognized that education and training in this area should be multifaceted and ongoing, and needs to focus on a variety of factors including stigmatizing attitudes, factual knowledge, skill acquisition, and active problem-solving.

One comprehensive contemporary framework that has been developed by the Mental Health Commission of Canada and supported by the Canadian Association of Chiefs of Police is *TEMPO*, an acronym for “Training and Education about Mental Illness for Police Organizations.” It reflects a multilevel and continuing education focus for all personnel of a police organization, including not only police officers but

also personnel such as call takers, dispatch personnel, and victim service workers.

TEMPO, in part, draws on the foundations from Crisis Intervention Teams (CITs, described in the next section) as well as the international literature and a review of the various curricula used in police academies in many different countries and jurisdictions. In addition to knowledge and skills, it focuses on active problem-solving, addressing stigma, ethical conduct, human rights, and utilizing a systems approach to interactions with people with mental illnesses. Overall, it emphasizes that design and delivery of police learning must be in conjunction with persons with mental health problems.

Police Response Models

While education is an essential component for the preparation of police for successful interactions with people with mental illness, there is also a need for specific program and service delivery developments—appropriate response modes. Probably the most well-known and well-researched police-based response model is the CIT, often referred to as the *Memphis model* since it originated in Memphis, TN. This is arguably the predominant model in the United States. Its focus is on developing a critical mass of highly skilled and specially trained police officers within a police agency who serve as resources to other police first responders.

When a patrol officer encounters a situation involving a person with a mental illness, the officer is able to contact a member of the CIT who can assist in the resolution of the situation. These specialized officers have received extensive training about mental illness and are also involved in developing liaisons with the mental health services in their jurisdiction. A key component of the CIT model is the formation of alliances between specific mental health services and the police organization, so that police have options and resources that might assist them in dealing with situations involving persons with mental illnesses when neither hospitalization nor criminal charges are appropriate.

However, the CIT police-based response model is not the only response model designed to work with people with mental illnesses. In some

jurisdictions, co-response models are more common. There are varying forms of co-response models, but the essential feature of these models is that a police officer and a mental health worker (who might be a nurse, a social worker, a psychologist, or other mental health worker) respond jointly to calls involving a person who appears to have a mental illness. In Canada, co-response models are the predominant model. It has been hypothesized that one reason for this is that the lower overall rate of violence in Canada leads to a perception that it is safer for mental health personnel to be directly involved at the time of first response.

Co-response models might take a variety of forms. In some instances, the teams are first responders and respond directly to calls that appear to involve a person with mental illness, whereas in other cases, they might provide a secondary response after the initial response by a patrol officer. Co-response models might be based in either a police organization or a mental health organization with personnel from one organization being seconded to the other. This type of model also helps to deal with the barrier that often prohibits information sharing between police and mental health agencies and, therefore, might result in more effective disposition of individual situations.

Because of the variability of the different co-response models, it is difficult to assess their efficacy and to compare them with CIT-type responses. There is evidence that both of these response models tend to reduce the number of apprehensions of people with mental illnesses by police pursuant to mental health legislation as well as arrests for apparent criminal behavior. There is some evidence that officers who have received CIT training might resort to less use of force in their interactions. There is also some evidence that there is an increased number of linkages between people with mental illnesses and mental health agencies when CIT officers are involved. Similarly, a review of co-response approaches indicates a variety of positive outcomes, including an increased number of linkages with the mental health system, a decrease in the number of hospital admissions, and a decrease in the amount of time that police spend in their interactions with people with mental illness. Some studies have also indicated that such models are cost-effective overall.

A few larger police agencies have also developed case management processes for people with mental illnesses, whereby particular individuals who tend to be heavy users of police resources are the focus of individualized case management plans developed jointly by the police organization and its partner mental health agency as well as appropriate social agencies. This type of service is often useful and effective in community management of individuals with severe personality disorders.

Police-based programs to address the needs of people with mental illnesses often—and ideally—work in conjunction with other community programs such as mental health system-based crisis line and crisis services, mental health courts, other diversion programs, social services, and hospital-based services including emergency rooms and psychiatric facilities.

The Strategic Approach

While all of the aforementioned approaches appear to be promising and there are data that support their effectiveness to some extent, it has become increasingly apparent that the mere presence of an add-on program or specialized team within the police agency is not sufficient to address the many and complex problems identified earlier that might involve vulnerable people including those with mental illnesses. In addition, while such programs might be cost-effective and practical in larger jurisdictions, smaller towns and cities as well as more rural jurisdictions are not likely to be able to support such specialized programs given the relatively smaller number of calls that might involve people with mental illnesses. Therefore, since about 2012, there has been an increasing tendency for police agencies to consider the development of a comprehensive strategic approach to address the complex needs of vulnerable people, in general, and people with mental illnesses in particular.

A strategy, as opposed to a discrete program, includes an emphasis on the root causes of problems as opposed to focusing predominantly on the symptoms of a problem. In the case of police interactions with people with mental illness, a strategy is likely to reflect the need for an organizational culture that reduces or eliminates stigma related to mental illness and focuses on human rights, procedural justice, and

reduction of criminalization. Typically, such a strategy would focus on increasing the likelihood that interactions between police and people with mental illnesses result in positive outcomes; that police are part of a comprehensive community system involving government and nongovernmental organizations including not only health and mental health organizations but also those that support housing, income education, and employment; that approaches to interactions with persons with mental illness reflect not only the mental health needs of the individual but are also needs specific to gender, culture, language, and local community needs; and, arguably most important, that police interventions are both proactive and reactive.

Of note is that a strategy includes and directs the need for the development of appropriate educational initiatives and specific programs, but goes beyond that and recognizes that police might interact with people with mental illnesses in a wide range of circumstances, and that, therefore, no single stand-alone program will address all possible circumstances. As of 2015, very few police organizations were taking a strategic approach; however, it appears that the Los Angeles Police Department is one police agency that takes such an approach. The Ontario Provincial Police, Canada, have recently developed a comprehensive strategy to address not only their interactions with people with mental illnesses but also the mental wellness and understanding of mental health in the police workplace. These are both bold initiatives that could be emulated in the interest of improving outcomes for persons who have mental health problems within as well as external to a police organization.

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See also Community Policing and Crisis Intervention Team Model; Crisis Intervention Teams; Mental Disorders and Violence; Mental Health Courts; Mental Illness and Crime, Etiological Linkages Between; Mental Illness and Violent Behavior: Perceptions and Evidence; Police–Probation Partnerships; Policing

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POLICE SUICIDE

The Centers for Disease Control and Prevention estimates that 30,000 people die by suicide in the United States each year. The topic of suicide by law enforcement officers prompts controversy among those in the mental health and law enforcement communities, as questions of cause and influence come into play. Some experts claim that a breakdown in relationships is what leads to suicide among officers. Others argue that it is the

inherent stressors of the job that breaks down an officer's resilience and adaptive coping resources, which in turn leads the officer to take his or her own life. In this entry, several issues that may contribute to police suicide are considered.

Although the media portrays high numbers of suicide within law enforcement, some researchers dispute these numbers. Some studies have indicated that the number of law enforcement suicides may actually be lower than those of the general population when the sample is matched according to gender, age, and race.

Repeated Exposure to Trauma

Police suicide started receiving recognition in the 1990s. Studies were conducted by various recognized police psychologist experts working in partnerships with federal agencies to understand why police officers who are charged with helping their communities live better lives were taking their own lives after years of service. Officers often choose their profession out of a motivation to help others; however, within the first 5–10 years, they often report burnout, a perception that their ability to help others has decreased and witnessing continuous tragic events can lead up to cumulative stress. Vicariously experiencing other peoples' pain is a daily part of law enforcement and, as many remain in law enforcement until retirement, this daily experiencing of others' hardships continues for years. Being a part of these critical incidents can start to alter their own moral perspective as a result of regularly seeing the negative side of society. While officers wear body armor to protect their physical well-being, they often also develop internal armor that protects their psychological well-being. To those who lack understanding of the true job requirements, it can appear that the officers are cold, insensitive, distant, unyielding, uncaring, or overbearing—perceptions that can impact interpersonal relationship dynamics.

Family and Relationship Challenges

When an officer finds it difficult to cope with vicarious trauma, he or she may choose maladaptive behaviors such as alcohol abuse, extramarital affairs, or pulling physically and/or emotionally away from the home environment. Another cited

relationship challenge is the physical absence of the officer from the family, due to the requirements of the job. As a consequence, the officer's spouse becomes, by default, the primary manager of the home and parental figure for the children. This situation can cause stress on all family members, which can lead to marital discord.

Another cited challenge is the difficulty an officer may have in effectively communicating with his or her spouse; the tendency to *protect* the loved ones by sheltering them from the horrific events *out there* may be perceived by the spouse as refusal to connect and interact honestly and vulnerably. In addition, the loved ones may have to take a back seat to the needs of the agency, for example, the officer not being available for holidays, important family events, and the daily needs of the partner and children. As the family starts to disintegrate, the officer may start experiencing some mental health issues such as depression and anxiety. However, many officers do not seek mental health services unless they are mandated to do so, such as following a particularly traumatic critical incident.

Cumulative Stress

Critical incidents or cumulative stress can start to compound and the officer who is charged to take care of others may forget to safeguard his or her own mental health, seek assistance from professionals, or speak to his or her agency. Compounded by irregular sleep schedules, competing demands, and health issues that are often neglected can lead the officer into a downward spiral. Post-traumatic stress disorder can lead the officer into poor decision-making such as drinking too much, excessive gambling, or other behaviors that can negatively impact lives and families.

Sleep disruption, including shift work sleep disorder, is common for active-duty officers. Both a lack of sleep and a disruption in circadian rhythms have been linked to issues with depression.

Following an officer suicide, it is not uncommon for family members and even other police officers to express a lack of surprise, but then in retrospect recognize some of the symptoms leading up the suicide. Moreover, it is known that veteran officers who are facing retirement are also facing the loss of an identity: no longer being active police

officers. This loss of a sense of identity, combined with a loss of sense of purpose, may contribute to retired officers' taking their own lives.

Stigma in Seeking Help

Many in the community at large are hesitant to seek mental health care due to fear of the perceived negative stereotypes involved. This perceived stigma may be even more pronounced in the law enforcement community, where an officer's ability to perform job duties hinges in part on being perceived as capable, strong, and in control. Therefore, when an officer experiences human suffering, disaster, or tragedy, he or she may feel obligated to get *squared away* (i.e., become in control physically and emotionally) without any outside assistance—especially from professional mental health services.

Law enforcement is a high-risk job in which officers are likely to witness horrific events on a regular basis. However, unlike other high-risk jobs that also involve the experience of tragedy (e.g., firefighters), officers today may be vilified by some members of the public and of the media. This can cause stress not only to the officer but also to the officer's family.

All of the aforementioned issues are just some of the potential triggers that could lead an officer to take his or her own life. Although there is disagreement in the professional communities as to the frequency of police suicide, and the direct causal factors, there is general consensus on the need for increased and improved mental health and social support resources to help reduce or eliminate police suicide.

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See also Community Corrections; Community Policing and Crisis Intervention Team Model; Correctional Officer Stress; Correctional Officers; Suicide Risk and Self-Harm

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POLICE–PROBATION PARTNERSHIPS

In 2013, a study conducted by the Council of State Governments Justice Center revealed one in five arrests in four California cities involved an individual under community supervision. In fact, many large cities have found that a substantial proportion of crimes involve probationers (either as perpetrators or victims), necessitating the increased collaboration between police and probation. This entry discusses the origins of partnerships between law enforcement and probation agencies, their various forms and functions, what is known from the available research, and the direction of partnerships going forward.

Origins of Partnership

Boston's Operation Night Light, a component within a larger multiagency initiative known as *Operation Ceasefire*, is considered the first

formalized police–probation partnership, officially established in 1992. Faced with a growing street-level gang pandemic, the partnership took root when two probation officers and two police officers had a chance encounter in court. With the realization they were both working with many of the same individuals on the street, the officers began conducting joint patrols of high-crime areas and high-risk individuals. The program operated by selecting 10–15 of the most high-risk gang-affiliated youth under supervision and performing home, school, or workplace visits in an unmarked cruiser with plain-clothed probation and police officers. In addition to targeted visits, the officers conducted patrols through hot spot locations. One of the unique aspects of Operation Night Light was the shift in the probation officers' schedules to conduct home visits between 7:00 p.m. and midnight, when youth were known to be at greater risk of criminal involvement. This required greater flexibility from the probation officers who had historically worked an 8–5 shift. Police officers that participated in the program gained a greater understanding of who was under supervision and therefore continued to operate as additional eyes for probation even when doing their routine patrols.

Operation Night Light was well received by practitioners and was quickly replicated in numerous other jurisdictions across the United States under a variety of names including San Bernardino's Nightlight, Minneapolis's Anti-Violence Initiative, Washington State's Smart Partners, St. Louis's Nightwatch, Maricopa County's Neighborhood Probation, Texas's Project Spotlight, and Philadelphia's Youth Violence Reduction Partnership.

Forms and Functions of Partnerships

Partnerships between police and probation have been categorized as serving various needs and purposes beyond those made famous by Operation Night Light and its many replications, best regarded as enhanced supervision programs. They may be larger in scope including partnerships with community and faith-based organizations (i.e., interagency problem-solving partnerships), specific to a given type of probationer such as sex offenders or perpetrators of domestic violence (i.e., specialized enforcement partnerships),

focused on the reacquisition of absconders (i.e., fugitive apprehension partnerships), or simply concern the improved sharing of information between probation and law enforcement.

Enhanced supervision partnerships, such as those discussed previously, are generally the most intensive form of partnership, requiring direct contact between police, probation officers, and probation supervisees. Characterized most by their use of joint patrols and home visits at unconventional hours, enhanced supervision has been utilized for both adult and juvenile populations, especially gang-involved youth and young adults. Ideally, such intensive programming would be reserved for those individuals at greatest risk to reoffend, but in practice, it has been used with a wide range of clientele including status offenders.

Similar to the promulgation of enhanced supervision partnerships, the development of large multi-agency initiatives has also become increasingly more common since the inception of Boston's Operation Ceasefire. These initiatives may involve numerous organizations in addition to police and probation, with the partnership between law enforcement and probation officers playing a minor role. Examples include the Boston Reentry Initiative, Pittsburgh's One Vision One Life, and Chicago's Project Safe Neighborhoods. These collaborations are characterized by several key components including offender notification forums, increased penalties for gun possession, increased federal penalties, and increased gun seizures. Offender notification forums involve the selection of a small number of high-risk gang-involved individuals under supervision who are invited to a meeting in which criminal justice professionals (e.g., prosecutors, police officers, probation officers) provide a message of deterrence (i.e., the penalties for criminal activity will be stiff) but also an opportunity to meet with community- and faith-based organizations about resources available to assist them.

Specialized enforcement partnerships are the least discussed in the literature. That said, they may comprise an enhanced supervision partnership or a larger interagency initiative that focuses on a specific group of offenders (e.g., gang members, sex offenders). Alternatively, such partnerships may be specific to a given type of criminal activity

identified by a community in need of intervention. For example, violence interrupters represent former gang members who attempt to intervene in local street gang conflicts in coordination with law enforcement and probation agencies.

Fugitive apprehension partnerships target absconders, individuals who have failed to appear before their supervising officer. Similar to when an individual fails to appear in court, a warrant will be issued for their arrest. Partnerships between police and probation in this regard are designed to expedite the arrest and return of the missing probationers, an action that otherwise would be reactionary as opposed to proactively pursued by law enforcement. Examples of these partnerships include the Fugitive Recovery Enforcement in San Francisco and the Fugitive Apprehension Program in Minneapolis.

Information sharing can be very broad and may include simply a phone call between two officers across departments, but it can also be systematic and complex. Although information sharing is embedded innately with any of the partnership types discussed, examples of advanced forms of information sharing include the Federal Bureau of Investigation's Law Enforcement Data Exchange and the American Probation and Parole Association's Offender Transfer Notification Service. Law Enforcement Data Exchange is a free national data-sharing system made available to criminal justice agencies containing information on offenders of interest. The system includes participation from community supervision agencies in addition to law enforcement. Offender Transfer Notification Service, utilizing data provided by the Interstate Commission for Adult Offender Supervision, represents the notification of state fusion centers and local law enforcement about potentially dangerous adult probationers or parolees relocating across state lines.

While formalized partnerships did not develop until the early 1990s, police–probation partnerships have in fact existed informally for decades. The key distinction is that informal partnerships rely on individual relationships between officers whereas formalized partnerships involve explicit agreements between organizations (e.g., memoranda of understanding). A key issue voiced against the reliance on informal partnerships has been the lack of succession planning and inability

to measure their impact. In other words, once a key individual transfers, is promoted, or otherwise leaves the organization, the partnership will likely vanish with the individual.

Research on Partnerships

Despite their popularity among criminal justice professionals, police–probation partnerships have rarely been formally evaluated, often regarded as a *promising practice*, short of *evidence-based*. What little research does exist has either proven to be inconclusive or, at best, shows a very slight deterrent effect on crime trends. The need for further research in this area, specific to partnerships between law enforcement and probation agencies, has been reiterated greatly in the empirical literature. Their many forms and permutations have also made it difficult to make program comparisons across jurisdictions.

Although outcome research is lacking, there has been a noticeable effort placed on gathering the input and perceptions of officers working in various partnerships. Often qualitative in nature, researchers have discovered several concerns that permeate discussions of partnerships, including mission distortion, turfism, stalking horse incidents, and organizational lag.

Mission distortion refers to the dual roles of probation as both an enforcer of probationers' conditions of supervision and a social work orientation with the goal of rehabilitation and treatment. Some have voiced concerns that partnerships with law enforcement may lead probation agencies to skew too far toward compliance enforcement, neglecting their rehabilitative goals.

Turfism refers to the competition between local government agencies to receive funding support or maintain control of their jurisdiction. One criticism of law enforcement has been their tendency to dominate partnerships or bring in organizations after a strategy has already been developed. Such rigidity can be off-putting to other organizations, including probation.

Stalking horse incidents concern the legalistic implications of police utilizing probation (or parole) partners as a means to access a person or their residence without a warrant or probable cause. Although probationers (and parolees) forfeit their right to be free of unreasonable searches

from their supervising officer, it does not necessarily extend to the purview of law enforcement officers. Several legal reviews have shown that state statutes and case law vary in regard to the permissiveness of law enforcement searches of probationers (or parolees) without a warrant. The U.S. Supreme Court has acknowledged that probationers have a greater expectation of privacy than that of parolees, but the full breadth of their protections in relation to free citizens remains unclear. That said, police officers who possess and can articulate a *reasonable suspicion* of criminal wrongdoing in which the individual is a known probationer or parolee have been successful in averting legal challenges to conducting warrantless searches of this nature.

Finally, multiple qualitative studies involving interviews with police and probation officers have revealed that leadership support is the most important component needed for a successful partnership. In essence, if the police chief or chief probation officer does not share an invested interest in the partnership, then the initiative was unlikely to develop in any meaningful way.

Despite the potential problems associated with partnerships, many practitioners have noted several benefits inherent in interagency collaboration. One example includes the added safety and security provided by law enforcement, particularly important in jurisdictions where probation officers are unarmed and conducting home visits of high-risk individuals. Furthermore, some have noted that the presence of law enforcement can further legitimize the authority of the probation officer by demonstrating that police are aware of them and their probationary status. As such, police can be more proactive in the supervision of probationers on the street. Although the impact of partnerships on probationer outcomes remains unclear, officers have reportedly formed a greater appreciation of each other's role in the larger criminal justice process as a result of their increased collaboration.

Future of Partnerships

Police–probation partnerships grew rapidly in prominence in 1990s, but by the mid-2000s, federal funding had waned in part due to the economic recession. The growth of partnerships essentially stalled. While interest in partnerships

still exists and many have continued informally at the local level, the push for formalization has ceased and federal efforts have since focused on larger multiagency initiatives. Nonetheless, practitioners remain concerned about the legal implications of police–probation partnerships, while seeing numerous benefits and recognizing the need for continued coordination. Likewise, researchers remain interested in the potential impact of these partnerships and their appropriateness to a given population of probationers or parolees.

Adam K. Matz

See also Community Corrections; Community Policing and Crisis Intervention Team Model; Desistance; Juvenile Offenders; Probation; Risk Principle; Sexual Offenders; Street Gangs

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POLICING

Policing is the act of providing security within a territory through enforcement of its laws or rules. In public policing, law enforcement agencies provide security not only through enforcing laws but also by responding to threats to public safety. Policing and criminal psychology overlap in that the focus of efforts within both fields is often the same people: individuals who come into conflict with the law for a variety of personal, interpersonal, mental health, and other reasons. After providing an overview of policing, this entry discusses various aspects of policing, including police duties, powers, and strategies.

Policing Overview

The term *police* broadly refers to public and private actors whose primary responsibility is the provision of security. It used to be said that what makes public policing different from other groups, including private security, is that the public police occupy a unique position due to their ability to lawfully use force to execute their duties. As of 2017, this is no longer the case, as legislation in some U.S. states now permits citizens the use of lawful force to stop or prevent crimes, including the use of lethal force. What does continue to mark public policing as different from private forms of policing is an emphasis on democratic accountability. As public agencies, law enforcement officials are governed under legislation, which makes them accountable to the communities they serve. In contrast, private policing is largely a commercial enterprise, and many security companies operate within states with few regulations and little external oversight.

It is important to also note here a third category of policing: military policing. Military police are responsible for law enforcement under both state and federal codes, as well as military codes of justice. They operate under the military system of justice, which runs parallel to the regular criminal justice system with its own courts and court officials. While each of these branches of policing are worthy of discussion, the focus for the remainder of this entry is on public policing and what is viewed as conventional law enforcement.

Principal Duties

The duties of police officers are set out in legislation. Because laws vary within and across countries, there may be some differences in terms of the principal functions of any given police agency; however, it is widely accepted that the main duties of a police officer include the following:

- preserving the peace and public safety
- preventing crimes and other offenses
- assisting victims of crime
- investigating crimes
- apprehending criminals
- laying charges or recommending charges to prosecutors
- participating in prosecutions
- executing warrants

While this list may seem fairly exhaustive, it does not include many other functions that police frequently assume within communities. As one of the few 24-hour public service providers, police officers often adopt a number of additional roles and tasks. For instance, police officers may be called upon to serve as *street corner psychologists*, listening empathetically to the personal or interpersonal problems of individuals in distress or with few social supports. One such example of this scenario occurred recently in the United Kingdom when police officers were dispatched to a 9-9-9 call (the UK version of a 9-1-1 emergency call) placed by two elderly citizens who were lonely and feeling isolated. Once assured that the couple were fine, the officers brewed some tea and stayed for a visit. Police also often take on tasks that are referred to as forms of social work, including helping people find shelter beds and responding to mental health calls to assist people in finding emergency health services.

Police Powers

As noted earlier, a fundamental component of the police role is the legal authority to use force to prevent or stop the commission of a crime. While this police power draws much media attention, it is only one of several legal powers invested in police for the purpose of fulfilling their duties. Other police powers include the powers of arrest, detention, and search and seizure as well as the ability of police to exercise discretion.

Police powers of arrest are generally set out in state or federal criminal statutes, which allow for two types of arrest: with and without a warrant. If a warrant of arrest has been issued for an individual, police are generally *duty bound* to immediately execute that warrant by taking the person into custody. There are, however, situations in which an individual can and will be arrested without a warrant. These vary by jurisdiction but typically include situations in which the individual is caught in the act of committing a serious offense. When the law or the circumstances of a crime do not require immediate arrest, police may appear before a judge or justice of the peace to ask for an arrest warrant to be issued.

Police officers also have the ability to place someone under temporary detention. Detentions occur when police are investigating a crime or possible crime and believe that an individual may be a witness or suspect required for questioning.

Police can also effect searches—of persons, places, and things—as well as seize items as evidence or to prevent the continuation of an offense. There are typically three ways in which police can effect a search and/or seizure: with a search warrant, upon an individual's arrest, and with the person's consent. In relation to the first option, a judge or justice of the peace has signed a search warrant or seizure order that directs police to a specific place to look for particular items believed to be associated with a crime. Police can also lawfully search an individual when the individual is arrested; in fact, this is a standard part of the arrest process. This search allows police to identify and inventory items that may be evidence of a crime, as well as reduce any safety risks associated with transporting someone who might be carrying weapons or drugs. The third method—with consent—simply involves police asking individuals if they can search the individuals or their belongings (“Can I have a look in your bag?”) and gaining a positive response.

Police use of force is governed by law, which limits the ability of police to use physical force to only those situations in which they need to carry out a duty (e.g., effecting an arrest, preserving the peace) or to protect themselves or others from risk of harm. Both police training and law emphasize that force used must be reasonable under the circumstances.

Discretion is the ability of police officers to choose between different available options—such as whether to issue a ticket to a speeder or to let the speeder off with a warning. Although discretion is not an official police power in the same sense as the power of arrest—that is, governed by law—it is a power and one that is vital to the functioning of the criminal justice system. Simply put, if police did not exercise discretion, the volume of tickets issued and cases processed through the juvenile and adult criminal justice systems would overwhelm the police, courts, and jails within a short period of time. There are, however, limits on police discretion. This entry has already mentioned one such limit: the existence of an arrest warrant. Other limits on discretion include policies established by police organizations (*ticket all speeders*). The effects of local culture and situational factors can also play a role in influencing officer decision-making. For example, in a particular community in which nearly one quarter of the population had an active addiction, police routinely confiscated drugs and drug paraphernalia but rarely arrested drug offenders for possession. Similar practices in another community may be highly frowned upon by lawmakers and community members alike.

Varieties of Public Policing: Patrol, Investigation, and Specialized Units

Generally speaking, policing tasks and roles can be divided into one of three functions within police organizations: patrol, investigation, and specialized units. Of these, patrol is the one most frequently encountered by the public in real life. Patrol officers, sometimes referred to as *the front-line*, are individuals tasked with responding to calls for service, engaging in preventive crime efforts, and otherwise patrolling the streets. Patrol officers can be deployed in cars, on foot (referred to as *walking a beat*), and on bicycles and motorcycles. Patrol officers are viewed within their organizations as generalists, meaning they must deal with a wide variety of different types of people, events, and issues.

Although the public is more likely to see patrol officers performing their duties, media attention is overwhelmingly focused on police investigators. Police investigators are experienced patrol officers

who have received specialized training in one or more areas of police investigation. Although investigation unit names and makeup vary by police organization, this work typically covers the investigation of crimes such as homicide, sexual offenses, robbery, financial crimes, among others.

Given the diverse nature of policing, officers are frequently called upon to take on a number of tasks outside of regular patrol or investigative work. As a result, many police organizations also contain specialized units that perform very specific functions. Included in this group are armed response teams, internal affairs investigators, marine patrol, dog and mounted patrol squads, gang units, among others.

Policing Strategies

Since the 1990s, a number of policing strategies have been developed, most primarily oriented toward helping police more effectively and efficiently respond to crime within local communities. This section takes a brief look at three popular strategies: community policing, intelligence-led policing, and evidence-based policing.

Developed largely through 1980s and 1990s, community policing is a model of policing built on increasing a sense of co-ownership of problems linked to crime and disorder within local communities. The police are no longer solely responsible for crime, and community members are no longer passive consumers; instead, members of both groups work together to identify problems and codevelop solutions. A wide range of programs and practices operate under the banner of community policing. These include community-police meetings, community police stations, local foot patrols, block watch groups, and police outreach programs.

Historically, much of policing has been reactive, relying on people to call the police to report a crime, and frontline officers spending much of their time going from call to call. In the 1990s, recognition of the limitations of this approach led a number of groups to call for a new model in which intelligence—that is, analyzed data collected from various sources—would help guide police operations. Police still respond to calls; however, under intelligence-led policing models, police also identify crime hot spots—places with

high volumes of crime and disorder—and proactively target them.

One of the newer policing strategies is evidence-based policing. Whereas other models are largely centered on offering specific solutions to frontline crime and disorder problems, evidence-based policing is a broader approach that focuses on the question of *what works* to reduce crime and increase the effectiveness and efficiency of police work. Rather than encouraging one method or route to solving crime, evidence-based policing practitioners advocate for police decision-making based on sound scientific research.

Laura Huey and Cameron Field

See also Community Policing and Crisis Intervention Team Model; Police Response to People With Mental Illness; Undercover Policing

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POLICY SPECIALISTS

Psychologists working as policy specialists apply their expertise in human behavior and scientific inquiry to inform and influence the development of evidence-based public policy. Psychologists possess specialized knowledge about traditional psychological concepts including, but not limited to, etiology, assessment, and treatment for mental illnesses; relevance of developmental milestones over the life span; impacts of various chemical substances introduced into the body; relationships between thoughts and actions; and many other aspects of mental health. This expertise can be shared with policy makers with the goal of

influencing program development, such as mental health parity (i.e., the requirement that health insurance carriers provide equal treatment and financial benefits for mental health and substance use disorders and medical disorders) and resource commitment in these areas.

Because of their expertise in human behavior, psychologists are also uniquely qualified to contribute to policies beyond mental health conditions or professional training and licensing issues. For example, understanding people's choices and behavior across various conditions may influence program development in areas such as promoting exercise and healthy eating, increasing recycling or *green* actions, investing or saving money, reducing criminal behavior, improving driving habits, or other social issues that interface with personal choices and the common good.

Developing effective and sustainable public policy, regardless of the issue, requires a foundation built upon evidence-based concepts, a system for evaluation, and the flexibility to adjust the policy as more data become available. Ideally, the development and implementation of a policy involve regular reevaluation and modification. Psychologists are trained in the process of investigating a body of information, reaching a conclusion, establishing an intervention or making a recommendation, and then evaluating the results and planning next steps accordingly. This process is applicable whether a psychologist is working in the research, clinical, or policy arena.

Training and Skills Needed

Traditional psychology training—including learning about human behavior and psychopathology, conducting and evaluating research, and developing advanced communication skills—serves as a strong foundation for interfacing with the public policy arena. To truly influence systemic change, psychologists must advance their knowledge at a macrolevel so as to apply these skills to complex policy and social issues. For example, in addition to applying methodological skills to critique the value of empirical research, policy specialists must be proficient in distilling complex ideas into plain language for nonpsychologists while maintaining the integrity of the information.

One must also understand policy development and implementation to be able to provide a thorough analysis for policy makers who are considering proposed policy changes or evaluating program effectiveness. Specifically, policy specialists must appreciate the transdisciplinary nature (i.e., working across disciplines to explore real-world issues and developing the accompanying skills to adapt understanding as the issues evolve) and complexity of social issues. They must demonstrate the awareness, objectivity, and flexibility necessary to collaborate with experts and thought in other fields. This includes individuals with whom they may disagree on the basis of a theoretical and/or political perspective.

Preparation for a Career in Policy

Despite the potential contributions of the field of psychology, formal training opportunities in public policy are still absent from most psychology graduate programs. As a result, students considering a career in policy may look to other disciplines providing coursework in program evaluation, policy development, the legislative process, or other courses focused on systemic analysis (e.g., economics, sociology, public health). Some policy specialists may opt for additional degree work through masters of public policy or other policy-specific programs. However, this is not a requirement for working as a policy specialist.

In the United States, most states have institutes for public policy that offer everything from open events with policy and think tank leaders to webinars, continuing education sessions, conferences, independent study coursework, internships, and fellowships. These opportunities are generally open to people from all professional backgrounds.

Professional and nonprofit organizations at both state and national levels have legislative or public affairs committees. These often serve as the drivers for prioritization and development of an organization's policy agenda. Volunteering to serve on these committees can provide one with invaluable experiences with the advocacy and the policy-making process. It can also provide one with significant networking opportunities. Some national organizations, including the American Psychological Association, offer specialized

internships and fellowships in public policy. Some local communities have created formal training programs to build capacity for current or future community leadership on local economic, educational, or social issues unique to a community.

Job Opportunities in the Policy Arena

Policy specialists are employed with policy-making bodies such as state legislatures or congress. In these settings, policy specialists may be assigned to specific committees such as Health, Human Service, or Public Safety to serve as resources for policies currently before the committee. Policy specialists may also provide similar expertise to one of the bodies (e.g., House or Senate) and/or the majority or minority political parties. In this role, one is often engaged in comprehensive analysis of current, consideration of alternative, or development of future policy proposals. Policy specialists may also work for specific lawmakers or provide consultation for a state governor's office. While in the latter position, political ideology is often aligned between the specialist and the elected official, any of these aforementioned positions may be partisan or nonpartisan.

However, policy specialists typically interface with the legislature on policy development. In this capacity, policy specialists generally meet with policy makers to provide key information and advocate for a particular stance on a policy issue. At a given time, certain approaches to policy issues may align with a particular political party. However, in this capacity, policy specialists must avoid partisanship in providing policy expertise.

Challenges and Rewards

While they vary across settings, the challenges commonly found in policy work can include the unpredictable pace and change of direction inherent in the policy-making process. This is particularly true in positions directly related to state legislatures or congress. Regardless of the setting, psychologists can experience frustration when, despite their best work or recommendations, public policies are developed inconsistently, or funded inadequately, given what is known about successful implementation and meaningful results.

However, professionals working in public policy also find great fulfillment in knowing they are using their expertise to "give psychology away." Policy specialists also enjoy using critical thinking and creativity to meet the challenge of applying scarce public resources in a manner most consistent with evidence-based data for the common good.

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See also Career Paths in Criminal Justice; Field Training for Criminal Justice Careers

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POST-TRAUMATIC STRESS DISORDER IN INCARCERATED OFFENDERS, TREATMENT OF

Many prisoners are in double jeopardy for post-traumatic stress disorder (PTSD). On average, their preincarceration backgrounds include more trauma than the average person experiences, and when they go to prison, new traumas await them, including overcrowded conditions, possible physical and sexual assault, and time spent in segregation. Harsh prison conditions and new traumas that occur behind bars are more difficult to cope with because of the past history of multiple traumas. Although the prison reality presents the very real danger of retraumatization, it also presents

staff an opportunity to identify traumatized prisoners and intervene to help them avoid or process potentially traumatic current events in a better way than earlier traumas were processed, resulting in a previously unattainable level of healing.

Single and Multiple Traumas

PTSD is a psychiatric condition that occurs in some (but not all) people who experience a severe trauma such as witnessing a murder, the personal experience of rape, or some other loss or painful experience that is outside the usual range of human events. The disorder consists of intrusive symptoms (e.g., flashbacks, nightmares, reliving the experience), hyperarousal symptoms (e.g., startle reaction, insomnia, hypervigilance), and constrictive symptoms (e.g., emotional numbing, isolation, fear of leaving one's cell or participating in activities or relationships reminiscent of the trauma). The intrusive and constrictive symptoms alternate over time until either they resolve, and then there is no PTSD to diagnose, or a chronic pattern of symptoms evolve, including emotional numbing, depression, constricted life, low self-esteem, insomnia, nightmares, flashbacks, reliving, and panic.

Multiple traumas have a very different effect than a single trauma, and the condition is called *complex PTSD*. The healing process that begins after a single trauma is most likely to proceed if a safe environment and sensitive help is available. On the other hand, if the trauma is repeated (e.g., repeated child abuse or domestic violence, traumas that occur in jail or prison), the repetitive traumas multiply the emotional damage and preclude real healing. A more complicated post-traumatic clinical situation results, usually with more severe and lasting symptoms and disability. In effect, just as the intensity of emotional reactions and the need to constrict affect and activities begin to lessen, a new trauma comes along and sets the whole process off again, intensifying the intrusive emotional symptoms, magnifying the arousals, and heightening the need to constrict.

Traumas in the Correctional Setting

Prison overcrowding is known to correlate with higher rates of violence, psychiatric breakdown,

and suicide. Previously traumatized prisoners are at high risk of victimization, more so with overcrowding. Rape is another significant problem. In men's prisons, it is usually prisoner-on-prisoner rape, which has more to do with male prisoners trying to establish their place in a male prison power hierarchy than with sexual desire. In women's prisons, it is more often male staff who sexually harass and abuse women prisoners. Because so many prisoners have histories of physical or sexual abuse prior to incarceration, the sexual abuse they are subjected to in prison opens old wounds. In addition, a growing number of prisoners are being placed in isolated confinement, where prisoners are confined to their cells 23 or more hours per day, and the forced idleness and isolation constitute a further form of trauma.

Often, past and current trauma affecting prisoners goes unrecognized because correctional staff are singularly focused on malingering and antisocial personality disorder. Whenever correctional professionals find themselves dismissing the concerns or complaints of a prisoner, it is an opportunity to consider the possibility that the ways in which this prisoner appears sociopathic and difficult are precisely the clues that he or she might in fact have PTSD and be expressing his or her pain in an indirect and seemingly obnoxious way—as people who have been multiply abused can do.

Treatment Considerations

People with PTSD interpret new events in relation to the past traumas, and this dampens new experiences. Meanwhile, in what may be a failed attempt to suppress or avoid the painful memories and experiences, they numb themselves and constrict their daily activities so their life lacks the vitality and spontaneity it once had. All of these circumstances need to be explored with the help of mental health clinicians. First, the prisoner who experiences trauma-related symptoms needs to feel safe, safe enough to start examining past traumas. Correctional mental health staff can help by assessing the prisoner and collaborating with custody staff to create a safe situation. After sufficient safety has been established, the second phase of treatment (remembering the trauma, mourning, and working through the traumatic experience with the help of a therapist) and the third phase

(reconnecting with other people and reestablishing a daily life) can proceed. Getting the phases out of order can cause harm. The clinician's job is to first demystify the process for the traumatized individual, counter the internalized judgments and criticism, and then set to work establishing the kind of safety that is required if a deeper exploration of the traumatic event is to occur.

The prison setting makes the aftereffects of trauma more complicated. For example, the woman who is sexually assaulted or raped remains imprisoned in the same setting where the assault or rape occurred, and often the same staff member or members who abused her remain in total control of her life. The man who has been beaten up or raped by another prisoner must continue to live among the men who witnessed his humiliation, including the perpetrator. If proper procedures are not put in place to protect the traumatized individual and to hold the perpetrator accountable, then there essentially is no safety. This is especially true when the prisoner who has been assaulted makes a complaint and insufficient or no action is taken against the assailant. Retaliation is an ever-present danger. When the trauma is related to harsh prison conditions such as isolated confinement, the clinician must also do all that is possible to improve the conditions.

The preferred treatment is some form of talking therapy—usually a combination of individual and group psychotherapy—where the individual can talk about what happened and about his or her emotional reactions. Psychotropic medications can be helpful as an adjunct to psychotherapy but alone do not constitute adequate treatment.

Staff have an important role to play during the early stages of healing from a recent trauma. By being respectful of the traumatized prisoner's need to be quiet and to be left alone at one moment and to talk at other moments, the staff member is helping the prisoner regain some control of his or her boundaries and reestablish his or her sense of safety. By being tough but fair when a prisoner needs confronting and also by knowing when and how to back off and give an ailing prisoner a little more space to regain strength and resolve, staff help the prisoner achieve a sense of the order and predictability of events. Staff should also make special efforts to be nonjudgmental when a prisoner is having a rough time emotionally following

a traumatic event. Staff should educate themselves about trauma and its emotional ramifications and share their understanding with the traumatized prisoner.

A sense of unfairness increases resentment, and resentments mount in isolated confinement and exacerbate many of the symptoms of PTSD. Fairness and evenhandedness on the part of staff can give prisoners the sense that their world is predictable, and just as they can get into trouble by committing certain acts, they can also avoid trouble by not committing those acts. The predictable nature of the prison disciplinary system, the consistency of staff, and the clarity of their choices can be reassuring and help them regain a sense of some measure of predictability and control in their lives.

Training is an important part of the picture. Staff of all disciplines should undergo training that includes not only an understanding of trauma, the traumatic backgrounds of prisoners, the signs and symptoms of PTSD, and staff interventions that are designed to prevent further trauma and aid prisoners in their healing but also an understanding of gender issues, sexual assault, violence prevention, cultural issues, and the effects of solitary confinement. The more aware and sensitive the staff, the better able they are to prevent traumas of all kinds and the better able they are to intervene effectively when traumatic incidents occur.

The effects of trauma are much more lasting than previously thought, and the presence of emotional numbing and constriction of activities creates significant disability. Prisoners who have been traumatized, especially if the traumas of prison life recall multiple traumas prior to incarceration, tend to isolate themselves, with increasing symptoms of PTSD, anxiety, depression, and lethargy. Research shows that previously traumatized prisoners who experience anxiety and depression, and fail to participate fully in rehabilitative programs, tend to make poor adjustments and resort to substance abuse after they are released from prison. On the other hand, prisoners who have experienced multiple traumas and have suffered retraumatizations in prison can do very well in prison and succeed in their postrelease adjustment when correctional staff are responsive to their special needs and when they are offered adequate treatment.

Retraumatization of prisoners who suffered multiple traumas prior to incarceration is so pervasive, and PTSD so prevalent in prison, that a comprehensive approach to prevention, detection, and treatment should be a priority in all correctional settings.

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See also Mental Health Treatment Planning; Trauma, Treatment of; Trauma-Focused Cognitive Behavioral Therapy; Trauma-Informed Treatment

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POVERTY AND CRIME

Growing economic inequality in the United States has profound implications for understanding crime, criminal justice processing, and trends in mass incarceration. Although contemporary crime rates are at levels observed during the 1960s, punishment—through the use of incarceration—remains at historic highs. As the richest nation in the world, the United States incarcerates more people than any other country. According to the National Research Council, Americans represent less than 5% of the planet's population, but U.S. inmates comprise nearly 25% of prisoners globally, and in 2014, more than 2.23 million

Americans were behind bars, representing nearly 1% of the U.S. adult population.

The risk of incarceration is not distributed uniformly across the population. Men, non-Whites, high-school dropouts, and young adults have the highest risk of incarceration. As noted by Becky Pettit and Bruce Western, on any given day, one in three African American men under age 35 years who did not complete high school is behind bars. Pettit and colleagues also note that Black men's lifetime risk of incarceration hovers close to 70% and that there are more young Black men who dropped out of high school behind bars than there are in the paid labor force.

The consequences of a criminal record are profound and cannot be ignored in assessments of increasing socioeconomic inequality. Former inmates convicted of felony offenses face barriers to employment, wage growth, housing, civic participation, and public assistance, all of which converge to impede successful reentry into society. The mark of a criminal record also deeply entrenches former inmates with nondischargeable debt for their criminal prosecutions and time served. With more than 850,000 inmates reentering society annually, successful reintegration largely depends on connecting former offenders with consistent work, permanent housing, and stable resources to limit their stress and hardship after prison.

The negative effects of incarceration also extend to the families of former offenders. Children are at an increased risk of child homelessness; internalizing and externalizing behaviors; food insecurity; and exposure to severe deprivation and material hardship, unmet health needs, and residential instability. Paternal incarceration also elevates the likelihood of severe depression among mothers, compromising the stability (including financial stability) of romantic relationships through an increased probability of divorce and relationship dissolution.

Contemporary social science evidence finds that the rise of mass incarceration is the result of poverty and inequality, not growing levels of crime. In particular, as discussed in this entry, growing inequality in punishment is a response to two social forces: (1) the social inclusion and advancement of minorities after the civil rights movement and (2) structural changes in the labor

market and criminal justice system during the late 20th century.

The Backlash Against Social Inclusion

Poverty, crime, and punishment have their antecedents in the historical context of racial relations in America as well as the structure of norms and opportunities available to disadvantaged groups. Classical criminological theory links crime and deviant behavior to economic strain and differential opportunities for success. In the late 1930s, Robert Merton argued that society determines success goals but that the structure of society facilitates or inhibits one's success in achieving these goals. Cultural norms—such as hard work and perseverance—instruct people in the actions they may legitimately use to achieve cultural goals (e.g., occupational prestige, financial success), but institutional means (i.e., legal employment and formal education) represent the distribution of opportunities for achieving culture goals by legitimate means. Anomie—a breakdown in a person's regulatory norms—ensues when there is a discordance between cultural goals and institutional means. Merton formulated a means-goals disjunction that focuses on five adaptations, one of which is the innovator adaptation, whereby an individual retains the cultural goal but rejects the institutionalized means to achieve the goal.

Consequently, the frustration and injustice associated with trying to achieve cultural goals legitimately, through cultural norms and institutional opportunities, produces strain among the severely disadvantaged. Innovators often turn to criminal activity to obtain culturally defined markers of status and success. Yet, in the late 20th century, Robert Agnew argued that unjust treatment is a distinct category of strain, representing “the failure to achieve positively valued goals” given one's inability to escape legally from painful encounters.

Mass incarceration is the latest institutional configuration to produce and maintain strain in the lives of disadvantaged men and women. Although civil rights legislation was supposed to ameliorate unequal and unjust treatment in employment, education, and voting, David Garland argued in 2001 that the civil rights movement of the 1960s produced a backlash against the social

and economic inclusion of racial minorities, ushering in conservative penal policies that would maintain dominance over people of color and the economically disadvantaged. At around the same time, Loic Wacquant showed that this conservative backlash resulted in a social policy of mass incarceration that reified and reinforced forms of discrimination and unjust treatment akin to earlier systems of racial domination and social inequality: slavery and Jim Crow. The difference between these institutional configurations of inequality, however, is that under a system of mass incarceration, the poverty and hardship experienced by potential offenders and former inmates—housing restrictions, felon disenfranchisement, broken and displaced families, employment discrimination, wage disparities, and educational inequality—can be framed under a trope of *individual responsibility* instead of overt legal discrimination. Yet, changes in the economy and criminal justice system served to bolster conservative rhetoric around individual responsibility.

Structural Changes in the Labor Market and Criminal Justice System

The decline of manufacturing during the 1970s and 1980s transformed the social ecology of cities, thereby altering the fabric of everyday life for residents in the urban core. During the mid- to late-20th century, the United States began to shift from a goods-producing, manufacturing-based economy to a service-oriented labor market. Manufacturing jobs required little skill and paid living wages. Many of these jobs were located in the inner cities of the United States. With the export of manufacturing jobs overseas, many urban residents with low levels of formal education were unprepared for a labor market that required additional skills and greater educational endowments. At the same time, the development of highways and suburbs allowed professional jobs and more economically advantaged families to move further away from the city center. As a result, concentrated poverty and economic strain in the urban core led to increasing social dislocations—crime, incarceration, teen pregnancy, and high-school dropout rates.

During the industrial decline, the labor force began to restructure itself into two distinct sectors

that comprised a segmented (or dual) labor market. The U.S. labor force became dichotomized over time into *primary* and *secondary* workers, and these two workforces differ in employer and employee expectations, pay scales, autonomy, and other attributes of jobs. The behavioral rules under which the markets operate are also different. The secondary labor market is associated with menial tasks, employment instability, low wages and no benefits, and poor and unsafe working conditions. A key feature of the secondary labor market is that there is little to no chance of advancement. The primary labor market, on the other hand, is characterized by good wages, better working conditions, and a chance for advancement. Labor market segmentation is known to produce wage differentials by race, gender, and educational attainment.

The separation of markets occurred for a number of reasons, one of which was discrimination in the behavioral requirements imposed on the workforce. Extrapolating dual labor market theory to the illicit economy of crime, Kevin Bales argued that the secondary market uniquely structured, or routed, men into criminal careers due to the very nature of the market's functioning. Economic research shows that street-level drug dealers are employed in both illicit and low-wage jobs, indicating that earnings from the illicit economy largely supplements, not supplants, secondary labor market earnings. Consequently, working in the illicit or informal economy may be an individual response to discrimination in low-wage labor markets and criminal justice surveillance. *System avoidance*—the surveillance of ex-offenders through the institutions of work, school, and banking—is a behavioral response for men who are routinely entangled in the criminal justice system and find themselves under constant threat of police apprehension, interrogation, and detention.

Economic deregulation and welfare retrenchment in the closing decades of the 20th century ensured the accelerating decline and increased hardship of the U.S. social state. Neoliberalism produced a new government of *social insecurity* that wedded supervisory *workfare* and *prisonfare*. Disciplinary workfare replaced protective welfare under the Personal Responsibility and Work Opportunity Act of 1996. Welfare was

then reconstituted as workfare, and the penal system was stripped of its rehabilitative illusions, forcing disadvantaged and marginalized populations off of public aid and holding them in confinement, especially if their alleged crime was welfare fraud.

As crime rates increased in inner cities during the 1980s, poor and blighted neighborhoods became extensively policed and surveilled, and criminal justice policies shifted to contain the threat of crime. Widespread shifts in policing, prosecution, and criminal codes changed at the local, state, and federal levels. Mandatory minimum sentences, truth-in-sentencing laws, and three-strikes legislation fueled the growth in mass incarceration, resulting in greater racial, economic, and educational inequality in incarceration, even as crime rates dropped to their 1960s' levels.

The United States governs through a fear of crime, and the consequences can be particularly devastating for marginalized and disadvantaged individuals, their families, and their communities. Poor and non-White criminal defendants disproportionately access legal aid and the services of public defenders who often seek a plea bargain with prosecutors rather than to go to trial. Upon conviction, these defendants may owe thousands of dollars in fines, fees, restitution, attorney's fees, and other court costs. This legal debt cannot be eliminated through bankruptcy, and these monetary sanctions may lead to wage and tax garnishments depending on the state. In some jurisdictions, failure to make payments toward these legal debts can trigger technical violations for probationers and parolees, resulting in their reincarceration when no new criminal offense has been committed. With a criminal conviction that limits or prevents future employment and a justice system seeking financial remuneration, former offenders are expected to reintegrate—both socially and economically—into a society that has marginalized them, in part, due to their preexisting socioeconomic status.

Conclusion

Since 1972, mass incarceration continued a steady ascent for over 35 years. Research has shown that growth in imprisonment is not due to increases in

crime or criminality but to a host of political, legal, and economic changes during the remaining decades of the 20th century. Structural changes in the labor market and criminal justice system, as well as the backlash to civil rights legislation, have contributed to growing racial and economic inequality in the United States. The social exclusion of inner-city residents and former offenders—through the neoliberal policies of economic deregulation, welfare reform, and mass punishment—creates economic and psychological strain that deeply entrenches and criminalizes poverty among the most disadvantaged members of society.

Bryan L. Sykes

See also Homelessness and Crime; Incarceration Rates, U.S.; Neighborhood and Crime; Reentry; Strain Theory of Crime

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PREVALENCE ESTIMATES OF CRIME AMONG PERSONS WITH MENTAL ILLNESS

There are many myths about people with serious mental illness. The most common myth is that people with mental illness are more likely to commit criminal acts, especially those that involve life-threatening harm to other people, particularly strangers. This view is promulgated by fictional

portrayals of people with serious mental illness in films and novels as well as by sensationalized media coverage of events involving people with serious mental illness. In this entry, prevalence of criminal behavior among people with mental illness is explored, drawing on three different literatures. Each literature, at its core, explores the association between serious mental illness and offending behavior. The first literature describes the prevalence of people with serious mental illness in jails and prisons. The second, also descriptive, examines the types of crimes committed by people with mental illness. A more recent and rigorous literature explores the prevalence of crime among people with serious mental illness compared to the general population and factors that cause or mediate criminal behavior.

Prevalence of People With Mental Illness in Jail and Prison

Researchers have explored the association between serious mental illness and offending behavior in several different ways. The first, and rather simplistic, approach focuses on the prevalence of people with serious mental illness in jails and prisons. This line of research has received considerable attention because it supports the myth of the criminalization of mental illness. It has been argued that with deinstitutionalization (i.e., the systematic closure of state psychiatric institutions and a concomitant reliance on community-based treatment), people with severe mental illness were undertreated by the community-based mental health system, causing their (unmanaged) symptoms to manifest as deviance, ranging from public nuisance behaviors to violence (ranging from assault to murder). Evidence here has been used to advance the need for policies, practices, and funding to improve the community-based mental health system through interventions that target the special needs of justice-involved people with serious mental illness.

Estimates of mental illness among jail and prison populations have varied significantly, reflecting in part differences in the definition and measurement of mental illness and in part differences in sample design. When a broad definition of mental illness (e.g., treatment for a mental health problem) is used and people are asked to

self-report these problems, prevalence estimates approach in excess of 50%. That translates into approximately 1.1 million incarcerated men and women having mental health problems. The rates of mental health problems are higher among jail inmates (64%) than state inmates (56%) and federal inmates (45%). These rates fall dramatically, however, when mental illness is measured using psychometrically robust clinical diagnostic instruments administered by clinicians. Of the 2.2 million people incarcerated in U.S. jails and prisons in 2014, 14–16% are estimated to have a serious mental illness (defined to include schizophrenia, bipolar disorder, or major depression), representing approximately 330,000 people. It is typically assumed that these people are in prison because of symptoms related to their mental illness, suggesting the need for more effective mental health treatment in correctional settings and the community to prevent future criminal behavior. Although it is important to have effective treatment for all health and mental health problems inside and outside correctional settings, treatment alone does not portend the expected: lower rates of crime by people with serious mental illness.

Types of Crimes Committed by People With Mental Illness

Another related line of research has focused on the types of crimes that people with mental illness commit, with an emphasis on the relative proportions of nonviolent and violent crime. Nonviolent crime suggests that deviance is associated with social disadvantage, which may be derivative of the mental illness and the need for instrumental assistance and mental health treatment. Violent crime suggests that deviance is associated with the illness itself and the need for risk assessment interventions as well as more mental health treatment. Like the first approach, crime typologies are used to advance the need to develop and fund risk prevention interventions grounded in the management of the mental illness. Still implicit in this line of research is that mental illness is the driving direct or indirect cause behind the deviance.

The percentage distribution of crime types committed by people with mental illness depends on the correctional setting (federal prison, state

prison, local jail) and the measure of mental illness. Using a corrections-based population, nearly half of state inmates with a mental health problem were convicted of a violent offense (defined as homicide, sexual assault, robbery, or assault), compared to roughly one quarter of jail inmates with a mental health problem (comparable to the percentage distribution of crimes for inmates without a mental health problem in each setting). One in five state inmates with a mental health problem had either a property or drug offense as their most serious offense, followed by approximately 1 in 10 having a public-order offense. The most common type of offense by state inmates with a mental health problem was robbery, followed by drug trafficking and homicide. Of jail inmates with a mental health problem, nearly one in four had a property, drug, or public-order offense as their most serious offense. Assault was the most common offense for jail inmates with a mental health problem, followed by drug possession and trafficking. These percentage distributions suggest that the crime profiles of prison or jail inmates with mental health problems are similar to their counterparts without mental health problems. Jail inmates with mental health problems, however, are slightly less likely to have public-order offenses and drug offenses as their most serious offenses but are slightly more likely to have property offenses.

Instead of looking at the crimes committed by those who were arrested, researchers can examine the crimes committed by those who were receiving mental health services. In a study of 13,816 individuals receiving services from the Massachusetts Department of Mental Health, Bill Fisher and colleagues found that of those who had been arrested over a 10-year period, the most frequent offense leading to an arrest was crimes against public order (e.g., disorderly person, disturbing the peace, false alarm, trespassing), representing 16% of the population. The next most common offenses were serious violence against persons (14%) and property offenses (10%).

Prevalence of Crimes Committed by People With Mental Illness

Research since the mid-2000s has focused attention on the relative rates of crime between people with

mental illness and the general population (without serious mental illness). This research draws into question the assumption that serious mental illness causes crime. Instead of assuming that serious mental illness causes deviance, other risk factors (e.g., substance abuse, environment, criminal thinking, joblessness) are explored. These are risk factors that are common to people who engage in crime, independent of their mental health status.

The 2006 study by Fisher and colleagues was the first of its kind to examine the extent to which people with serious mental illness (defined as having schizophrenia, bipolar or major affective disorder, significant functional impairment, or an intensive service use history) were arrested. They found that approximately 28% of the cohort had experienced at least one arrest over a 10-year period, with a modal number of two arrests and a range from 0 to 71 arrests. Arrests were concentrated in a small number of the cohort; nearly 17% of all arrests were associated with 190 people, and 13 people experienced arraignments in each of the 10 years. Arrests were more likely among men, non-Whites, and those aged 18–25 years. This research confirms patterns documented in the broader criminological literature regarding the concentration of criminal behavior in a small number of people and the sociodemographic characteristics that predict criminal behavior.

Building on this research, Seena Fazel and colleagues explored the connection between serious mental illness and violent crime by comparing rates of violent crime (defined as assaults or other violent crimes) between people with and without serious mental illness. In separate studies, people with schizophrenia and bipolar disorder were modestly more likely to commit a violent offense compared to people in the general population if substance abuse disorder was not present. For those with schizophrenia or bipolar disorder and a substance abuse disorder, violent crime was 5–6 times more likely among those with dual disorders compared to people without a mental disorder. When compared to sibling controls without mental illness, the violent risk differential reduced significantly, suggesting that genetics or early childhood history played a mediating role. This study confirms findings from other similar studies. When factors that more fully characterize the individual and community are used as controls, the connection between serious mental illness and

violence diminishes and, in some cases, disappears altogether. From this research, the important message is that people with serious mental illness are similar to people without mental illness when it comes to the dynamic that motivates violent behavior. There are many risk factors, such as substance use, family history, environment, and socioeconomic factors (e.g., poverty, joblessness, homelessness) that directly and indirectly interact to predict violent behavior.

Normalization of Offenders With Serious Mental Illness

Three conclusions can be drawn from these literatures. People with serious mental illness

- (1) are overrepresented in incarcerated settings,
- (2) have offense patterns similar to those of offenders without mental illness (i.e., small number of people committing a disproportionate number of offenses and arrested primarily for nonviolent offenses but incarcerated in state prisons primarily for violent offenses), and
- (3) have personal characteristics and social circumstances that are known risk factors for criminal behavior.

Taken together, this research suggests that offenders with serious mental illness are more similar to their counterparts without mental illness than they are dissimilar. That is, serious mental illness, itself, does not, in the majority of cases, create a different group of offenders.

There is a growing body of research that challenges the myth that people with serious mental illness are tangled in the criminal justice system primarily because of symptoms of untreated mental illness. Consensus is building around compelling evidence that shows only a small proportion of offenders with serious mental illness (estimated at about 10%) come into contact with the criminal justice system as a direct result of symptoms related to their mental illness. The larger proportion (about 90%) of these offenders have a serious mental illness, but the illness is not the direct cause of the contact. By focusing attention on these other factors, such as history of antisocial behavior, antisocial personality, criminal thinking,

substance abuse, joblessness, homelessness, and neighborhood dynamics, offenders with mental illness are reintegrated into the normal group of offenders and body of literature on desistance that emphasizes changing patterns of thinking, association, coping, and social exclusion. Mental health treatment is necessary for all people with serious mental illness, but it alone will not prevent criminal behavior for the majority of those who face the same risk factors as people without mental illness.

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See also Corrections; Criminalization Hypothesis; Criminalness; Mental Disorders and Violence; Mental Health Treatment; Mental Illness as a Predictor of Crime and Recidivism;

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PREVALENCE ESTIMATES OF MENTAL ILLNESS AMONG OFFENDERS

Prevalence estimates examine the number of people in a population who have a specific disorder or problem. Since the criminal justice system is made up of several separate but interrelated components (e.g., jails, probation), the prevalence of people

with mental illness is determined by the number of people in specific components of the criminal justice system who have a mental illness. To understand the scope of criminal justice involvement among people with mental illness and to ensure that adequate resources are available for their care and treatment, criminal justice and mental health authorities need to obtain accurate prevalence estimates of mental illness. This entry discusses how many people with mental illness are involved in the criminal justice system and how these levels of involvement vary across different components of the justice system.

An Overview of Prevalence Estimates

Research on the prevalence of people with mental illness in the criminal justice system shows that large numbers of these individuals come into contact with the criminal justice system each year. However, prevalence estimates vary widely, with rates ranging from 6% to 64%. A number of explanations for this wide variation in prevalence estimates relate to how the research was conducted. For example, differences in research methodologies and the definition of mental illness applied impact prevalence estimates. In addition, the criminal justice system is made up of several interrelated components with varying levels of contact with people. Consequently, some variation in prevalence estimates is expected across the key components of the criminal justice system. For example, police officers have contact with the broadest range of citizens, and police and probation departments both have contact with more citizens each year than jails or prisons. Therefore, existing prevalence estimates are best understood when evaluated within the context of the criminal justice setting from which they were generated.

Incarceration: Prisons and Jails

The number of studies that examine the prevalence of people with mental illness in jails and prisons grows each year. Estimates of the prevalence of mental illness in jails and prisons vary from 6% to 64%, due to differences in how broadly or narrowly mental illness is defined in each study and the research methods used to identify people with mental illness. Linda Teplin and

her research associates conducted one of the most widely cited studies of the prevalence of mental illness in incarcerated populations in Chicago, IL, jails in the 1980s. Teplin's research group used structured diagnostic interviews to determine how many people in a random sample of individuals booked in the county jail had major depressive disorder, bipolar disorder, or schizophrenia. This study found that 6% of men and 15% of women had a mental illness at the time they were interviewed.

Henry Steadman and colleagues conducted a study between 2002 and 2006 of the prevalence of mental illness in jails, the results of which were published in a widely cited article in 2009. This study used systematic sampling techniques to select samples of recently admitted inmates in five different jails of varying sizes in Maryland and New York. Similar to Teplin's research, Steadman's team also used a structured diagnostic interview to assess how many people in their sample had at least one of the following mental health diagnoses at the time of the interview: major depressive disorder, depressive disorder not otherwise specified, bipolar disorder, or schizophrenia spectrum disorders. This research found that 15% of men and 31% of women had at least one of these prespecified diagnoses.

Due to the use of rigorous research methods and widely agreed upon definitions of mental illness, Teplin's and Steadman's studies are considered by many to be the most empirically defensible estimates of the prevalence of mental illness among incarcerated adults in the criminal justice system. However, there are other studies of the prevalence of mental illness in jail and prison populations that require consideration.

In a 1999 publication for the Bureau of Justice Statistics, for example, Paula Ditton presents one of the most comprehensive assessments of the prevalence of mental illness in the criminal justice system. This research assessed the prevalence in local jails, state and federal prisons, parole, and probation. The prevalence estimates in this report are drawn from data collected from surveys administered to jail and prison inmates in 1996 and 1997. These surveys used random sampling methods to recruit nationally representative samples of offenders incarcerated in jails and

state and federal prisons. Survey participants were identified as having a mental illness if they self-reported a current mental or emotional condition or self-reported an overnight stay in a mental health inpatient treatment program at some point in the past. According to this study, 16% of inmates in jails and state prisons and 7% of inmates in federal prison had a mental illness. The definition of mental illness used in this study has limited utility in terms of resource allocation because it does not correspond to diagnoses that are typically used to identify people with mental illness in treatment settings. Therefore, questions remain about the severity and types of mental health illnesses present among individuals in these samples. Despite this limitation, the use of a nationally representative sample allowed the researchers to use the prevalence estimates they developed to estimate that 283,300 people in jails and prisons in the United States had a mental illness as of June 30, 1998.

In 2006, Lauren James and Doris Glaze published the other prevalence estimate that is widely cited in the literature. Similar to Ditton's research, this study used data from surveys of a nationally representative sample of inmates incarcerated in jails and state prisons in 2002 and 2004. However, in this study, the survey questions were drawn from a structured diagnostic interview, similar to the ones used by Teplin and Steadman. The diagnostic questions used in this survey were designed to identify people who were experiencing mental health symptoms associated with mental illnesses, such as major depression, manic episodes, and psychotic disorders. The goal of this survey was to identify people experiencing symptom distress, not individuals with specific mental illnesses. Therefore, the research did not include any of the additional diagnostic steps related to assessing the severity or duration of the symptoms and did not exclude people who were experiencing symptoms for reasons other than mental illness (e.g., medical illnesses or substance use problems). This research found that 64% of jail inmates and 56% of prison inmates reported experiencing emotional distress at the time of the interview. Since this research is unable to determine how many of these individuals were experiencing emotional distress due to a diagnosable

mental illness, the results should be interpreted with caution when discussing the prevalence of mental illness in the criminal justice system.

Community Supervision

Although the vast majority of people under the supervision of the criminal justice system are on probation, parole, or some other form of postrelease community control, only a few studies have estimated the prevalence of mental illness in these populations. Existing research found prevalence rates varying between 16% and 27%. One of the first studies to estimate the prevalence of mental illness among probationers was published by Ditton in 1999. This research used data from a 1995 survey of a nationally representative sample of probationers. In this study, a person was identified as having mental illness if they reported either a current mental condition or previous overnight stay in a mental hospital. This research found that 16% of probationers had a mental illness.

Another frequently cited prevalence estimate of mental illness among probationers comes from research conducted by John Crilly and colleagues. This research used data from the 2001 National Household Survey on Drug Abuse to estimate how many people who self-reported symptoms of mental illness had been on probation in the last year. This research found that 27% of people in their sample reported symptoms of mental illness and a period of probation in the last year.

Due to the paucity of research on the prevalence of mental illness among people under community supervision, these two studies provide valuable information. However, each study used a definition of mental illness that was much broader than the diagnostic categories typically used to identify mental illness and allocate resources. Additionally, the utility of the prevalence estimates generated by Crilly and colleagues' research is limited by the fact that the sample was drawn from a population of people living in the community rather than a population of people on probation. Therefore, the prevalence estimates generated from this research represent the percentage of people in the general population with a history of probation who have a mental health problem, not the percentage of people on probation with a mental illness. Although this

research suggests that a substantial portion of probationers could have a mental illness, more research needs to be conducted in probation populations to determine the prevalence of mental illness.

Police–Citizen Interactions

Several studies have examined the prevalence of mental illness in police–citizen interactions. Since most contacts with police are brief, prevalence studies in this setting require researchers to use observational methods. Teplin and colleagues conducted a seminal study of the prevalence of mental illness in police–citizen interactions in Chicago in the 1980s. In this study, staff used a structured clinical checklist that enabled researchers to observe police interactions with citizens and make an assessment of the presence of individuals presenting with behaviors associated with diagnosable mental disorders. In this study, the researcher's assessment of the presence of mental illness was made independently of the police officer's assessment. Results indicated that 6% of police–citizen encounters involved a person with a mental illness.

A second study, conducted by Robin Shepard Engel and Eric Silver, examined police–citizen interactions involving people with mental illness. Engel and Silver used data collected from two earlier research studies (i.e., the Project on Policing Neighborhoods and the Police Services Study) to assess the prevalence of mental illness in police–citizen interactions. Similar to Teplin's research, both of these studies used trained research staff to observe police officers' interactions with citizens. However, unlike Teplin's study, the observational method used in these studies was designed to identify situations where police officers believed the citizen was mentally ill. This research found that 3.6% of police contacts in the Project on Policing Neighborhoods and 2.7% of contacts in the Police Services Study involved a suspect with a mental illness.

Future Directions

Prevalence research shows that the involvement of people with mental illness in the criminal justice system is pervasive and disproportionately high. This is evidenced by the fact that even the most conservative prevalence estimates find rates of

involvement of people with mental illness in the criminal justice system that are much higher than those in community settings. Although there is significant variation in prevalence estimates, it is clear that there are large numbers of people with mental illness within and across criminal justice settings. Therefore, each segment of the criminal justice system needs to generate accurate prevalence estimates to ensure that adequate resources are available to see to the care and treatment of these individuals.

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See also Corrections; Mental Disorders and Violence; Mental Health Treatment; Mental Illness as a Predictor of Crime and Recidivism; Prevalence Estimates of Crime Among Persons With Mental Illness; Prevalence Estimates of Mental Illness Among Offenders

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preventing future crime by those who have previously engaged in delinquency activities. Most crime prevention programs are operated outside the formal criminal justice or juvenile justice system. This entry discusses both crime prevention and correctional interventions, research on their effectiveness, and conclusions scholars have drawn regarding prevention versus intervention.

Crime Prevention

Crime prevention may be categorized into three systems. First, *developmental crime prevention programs* target individual risk and protective factors that are known causes of delinquency. One type of crime prevention is early childhood programs such as preschool education and home visits, which attempted to improve the child's education and parenting. Other programs focused on providing attention, activities, and mentoring for youths. Second, *community prevention programs* target residential communities by changing the social conditions and institutions. Community prevention programs focus on improving opportunities in disadvantaged neighborhoods or on making the community safer through such efforts as neighborhood watch. Lastly, *situational prevention programs* focus on reducing the opportunities for delinquency and increasing its risk and difficulty. Efforts can include improved street lighting to hot spots and community policing.

The current era of crime prevention evaluation may be traced back to 1997 when the U.S. Congress commissioned Lawrence Sherman and his colleagues to examine more than 500 programs to determine their effectiveness. This report, *Preventing Crime: What Works, What Doesn't, What's Promising*, used a scientific methods scale to rate US\$4 billion worth of federally funded anti-crime programs. The results classified programs into three categories: what works, what is promising, and what does not work in crime prevention. The following programs were found to be effective: preschool and weekly home visits by teachers for children under 5 years of age, family therapy and parent training for at-risk youth, social competency skills training programs, and nuisance abatement programs. Programs that were not effective include gun buyback programs, drug abuse resistance education programs, neighborhood watch programs organized by police, and storefront

PREVENTION VERSUS INTERVENTION

Crime prevention refers to efforts to prevent delinquency from occurring before a crime has ever taken place, whereas intervention is focused on

police offices. Programs that were considered to be promising include gang monitoring by community workers, mentoring programs, and battered women's shelters.

Correctional Intervention

There has been considerable debate about the definition of crime prevention. Are only efforts that prevent an initial instance of crime considered to be crime prevention or are police and correctional efforts at crime reduction also considered to be prevention? As both police and correctional efforts seek to prevent future crime, some people include such efforts in their definition of crime prevention. Others, however, see criminal justice system efforts at crime prevention, especially correctional interventions, as crime control efforts that aim to prevent further offending. Correctional treatment is an intervention that seeks to prevent future reoffending. One of the most critical issues concerning criminal justice interventions is the effectiveness issue: Do the interventions have any impact on the criminal or delinquent behavior of their charges?

Research

Research indicates that two thirds of prisoners released from prison are arrested within 3 years after release from prison and about 45% return to prison. The numbers are lower for juvenile delinquents with about 55% being rearrested and 12–25% being reincarcerated. Accordingly, recidivism (whether measured by rearrest, reconviction, or return to incarceration) is a critical issue.

While much of the program effectiveness research has focused on specific programs, some researchers have tried to summarize individual program research into a global conclusion on effectiveness. Most of these studies have used the technique of meta-analysis. With this technique, researchers reanalyze individual studies and arrive at a summary statistic of effectiveness for each individual study that can then be compared to the summary statistics from the other studies.

In 2009, Mark Lipsey conducted a meta-analysis of 548 study samples and found that there were many instances of programs that had positive effects. The most effective treatment types had an impact on recidivism that was equivalent to

reducing a control group baseline recidivism rate of 50% to 37–39%. If the recidivism rate for these juveniles would have been 50% without treatment, the most effective programs reduced it by approximately 25%. Successful interventions included counseling, multiple services, skill building, and restorative programs. More specifically, cognitive behavioral therapy, mentoring, and group counseling programs were found to be effective intervention strategies. Deterrence and discipline programs actually made recidivism worse.

The research into effective programs has culminated into three principles: the risk principle, the need principle, and the responsivity principle. The risk principle argues for matching program intensity to offender risk level. The need principle has found that targeting criminogenic needs such as the need for drug treatment relates to successful outcomes. Targeting noncriminogenic needs such as self-esteem, on the other hand, does not produce lower recidivism. The responsivity principle argues that the style and mode of treatment needs to be matched to each offender's learning style.

The Washington State Institute for Public Policy has been summarizing the research on effective and ineffective and cost-effective versus non-cost-effective programs since the 1990s. As of 2016, the institute listed 30 interventions for adults that produce cost benefits of over US\$8,000 per offender and eight programs that produce benefits from over US\$2,500 to just under US\$8,000. Some of the notable programs that are effective for adult offenders are employment and job training assistance during incarceration; therapeutic communities; risk, need, and responsivity supervision; cognitive behavioral treatment (for high- and moderate-risk offenders); and drug courts and mental health courts.

For juveniles, the institute listed 25 cost-effective programs and four ineffective programs. Effective programs include family-based therapy, functional family therapy (both in institutions and for youth on probation), cognitive behavioral therapy, aggression replacement training, therapeutic communities, multisystemic therapy, and drug courts. Two notable ineffective approaches for juveniles are intensive probation supervision and confrontational programs. To give specifics, as of 2016, the inventory of juvenile justice programs shows that for functional family therapy

there is a 99% chance that benefits will exceed costs and the estimated benefit per offender is US\$28,723. For cognitive behavioral therapy, there is a 94% chance of benefits exceeding costs, and the estimated benefit is US\$10,742. For Scared Straight, a confrontational program, there is only a 4% chance of benefits exceeding costs, and the estimated benefit is actually a loss of US\$8,802. In the middle are drug courts with a 57% chance of benefits exceeding costs and an estimated benefit of US\$1,715.

The argument can be made that effective juvenile interventions are even more effective than what the Washington State Institute for Public Policy listed. The institute computes costs compared to a youth who would commit a delinquent act and be processed as a juvenile offender. If the treatment prevents such juvenile offending (delinquent behavior) and also prevents criminal offending later in life, then the intervention is even more effective. It serves as a means of preventing adult criminal behavior in future years.

A point worth emphasizing is that several interventions that would appear to be effective are not effective. Specifically, both Scared Straight-type programs and boot camp prisons have not been effective in reducing recidivism. Scared Straight and other confrontational programs involve bringing juveniles to an adult prison, giving the juveniles a tour or firsthand look at prison cells, and then having a group of hardened criminals lecture the youths about the horrors of prison life such as the possibility of a youth being sexually assaulted (*raped*) should he or she become a prisoner. Boot camp prisons involve 90 days of imprisonment with a heavy emphasis on physical training—such as 5-mile runs, exercises, push-ups, pull-ups—and verbal abuse from a drill instructor. These efforts appeal to common sense or the experiences of many law-abiding citizens.

However, the research on Scared Straight, boot camp prisons, and even the death penalty simply does not provide evidence of effectiveness. There are several explanations for this finding. First, law-abiding individuals who jump to the inference that programs such as these seem promising are individuals who most likely are well attached to others and committed to school, a job or career, and a family. So those who went through a military boot camp, for example, were already

well socialized and controlled (to slip into sociological jargon). A military boot camp has a lot to build on, whereas a prison boot camp has to work on youth who frequently have a problematic family background, have a history of problems in school, have grown up in a poor neighborhood with reduced chances for employment, and have a number of delinquent peers.

Another issue that merits discussion is that even successful correctional interventions do not change everyone. As noted, recidivism might go down from 50% to almost 35% in a sample of several hundred offenders. So often a percentage, perhaps even an alarming percentage of offenders, commits new crimes despite the best efforts of even a well-thought-out and well-implemented intervention. So personal motivation and dedication are an important part of correctional interventions. Another reason why some offenders may not be impacted by any given correctional intervention is treatment integrity. This refers to the problem that for an intervention to be effective, the program must truly implement the program as intended. If the program is not in fact carried out as intended, there is no reason to expect a successful result.

Program Effectiveness

The research indicates several conclusions about effective interventions. First, a variety of evidence-based interventions have been shown to reduce crime and delinquency. Second, these effective interventions also produce cost-benefit savings. This is an important selling point for both legislators and taxpayers. Even some legislators and taxpayers who might support tough measures against convicted criminals might be persuaded to support less stringent measures if they reduce recidivism and produce cost savings. Third, a number of interventions that have intuitive and popular support are not effective. As noted earlier, efforts such as Scared Straight, boot camp prisons, and even the death penalty do not have evidence of effectiveness or cost savings. Fourth, it can be argued that effective juvenile interventions merit even greater attention since they offer the potential benefit of preventing criminal activity when the youth becomes an adult. Finally, the search for effective interventions is far from over. While there

is clear evidence of effective and cost-effective interventions, there is still considerable room for the search for even more effective and more cost-effective programming.

Prevention or Intervention

Prevention and intervention are usually seen as opposite ends of the spectrum, and criminal justice and correctional agencies struggle to be effective with both programs. Prevention programs are a local-level operation and facilitated by community organizations. Many prevention programs focus on community-level programs such as neighborhood watches or early intervention for at-risk youth. The target population for these programs are youth who are living in at-risk neighborhoods or those whose families have characteristics conducive to criminality. While these programs are community operated, states do provide some funding through prevention grants. It may be through these funding opportunities that states require outcomes through reduction in risk factors.

In contrast, intervention programs are reserved for those individuals who have committed an offense and are involved in the criminal justice system. Given the vast number of offenders, agencies are now using the scientific principles of risk, need, and responsivity to identify the higher risk offenders and provide sufficient dosage of quality treatment. Specifically, agencies have lower rates of recidivism when the crime-producing needs of higher risk offenders are given cognitive behavioral programming. In addition, intervention agencies may be state operated or community operated, but both have the main goal to prevent future criminality.

Trying to prevent crime, whether initially or future occurrences, is a difficult task for many states. Rather than seeing prevention and intervention as polar opposites, states could operate on a continuum and provide services to address risk factors at each step in the process. Furthermore, large-scale research studies have identified promising and effective programs for both prevention and intervention. Agencies could require programs to adopt these services and monitor the implementation and fidelity of the services.

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See also Correctional Boot Camps; Correctional Rehabilitation Services; Best Practices for Family-Oriented Correctional Programs; Multisystemic Therapy; Therapeutic Communities

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PREVENTIVE DETENTION LEGISLATION

Preventive detention legislation enables an individual to be incapacitated to prevent harm from occurring either before they cause harm or to stop them causing more harm. Preventive detention legislation stands in contrast to the traditional retrospective orientation of the criminal justice system, whereby the state responds to harm that

has occurred, such as by prosecuting and punishing criminal acts. There are many types of preventive detention legislation, including those

- prescribing limited or indefinite detention;
- prescribing detention in a prison or other institutional setting, such as a mental health facility;
- empowering a judge or member of the executive to order detention; and
- directed at persons who have been charged with a criminal offense, convicted of a criminal offense, or neither.

A common feature of contemporary preventive detention legislation is a reliance upon assessments of risk and dangerousness (i.e., what an individual might do) rather than past acts (i.e., what an individual has done), even if the latter forms part of the prediction of future harm. It is for this reason that preventive detention legislation is controversial, and debate exists as to its place in a justice system. This entry discusses the different types of preventive detention legislation and explores key policy challenges and legal concerns they raise.

Types of Preventive Detention Legislation

There are a number of different preventive detention legislative regimes, with some connected to, and many separate from, the criminal justice system.

Civil Commitment

Civil commitment laws enable the preventive detention of a person who has severe substance dependence, mental illness, an infectious disease, or other legislative precondition. This type of preventive detention is protective and therapeutic, designed to protect the public and the individual subject to an order, and is ordered following civil proceedings that are separate from the criminal justice process. For example, in New York, civil commitment laws enabling the preventive detention of persons with mental illness require clear and convincing evidence that the person has a mental illness (as defined in the relevant legislation), needs psychiatric care and treatment, and is a risk of serious harm to themselves or others.

Civil commitment may also be used as a diversionary pathway out of the criminal justice system, for example, for persons with mental illness who have committed a minor offense and who are in need of care and treatment.

Immigration Detention

In a number of countries, including Australia, the United Kingdom, and the United States, a person may be administratively detained when a decision is being made about whether to admit or remove the person. Foreign national prisoners, for example, can also be detained at the completion of their sentence pending deportation.

Preventive Detention Absent Charge: Criminal Justice and Military Contexts

There are also forms of preventive detention legislation that do not require a precondition, such as mental illness. An individual need not even be charged with a criminal offense. In the United Kingdom, for example, a terrorist suspect can be detained for up to 14 days by the police without charge to enable the police to obtain, preserve, or examine evidence for use in criminal proceedings. In Australia, anti-terrorism preventive detention orders can be made against a person who has not been arrested or charged. Police may detain a person for up to 14 days to prevent a terrorist attack or to preserve evidence following an attack.

Preventive detention without charge or trial also occurs in a military context. Since 2001, the United States has detained noncitizens believed to be part of Al-Qaeda or engaged in terrorism-related activity without trial in Guantanamo Bay, Cuba. Wartime internment, used during both world wars by many nations, and in Northern Ireland into the 1970s, is another example of this form of preventive detention against enemies or enemy aliens regarded as a threat to the state.

Pretrial Preventive Detention

Pretrial preventive detention occurs where an individual who has been charged with a criminal offense is remanded in custody until they stand trial, on the basis of their dangerousness or risk. This type of preventive detention was found to be

constitutional in the United States in the 1987 case *United States v. Salerno*, which related to the provisions of the federal Bail Reform Act of 1984. The Bail Reform Act requires a federal court to order the detention of persons charged with certain serious felonies if the court finds that the safety of any person or the community cannot be ensured by release conditions.

According to the *World Pre-trial/Remand Imprisonment List*, in November 2016, the recorded number of persons in pretrial or remand detention (defined as detention prior to sentence) is more than 2.5 million, with a further 500,000 estimated in countries without data. The study also reported that there were approximately 467,000 people in pretrial detention/remand imprisonment in the United States.

Preventive Detention of Accused Persons Found Unfit to Stand Trial

If a person is mentally unfit to stand trial, that is, unable to comprehend the proceedings and communicate at the time of a criminal trial, he or she cannot be tried without unfairness and injustice. Preventive detention regimes exist to allow for persons found unfit to stand trial to be held, for purposes of treatment, in prison or another institutional setting such as a mental health facility. Some jurisdictions, such as New Zealand, provide for limited detention. For example, a person found unfit to stand trial in relation to an offense carrying a sentence of life imprisonment can be preventively detained for a maximum of 10 years. In the Australian state of Western Australia, by comparison, a person found unfit to stand trial may be indefinitely detained, without trial, for any offense that has a penalty of imprisonment.

Preventive Detention at Sentence

Preventive detention can also be imposed at the time of sentence, through indefinite or indeterminate sentencing regimes. These types of regimes allow a judge to impose a nominal or tariff sentence, at the completion of which the individual will be preventively detained if and until a parole board determines the person can be released as they no longer pose a threat to the community. For example, the United Kingdom introduced a

regime of indeterminate sentences, imprisonment for public protection, which commenced operation in 2005. This regime was directed at serious sexual and violent offenders who a court was satisfied posed a significant risk to the public of serious harm through further offending. After serving a tariff sentence, an individual would be preventively detained until the parole board was satisfied he or she posed no risk to the public. In 2010, the Chief Inspector of Probation and the Chief Inspector of Prisons jointly reported that there were 70 people being sentenced to imprisonment for public protection each month. The regime was abolished in 2012. It was replaced with an extended determinate sentence framework, where the sentence can be extended by a court but not longer than the maximum penalty for the offense.

Postsentence Preventive Detention

In contrast to measures imposed at sentence, postsentence regimes enable preventive detention to be imposed at the end of an offender's sentence of imprisonment. This type of preventive detention is ordered not at the time of sentence but proximate to its expiration. Following Washington and Minnesota in the early 1990s, sexual predator laws enabling the preventive detention of sexually violent offenders with mental or personality disorders at the end of their sentence have been introduced in 19 states and at the federal level in the United States. In the 1997 case *Kansas v. Hendricks*, the United States Supreme Court held that the government must prove that the individual has a condition that makes controlling the dangerous behavior difficult or impossible. In 2006, there were reported to be 4,534 people detained under sexually violent predator laws in the United States.

The United States is not the only country to have adopted this kind of preventive detention. Since the 2000s, many Australian jurisdictions have introduced legislation permitting the postsentence preventive detention of serious sex offenders, high-risk violent offenders, and terrorist offenders. These orders enable an offender to be detained in custody, indefinitely, at the completion of their sentence when it is shown that he or she poses a serious danger to the community if released.

Dangerousness and Risk in Preventive Detention Legislation

Preventive detention legislation raises significant policy, legal, and human rights concerns. These include concerns related to constitutional validity, principles of procedural fairness, the presumption of innocence, proportionality and finality in sentencing, principles against retrospectivity and double punishment, and the right to security and liberty of the person.

Pretrial and postsentence preventive detention orders straddle the civil-criminal divide. For example, although postsentence preventive detention orders are connected to a criminal process, in that an individual may be detained upon the completion of a term of imprisonment, they are imposed consequent to civil proceedings for the purpose of public protection—not punishment—and at a point in time after that which is traditionally accepted in the criminal justice system. An individual may be detained without the enhanced procedural and evidentiary safeguards that attach to the criminal justice system.

A key issue for preventive detention regimes is the accuracy and reliability of risk assessments. A preventive detention regime that is not founded on accurate and reliable risk assessments will be error prone, thus undermining its ability to protect the public by targeting those individuals likely to cause harm or reoffend. Preventive detention regimes have not always contained a predictive element. In the 19th century, early laws enabling indefinite detention at sentence were concerned with incapacitating habitual offenders, with their danger viewed as emanating from their recurrent breach of the law, until they were reformed. It was not until the 1970s, with the growth of actuarialism and risk in the prediction of dangerousness, that preventive detention regimes began to be concerned with what an offender might do. The United Kingdom's imprisonment for public protection regime demonstrates the policy challenges preventive detention regimes pose. Prior to its repeal, the regime was criticized for the difficulties it created for prisoners to prove they no longer posed a risk and for drastically increasing the prison population and rates of mental illness among prisoners.

Postsentence preventive detention is arguably geared toward achieving the most accurate

prediction of dangerousness and future offending. Rather than attempting to assess risk at the time of sentence, postsentence regimes enable the making of an order proximate to the expiration of the offender's sentence. The goal is to facilitate the most reliable assessment of risk and increase the likelihood that it will apply only to those who pose a high risk to the community prior to release. However, Patrick Keyzer and Bernadette McSherry highlight that this form of preventive detention can be counterproductive. Their interviews with professionals working in the area unveiled concerns about the increased risks created by postsentence preventive detention regimes. One main concern is that they only target known offenders and do not reduce recidivism. The community, relying on the regime, falsely believes they are protected from sex offenders. A second is that the regime increases offenders' anger and dissatisfaction.

Preventive detention legislation is not a new legal development, although it is an increasingly prominent feature of the legal landscapes of Western nations after the terrorist attacks of September 11, 2001. The growing emphasis on risk also has implications for how those subject to the law are conceived. Eric Janus argues that risk is becoming the new marker of otherness, replacing race, gender, disability, and sexual orientation. He argues that the anti-terror and sex offender legislative schemes in the United States are creating an alternative system of justice without, or with a diluted version of, the normal civil liberties protections afforded.

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See also Competency to Stand Trial; Dangerous Offender Legislation; Sexually Violent Predator Laws; Violent Offenders

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PRISON ABOLITION

Prison abolition is an organizational framework and political analysis aimed at eliminating the use of imprisonment, policing, and techniques of surveillance as a means for solving social, economic, and political problems. While some may dismiss the notion of a world without prisons as a utopian and even dangerous vision, abolitionists insist through rigorous historical scholarship and political analysis that the prison itself exists only by way of its historical contingencies and that the abolition of slavery was once subjected to the same dismissals.

Guided by an intent to reorient discussions of crime and crime control outside the dominant paradigms of criminal justice policy and discourse, prison abolition aims to demystify and subvert the underlying assumptions and myths that produce and sustain both criminalization and the *common sense* of imprisonment as a response to it. Composed of a collection of diverse scholarly and political orientations, abolitionist thought liaises around a response to the failure of the state to provide effectively for a more stable, safer, and equal society through repressive and retributive measures. Fundamental to abolitionist positions is a broad attentiveness to and comprehensive aspiration toward the elimination of state violence exacted by and maintained through systems and institutions of penal control.

Abolitionists’ work examines the inequities maintained through violence, control, and imprisonment to expand a theoretical and political position that challenges the racial capitalist state more broadly, in particular its use of police and carceral

power as primary recourses for resolving crises arising out of historically embedded and deeply rooted social issues.

Origins of Abolition

Prison abolition is an inclusive and interdisciplinary perspective and protracted process, which cannot be ascribed to a single historical episode. Importantly, however, there are moments in abolition’s genealogy that may be understood to serve as points of emphasis and expansion. First, prison abolition necessarily and intentionally invokes the abolition of slavery. More than just a rhetorical provocation, abolitionists insist on the historical continuity of the term in order to gesture to the intimacies between different racial capitalist regimes across time. Prison abolitionists point out that 19th-century reformers often criticized slavery abolitionists for their uncompromising vision and instead pushed for incremental pivots away from slavery. In this same way, prison abolitionist thought argues that history will also prove that the practice of caging people, almost all of them poor, was a technology of the capitalist state that needed abolition, not reformation.

Second, abolition entered into present vocabulary through activist scholarship in the 1970s that centered on criminalization, policing, and imprisonment in its analysis of broader forms of social repression carried out by racial capitalist states. Publications such as *The Struggle for Justice* by the American Friends Service Committee, Thomas Mathiesen’s *The Politics of Abolition*, Tony Platt and colleagues’ *The Iron Fist and the Velvet Glove*, George Jackson’s *Soledad Brother*, and Stuart Hall and colleagues’ *Policing the Crisis: Mugging, the State, and Law and Order* set the conditions of possibility and terms of analysis for modern-day abolitionist scholarship and activism to emerge. These works were incisive and prescient, as Western practices of imprisonment would grow exponentially in the decades to follow.

Abolition’s third historical node, then, emerged as a radical intervention into the changing and expanded nature of the neoliberal carceral state at the close of the 20th century. As the United States became the global leader in imprisonment, radical intellectuals and social movement organizations

offered an expansive abolitionist political framework that situated a critique of the penal system within a broader analysis of the racial capitalist state under neoliberalism. The term *prison industrial complex*, first circulated by authors such as Mike Davis, Angela Y. Davis, and Eric Schlosser, became a central analytic for abolitionist organizing and research in order to speak to the state's use of surveillance, policing, and imprisonment to solve economic, political, and social problems.

Crime, Criminalization, and Punishment

The carceral project has become deeply embedded within all aspects of social life. As such, abolition offers materialist and ideological interventions that target the carceral project at various scales of its expression, from the structural conditions of its possibility to the quotidian ways humans manage conflict and violence within its context. Still, there are general themes around which abolitionist thought unites. Abolitionism foremost contends that alternative responses to interpersonal and state violence that function wholly apart from the criminal justice system are possible. To achieve this end, however, it is essential to map out the unifying links between interpersonal, state, and international violence so as to portray the ways in which violence manifests itself at the intersection of these points within a structural context. This strategy allows for the formation of networks of solidarity across diverse groups and individuals suffering under carceral practices.

Articulated through an individualizing discourse, carceral logics and practices of control, containment, and punishment both nourish and sustain oppressive relations within society. Western philosophies of justice articulate criminality as an individualized transgression, the result of some expression of free will and/or pathology. As such, the suppression of crime is achievable only through the incapacitation and reformation of individual *criminals* who are abstracted as vastly different from *noncriminals*. Such a dichotomized construct negates more expansive conceptual frameworks that analyze structures of power in the identification of crime and criminality. As Angela Davis and Dylan Rodriguez concede, the label of *criminal* is utilized foremost as an expedient political justification for the warehousing of increasing numbers

of poor, disenfranchised, and displaced persons of color. Abolitionism interrogates the very ontological reality of crime, destabilizing its commonsense definitions and applications while not losing sight of the ways that harm occurs in interpersonal contexts. Excavation of the discursive logics that guide criminal justice reveals retributive penalty, as Mike Davis relates, to be an essential function in the *disappearing* of social problems through the shifting of culpability for social inequities and injustice from dominant processes of oppression onto those deemed *criminal*. In its insistence on deconstructing crime, abolitionism recognizes the broader social arrangements and disparities in power that find expression in and are sustained through criminalization and retributive methods of punishment, which are themselves often utilized as responses to or preclusions of organizing and social movement.

Abolitionists' wariness about terms defined by the state, such as crime, and processes carried out by the state, such as criminalization, does not mean that abolitionists minimize the impact of conflict and harm. On the contrary, conflict plays a pivotal role in abolitionist thought and action. Through its development of and interest in alternative processes such as transformative and restorative justice, abolition centers community, victim, and perpetrator in considerations of harm. Abolition further unsettles commonsense understandings around crime and punishment by responding to questions such as "What do you propose instead?" with answers that avoid the trap of offering a replacement conceptual edifice to fill the footprint of the prison and instead insisting on funding the social wage as an *alternative* to criminalization and punishment. Abolitionism therefore contests state violence as the way to deal with injurious behavior, notes how commensurate instances of harm take place every day that avoid the attention of the state and are resolved by communities and individuals, and raises deeper questions about the nature of the social structure.

Nonreformist Reform and Abolition Democracy

Although abolitionists openly contest the social order and the role of the prison therein, abolitionism as a movement does not claim to behold a

perfect replacement for the system as it stands. Rather, as Mathieson relates, abolitionism is a continual process that will always be unfinished insofar as abolitionism means to present a challenge that is undefinable in the commonsense terms of the established social order. In action and practice, an abolitionist framework does indeed seek a vision often cited as utopian or impossible but asserts the achievability of this position through carefully envisaged *nonreformist* reforms that work incrementally toward abolition. As opposed to expansionist reforms, which seek to preserve the system and its attendant logics, non-reformist reforms strive for the constant erosion of both. At the same time, these reforms are conceptualized as pieces of a broader movement to eradicate other forms of social injustice and toward what Davis, following William Edward Burghardt Du Bois, calls *abolition democracy*. Within the approach of abolition democracy, prison abolition is as much about the eradication of carceral institutions as it is about creating the kinds of structures and relationships that actually solve the kinds of social problems for which the prison serves as a surrogate *solution*. Crucially, the aim of prison abolitionism is not simply to secure a more just system for resolving harm and violence but rather to build a more just *society* that renders the prison obsolete.

Abolition in Practice

Prison abolition has developed and deepened through scholarship but its presence as an available political analysis is due largely to social movement organizations. The International Conference on Penal Abolition (ICOPA) confronts directly the retributive methods that prevail within criminal justice and has built an international movement toward the pursuit of transformative justice. A Toronto-based organization, ICOPA was founded in 1983 by the Quaker Committee on Jails and Justice to advocate for penal abolitionism through primarily faith-based approaches but today incorporates a wider breadth of initiatives rooted in both historical experience and social science research. Committed to the development of pervasive alternatives to imprisonment, ICOPA hosts biannually a worldwide forum to discuss the politics and practices of abolition. The

organization aims to not only trouble commonsense understandings of criminality but also works to complicate the continued expansion of industry in the form of state, nonstate, and nonprofit sectors that have been developed to serve the widening carceral net.

In the United States, Critical Resistance (CR) has been at the front of a movement to realize abolition through disrupting the common sense of police and imprisonment and implementing visionary, practical, and community-based projects. Founded in 1997 by activist-scholars such as Angela Davis, Ruth Wilson Gilmore, and Rose Braz, CR began as a national conference and developed into an organization devoted to the formation of strong alliances in mobilizing against the prison industrial complex. Those involved in CR include a wide range of activists and academics, formerly and currently incarcerated prisoners, labor leaders, religious organizations, educators, policy makers, families, and communities, all of whom are dedicated to the unification of their struggles through efforts to end mass imprisonment and erode the prison industrial complex.

With regional chapters based in several U.S. cities, CR's works include numerous projects that merge the theoretical insights of abolitionism with practical application. One such endeavor is the Abolitionist Educators Campaign, which mobilizes those working in classrooms to work with CR to make abolition discussable in schools and communities, particularly by highlighting how widespread divestment in public education has been integral to the neoliberal state's allocation of resources to police and imprisonment. CR has also partnered with INCITE! Women, Gender Non-Conforming, Trans-people of Color Against Violence toward the development of holistic strategies and mechanisms that address the harms caused by widespread forms of violence. In this way, CR, ICOPA, and other abolitionists build coalitions with many others in developing radical ways of defining and enacting safety and justice, destabilizing the terms' predication on police and imprisonment while building capacity to realize their radical potential by addressing harms and transforming the structural conditions that produced them.

Kyra Martinez and Judah Schept

See also Bias in Crime Policies and Prevention; Criminal Stigma; Economics of Crime; Prison Overcrowding; Privatization of Prisons; Punishment; Racial Profiling; Restorative Justice

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PRISON GANGS, MAJOR

The United States' prison system is populated by several prison gangs. Prison gangs are organizations of prisoners that engage in criminal behavior and activities within the prison system complex. Prison gangs often create external extensions of their prison gang into street gangs that engage in criminal activities outside the U.S. penal system as a support apparatus.

Generally, a prison gang features characteristics that are shared among several prison gangs. Some of these commonalities are having an organized hierarchical structure or strict rules of conduct established by the gang for members to follow.

Another prominent feature of most prison gangs is that they are based on racial lines of exclusion and inclusion. Typically, these prison gangs are established along racial and ethnic lines as prisons are heavily segregated due to racial and social problems that can coalesce and be heightened within a prison system. While there is an abundance of prison gangs in the U.S. prison systems, a selected few stand out as major, being large and particularly important.

Ñeta

Ñeta is an international Puerto Rican prison and street gang. It was founded in the 1970s by Carlos Torrez Irriarte (also known as *La Sombra*, or *the Shade and Maximum Leader*) in Oso Blanco Maximum Security prison (located in Rio Piedras, San Juan, Puerto Rico) to fend off violence between unaffiliated prison members and prison gangs. It has also been called a prisoners' rights group and inmates' rights movement by members and has been known to project political ideas about Puerto Rican independence.

Ñeta is known to use the Puerto Rican national colors and Puerto Rican apparel to signify membership. In the United States, members predominantly reside in the New York/New England area but are spreading to places such as Florida. Ñeta does not have known ties to any other large prison gangs. Law enforcement and departments of corrections have documented criminal illegal activities such as drug activity, violence, extortion, and murder. Ñeta members have also been known to be employed as hit men for other prison and street gangs.

Aryan Brotherhood (AB)

The AB was formed in the 1960s in San Quentin, a state prison in California. The AB uses strong White nationalist and neo-Nazi symbols to illustrate membership. For instance, they employ the use of swastikas, SS lightning bolts, and also 666. They also employ the use of Celtic or Irish cultural symbols. The AB requires a *blood in, blood out* oath from members, which stipulates that an initiate must kill or assault someone to enter the gang and can exit the gang only through death.

The AB is considered the oldest White supremacist prison gang in the United States and has chapters throughout the United States. It is primarily focused on criminal economic activities that are comparable to American organized crime. The AB has been involved in drug trafficking, extortion, murder, and murder for hire. It also has a standing alliance with the Mexican Mafia and a strong rivalry with the Black Guerrilla Family.

Black Guerrilla Family

The Black Guerrilla Family was also formed in the 1960s in the San Quentin state prison in California. Black Panther Party member George Jackson formed the prison gang as a radical revolutionary group that espoused Marxist political philosophy. It is also considered to be an antigovernment gang that advocates for the overthrow of the U.S. government and has had ties to the Black Liberation Army and the Symbionese Liberation Army. Its symbols feature the letters BGF, 276 (which represent the respective letters of the alphabet that symbolize BGF), a dragon surrounding a prison tower, and crossed sabers or guns. The Black Guerrilla Family requires a strict lifelong membership and has a strong rivalry with the AB as well as an alliance with Nuestra Familia.

Mexican Mafia

The Mexican Mafia, also known as *La Eme*, was formed by juvenile Hispanic prisoners in the late 1950s in the Deuel Vocational Institution in San Joaquin County, CA. Although the prison administration attempted to dismantle the Mexican Mafia by sending members to various other prisons such as San Quentin, this had the opposite intention: It empowered and facilitated the growth of the prison gang. The gang has a strict *blood in, blood out* code, and the number 13 is significant to members because the letter M is the 13th letter of the alphabet.

The Mexican Mafia is not only one of the most powerful prison gangs in California but across the United States. Its members engage in drug trafficking and extortion and maintain control within the prison system. They also maintain several connections to street gangs that support economic illegal

ventures initiated by the Mexican Mafia. The Mexican Mafia has an alliance with the AB.

Prison Gang Issues

Departments of corrections and law enforcement agencies face several issues when dealing with prison gangs. Criminal activity and illegal capitalist enterprises are the chief activities of prison gangs as the primary purposes for their existence. These criminal activities are not only present within the confines of the prison complex system but also branch outside to the street level, connecting with street gangs as extensions of the criminal enterprise. One example is drug trafficking, whereby the street gangs take on the role of transporting and distributing narcotics, while the prison gangs act as the hub for information and activity for the street-level drug activity.

Law enforcement also faces difficulties identifying gang members and activity as most prison gang members are sworn to secrecy, use secrecy when facilitating illegal activity, and use cryptic codes and created and unfamiliar languages to communicate. Many law enforcement and corrections agencies use the term *security threat groups* rather than *prison gangs* in an effort to minimize the power and recognition that the term *gang* connotes in society. Such agencies are also aware of alliances and rivalries between various prison gangs and have to keep intelligence current in order to understand the interactions of prison gangs. This intelligence is used not only to curtail activity but also to prevent violence against prison gangs within prisons.

Alfredo Aguilar

See also Aryan Brotherhood; Black Guerrilla Family; Mexican Mafia; Neta Prison Gangs and Security Threat Groups

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PRISON GANGS AND SECURITY THREAT GROUPS

From a historical standpoint, prison gangs first emerged in the 1950s in Washington State. Their purpose was to provide social support among inmates and to provide protection from persecution and abuse by more predatory inmates or groups of inmates. After emergence in Washington, additional and separate prison gangs formed in other states such as California, Illinois, and Texas in the 1960s. In 2011, the National Gang Intelligence Center estimated that 230,000 gang members were incarcerated in federal and state prisons. If the behavior of any inmate group behavior poses a threat within the correctional environment or threatens to disrupt prison control, the group may be labeled as a strategic threat group. This entry focuses on prison gangs and strategic threat groups as well as on prison management strategies related to these groups.

Prison Gangs

For the most part, prison gangs form along racial, cultural, ethnic, religious, political, or geographic lines (i.e., former place of residence). Once a prison gang grows in members and power, the focus of prison gangs shifts from protection and social support to prison gang criminal profits. The prison gangs are profit oriented and become criminal enterprises that regularly conduct criminal activities such as extortion; sale of protection services; debt collection; bootlegging; gambling rackets; and smuggling of tobacco, alcohol, drugs, food, clothes, video games, computer tablets, and cell phones inside prison walls.

Definition

There is no uniform definition of the term *prison gang*. Federal and state jurisdictions differ on the number of individuals required for a prison gang, whether the gang formed inside or outside prison walls, the degree and nature of deviant or criminal activities, and whether the group has been *validated* according to a set of identified prison gang criteria. However, most definitions of what constitutes a prison gang include the following criteria:

- three or more incarcerated individuals
- who recurrently commit deviant or criminal activities and
- the activities of the group responsible for the deviant or criminal act are known.

In contrast, the American Correctional Association limits the definition of a prison gang to include only gangs that formed inside prison walls. For example, the Aryan Brotherhood and the Black Guerrilla Family both originated within prison walls and would qualify under the American Correctional Association definition of a prison gang. However, the more restrictive American Correctional Association definition would not include the Bloods, Crips, or Latin Kings since those gangs first emerged as criminal street gangs and later migrated to prison once a sufficient number of the street gang members were incarcerated.

However, the distinction of whether the prison gang originated in prison or on the streets is not particularly useful when determining the threat level of a prison gang. Prison gangs that emerged within prison walls and gangs that migrated from the streets are both disruptive and potentially threatening to correctional officials. Both forms of prison gangs, regardless of origin, are powerful prison subcultures that control conduct among select subgroups of prison inmates.

Most prison gangs, whether established in prison or on the streets, have established alliances with criminal street gangs. In return for protection services, the allied street gangs pay *taxes* (i.e., a percentage of the street gang's profits) to the prison gang and carry out orders received from prison gangs. Often, these orders facilitate control of drug trafficking and other criminal operations conducted by the street gangs as well as smuggling of contraband inside prison walls. As such, the distinction of where the prison gang first emerged is not particularly useful when determining the degree and nature of criminal activity orchestrated by the prison gang.

Instead of tracing the roots of a prison gang, an alternative classification that might be more useful for determining the threat level of a prison gang is based on the nature and degree of power exhibited by the prison gang. Factors that could be of paramount importance include the following:

- strength of the prison gang in terms of gang members, prospects, and associates
- territorial control (i.e., migration) of the prison gang to other federal or state prisons
- the number and strength of allied criminal street gangs
- the nature and degree of criminal activities committed on behalf of the prison gang
- the regional, national, or international scope of criminal activities committed on behalf of the prison gang
- the degree and sophistication of organization and leadership of the prison gang
- the disruptive nature and perceived degree of threat perceived by correctional officials

Psychological Underpinnings That Support Prison Gang Membership

To understand the psychology of joining a prison gang, one must understand the nature of incarceration. The inmate is literally stripped of personal belongings, is assigned a number, has restrictive contact with family or friends, and is physically moved to a new residence that is often shared with a violent or socially deranged stranger. Understandably, this can result in feelings of isolation, fear, and loneliness.

One response is to join a prison gang. Membership in the prison gang offers protection from predatory inmates, social support, and access to a broad array of contraband not enjoyed by other inmates. Collectively, this helps to reduce if not eliminate the feelings of fear, isolation, and loneliness associated with incarceration.

In essence, the prison gang becomes the inmate's new family. This solidarity is reflected in the fact that most prison gangs require new members to relinquish positions of leadership status in the former street gang as a sign of loyalty to the prison gang. In addition, the new member is required to put aside any street gang rivalries or conflicts as a condition of membership in the prison gang.

This loyalty and solidarity continues once the prison gang member is released from prison. Upon release, the prison gang member may reconnect with his former street gang and may assume a position of power and leadership in the criminal street gang due to enhanced status associated with

prison gang membership. In some instances, the released inmate becomes the *tax collector* for the prison gang who collects a portion of the street gang's criminal profits as payment for protection services, should members of the street gang be sentenced to prison. This symbiotic relationship creates a revolving door whereby not only prison gang members rejoin former gangs on the streets but also newly incarcerated street gangsters provide a never-ending source of new prospects for the prison gang.

Prison Gang Subculture

Prisons, by their very nature, contain many violent subcultures. It is a place where civilized society sends those who deviate from the norms of society. It is a place that warehouses murderers, rapists, thieves, and other social outcasts. As a result, inmates tend to band together for protection and social support. In large prisons, this results in differing subpopulations often aligned along racial, ethnic, cultural, religious, political, and former geographical ties. This leads to the creation of racially and ethnically divided subgroups, which evolve into prison gangs such as the Mexican Mafia (Hispanic), the Aryan Brotherhood (Caucasian), and the Black Guerrilla Family (African American). When these groups grow, the prisons are controlled, in varying degrees, by the inmate subpopulations and prison gangs.

Since the mid-1950s, subpopulations and prison gangs have evolved into highly structured business entities. To maintain control of criminal enterprises, prison gangs can be extremely violent. They are willing to commit crimes of assault, battery, and even murder to retain profits received from protection services, extortion, gambling, and smuggling of contraband such as drugs, alcohol, cigarettes, cell phones, and weapons into prison. Similarly, prison gangs control a number of allied street gangs that are willing to commit acts of violence on behalf of the prison gang in order to maintain drug trafficking and other criminal operations conducted outside prison walls.

The control of criminal activity by street gangs often starts as payment of *taxes* in return for protection services if and when members of the allied street gang become incarcerated. But the protection services also extend to protection outside of

prison walls as the prison gang often orchestrates large drug trafficking operations among allied street gangs. This extrajudicial control over allied street gangs is accomplished by use of smuggled cell phones and messages carried from inside prison walls by visitors with street gang connections. Should any allied street gang not follow orders, the prison gang merely issues a *green light* for all prison gang members and all allied street gangs to beat or even murder any disobedient members or disrespectful rival gang members.

Organizational Structure

Prison gangs differ in terms of organizational structure. Some prison gangs are large and are highly structured while other prison gangs may lack strength of membership or any clearly defined leadership hierarchy. But all gangs have shot callers. The shot caller may be a single powerful gang member or a coalition of gang members who acts collectively to call the shots (i.e., determine activities and policies). Some prison gangs enjoy military-style leadership with generals, lieutenants, sergeants, and soldiers, while other prison gangs spread leadership decisions through a more democratic process in order to avoid disorder should a shot caller be transferred or killed by a rival gang.

With growth, a prison gang may spread to other prisons. If the gang emerged from inside prison walls, it may also become a criminal street gang. Similarly, a street gang may also become a prison gang if enough gang members become incarcerated. As the prison gang grows, it naturally develops alliances with street gangs to facilitate criminal operations (e.g., drug trafficking) conducted both inside and outside prison walls. In some instances, the prison gang may conduct criminal operations on a regional, national, or even international level, thus increasing the nature of its threat inside and outside prison walls.

Major Prison Gangs

As noted, prison gangs are often aligned along racial, ethnic, cultural, religious, or political ties. For example, the Aryan Brotherhood is composed of White Supremacists, the Mexican Mafia is primarily composed of Hispanic or Mexican

Americans, and the Black Guerilla Family is composed of African Americans who subscribe to Marxist–Lenin political beliefs. In contrast, a few prison gangs, such as the Consolidated Crip Organization and the 18th Street gang, allow membership of mixed races.

A few criminal street gangs, such as the Bloods, Crips, or Norteños, have enough incarcerated gang members to form gang sets within prison walls. Other street gangs, however, are not large enough to form a gang within prison walls and are forced to seek protection afforded by an established prison gang, such as the Mexican Mafia.

Prison gangs in the United States include the Aryan Brotherhood, Asatru, Black Disciples, Black Guerilla Family, Black P. Stone Nation, Border Brothers, Crips, European Kindred, Fruits of Islam, Gangster Disciples, Indian Brotherhood, Insane Gangster Disciples, Ku Klux Klan, Nuestra Familia, Latin Counts, Latin Kings, La Raza, Little Rascals, Los Solidos, Maniac Latin Disciples, Mara Salvatrucha (MS 13), Mexican Mafia, Mexicanemi, Ñeta, Norteños, North Side Villains, Nubian Islamic Nation, Odinists, Simon City Royals, Skinheads, Sons of Samoa, Spanish Cobras, Sureños, Syndicate Nuevo Mexico, Tango Blast, Texas Syndicate, Tiny Rascals, United Blood Nation, Universal Aryan Brotherhood, Vice Lords, and White Supremacists.

Prison Staff

Some correctional officers assist prison gangs in their criminal activities—for example, smuggling drugs, cell phones, or other contraband in return for money, sex, and protection. Similarly, some officers may become involved in money-laundering operations, prostitution, and delivering messages between inmates and gang members outside prison walls. Corrections staff are traditionally underpaid, so they may be subject to intimidation and bribery by prison gangs. In the eyes of some guards, cooperating with prison gangs is better than the alternative of being threatened, harassed, or accosted by prison gang members.

Security Threat Group

As noted earlier, some inmate groups may be labeled as strategic threat groups. Although there

is no universal definition, a strategic threat group is generally characterized as

- a group of three or more inmates who were members of the same street gang, prison gang, or extreme political or ideological group
- with recurring patterns of threatening or disruptive behavior such as gang violence or violations of prison rules or regulations and
- who pose a threat to prison authority and control.

The primary characteristic of a strategic threat group is that the group becomes a security threat within the correctional setting. The threat may include threats to an adversarial prison gang, group violence, the ability to incite a riot, the ability to inflame racial or political attitudes, or the ability to commit gang-related crimes.

For example, the Arizona Department of Corrections defines a strategic threat group as

[a]ny organization, club, association or group of individuals, formal or informal (including traditional prison gangs), that may have a common name, identifying sign or symbol, and whose members engage in activities that would include, but are not limited to planning, organizing, threatening, financing, soliciting, committing, or attempting to commit unlawful acts or an act that violates the departments written instructions, which would detract from the safe, orderly operations of prisons. (Arizona Department of Corrections, 2018)

As indicated, large numbers is not an essential element of a strategic threat group. In fact, the CCA defines a strategic threat group as any group of two or more individuals that is disruptive or threatens prison order.

Strategic threat groups may have a common name or symbol, and most do. But a common name or symbol is not required. In contrast, a pattern of gang-related deviant or criminal behavior is required. A strategic threat group must exhibit behavior that breaks prison rules, is illegal, or deviates from prison norms. In addition, the strategic threat group must exhibit a pattern of disruptive, illegal, or deviant behavior.

Validation of Prison Gangs or Strategic Threat Groups

Validation is the process by which an inmate is determined to be a prison gang member or a security threat group member by prison officials. To be validated, the inmate must meet a set of prison criteria that generally includes documenting a pattern of abuses or offenses such as repeated violations of disciplinary rules, assaults, violence, or other disruptive acts over a period of time. Validated gang members, or *stigged* (i.e., stigmatized) inmates, may lose certain privileges or be given more restricted housing environments.

Strategies for Management

Many strategies have been tested to reduce prison gang membership and decrease strategic threat groups. One strategy is to break up prison gangs by scattering their members to various prisons or higher security institutions. The idea is to divide and dilute the gang membership. However, this strategy seldom serves to destabilize the prison gang or security threat group. Instead, it tends to spread the prison gang or security threat group to other prisons, thereby creating a broader base of recruiting and control for the prison gang or security threat group. It also serves to strengthen a prison gang or security threat group by seeding membership in multiple prisons, and in some cases, multiple states.

Another strategy is to segregate prison gang or security threat group members from the rest of the inmate population. Generally, this is difficult if there is a possibility that the prison gang will interact with other inmates in the yard, working quarters, or the cafeteria. It can also lead to large-scale prison race riots.

Balancing the number of rival gang members in each prison unit is aimed at minimizing power or control by one particular prison gang. However, balance is difficult to obtain as prison gangs are constantly recruiting new prospects and associates. Similarly, to minimize power and control of a prison gang, behavior modification—that is, removing privileges for bad behavior may be removed and bestowing privileges for good behavior may be initiated. However, smuggling of contraband often defeats such attempts of rewards and punishment.

Isolation may also be used as a management strategy and is accomplished by eliminating communication channels, such as gang mail, and abolishing gang colors within prison walls. This may also be coupled with increased intelligence and information systems designed to track and monitor prison gang and security threat group activity.

Gang renouncement and disassociation programs are designed to facilitate abandonment of gang membership and accommodate any gang members who want to leave the gang lifestyle or testify against gang members.

Finally, new and increased sanctions for crimes committed inside prison walls may be instituted. These include enhancements for repeat offenders or crimes committed by validated prison gang or security threat group members. The new crimes might include recruiting of new prison gang members, selling drugs while incarcerated, or possession of improvised weapons inside prison walls. Similarly, penalties might be enhanced for prison offenses such as protection rackets, extortion, or prison gang fights.

Conclusion

As the United States incarcerates more individuals and increases average sentences, and as prison gangs orchestrate criminal activities both inside and outside prison walls, the number of prison gangs and strategic threat groups will continue to grow. With criminal activity becoming institutionalized behind prison walls, researchers may want to examine whether the goals of incarceration remain effective, especially in an environment where enhanced Internet and cell phone communication systems behind prison walls may help such criminal activity to flourish.

Michael R. Wilds

See also Aryan Brotherhood; Black Guerrilla Family; Mexican Mafia; Neta; Prison Gangs, Major

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PRISON MISCONDUCT, PREDICTION OF

Every correctional system has a codified set of rules that inmates must follow. Whenever an inmate is accused of prison misconduct—that is, breaking one of these rules—he or she will appear before a disciplinary hearing officer or panel. At the due process hearing, the inmate can provide evidence supporting his or her innocence and has the right to appeal the decision of the disciplinary hearing officer to a higher authority. If the inmate is found guilty of the infraction, he or she will be punished. Common sanctions an inmate might receive include extra duty, loss of privileges, loss of good time, disciplinary segregation, or a disciplinary transfer to a higher security institution.

Predicting prison misconduct is important for several reasons. First, it can be of value in classifying inmates. Inmates at elevated risk of prison misconduct should be assigned to a higher security institution where there is more structure and greater security. Second, it can be of assistance in managing inmates. Inmates at high risk of prison misconduct should receive more attention and

program referrals than inmates at low risk of prison misconduct. Third, it can be helpful in identifying features of the correctional environment that encourage prison misconduct and thus need to be changed or addressed in some manner.

Characteristics of both the inmate (personal domains) and prison (situational domains) have been examined in research on prison misconduct. Some of the principal personal and situational domains that predict prison misconduct and violence are briefly described in the next several sections.

Personal Domains

Basic Demographics

Younger inmates, male inmates, and inmates serving shorter sentences are more likely to engage in prison misconduct than older inmates, female inmates, and inmates serving longer sentences. Age, gender, and sentence length may interact in that younger male inmates serving shorter sentences are at greater risk of prison misconduct in male institutions, whereas older female inmates serving longer sentences are at greater risk of prison misconduct in female institutions.

Prior Misconduct

One of the best predictors of future behavior is past behavior. Consequently, an individual with a prior history of violence and misconduct in jail and prison is at increased risk of future violence and misconduct. A prior history of criminal offending also predicts prison misconduct but not as well as prior prison misconduct.

Mental Illness

Inmates with active symptoms of mental illness are at elevated risk of prison misconduct, although it depends on the symptoms. Psychosis, depression, and paranoia are more likely to be associated with prison misconduct than anxiety.

Peer Affiliations

Associating with a deviant peer group in prison has been found to predict prison misconduct. Those inmates who associate with fellow

prisoners who commit prison infractions and violence are themselves more likely to engage in prison misconduct and aggression. Gang membership also places an individual at increased risk of prison misconduct. Research indicates that affiliating with a gang is a powerful risk factor for institutional misconduct and violence and that core gang members are several times more disruptive and violent than peripheral gang members.

Criminal Thinking

Criminal thinking or antisocial cognition is another personal domain predictor of prison misconduct. There is evidence that criminal thinking may mediate the relationship between static risk factors such as age, criminal history, and gang affiliations, on the one hand, and prison misconduct, on the other hand.

Situational Domains

Security Level

Higher security-level institutions have more trouble with serious disciplinary infractions and violence than lower security-level institutions, but there is no consensus as to whether this is due to characteristics of the institution or characteristics of the individual. Prison misconduct could be a reaction to the oppressive structural features of higher security institutions (deprivation) or a reflection of greater criminal propensity and stronger antisocial attitudes in inmates assigned to higher security institutions (importation). One group of researchers, in fact, randomly assigned inmates to either a low-security or medium- to high-security institution and discovered that there were no differences in misconduct between inmates in the two prisons.

Prison Overcrowding

It is generally assumed that prison overcrowding leads to increased misconduct and violence, and while several studies have shown just this, a meta-analysis of 16 studies found no compelling evidence of a relationship between prison overcrowding and misconduct. It has been speculated that correctional systems respond to overcrowding by implementing corrective measures that

then stabilize or actually reduce the level of misconduct in prison.

Direct Supervision

Direct supervision involves the use of smaller housing units organized into pods that allow better surveillance by the unit officer than the traditional linear cell house. This approach to supervision has been found to be effective in reducing misconduct and violence in jails and prisons.

Program Availability

Prisons with fewer programs and work opportunities are often plagued by higher rates of misconduct and violence. This finding can be interpreted in one of several ways. First, correctional programs may reduce disciplinary infractions by teaching inmates self-control. Second, correctional programs may discourage prison misconduct by keeping inmates busy. Third, low- and medium-security institutions house inmates less likely to violate the rules of the institution and are also where the majority of correctional programs are located.

Ambient Temperature

Prison misconduct has been found to be more common during the warmer months of the year, particularly when the ambient temperature is up around or exceeds 90°F.

Glenn D. Walters

See also Institutional Violence and Misconduct; Institutional Violence and Misconduct, Assessment and Management of; Prison Overcrowding; Victimization in Prison

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PRISON OVERCROWDING

Overcrowding in prisons has been considered an issue since the development of the modern prison; yet, it has evaded simple definition because there is no international consensus about how to measure it. The term *prison overcrowding* is most commonly used to describe a situation in which the population of a prison exceeds the capacity that it was designed to house. This, however, lacks a rigorous analysis of the many nuances that require consideration.

This entry begins by presenting some of the ways in which prison overcrowding is generally understood and measured and considers how it can be viewed as arising at a point where a number of criminal justice policies intersect. These include, for example, the role of the criminal justice system, attitudes toward prison sentencing, alternatives to custody, the provision of health care to prisoners, and access to rehabilitation services. The effects of prison overcrowding, as well as initiatives that address the issue, are also considered.

The Growing Prison Population

It is generally agreed that the prison population is growing in the majority of countries throughout the world. It is also generally accepted that overcrowding negatively affects prison systems and has the potential to impact upon delivery of health care, education, and rehabilitative services that characterize a modern prison. The trend must be understood in terms of the factors that contribute to the increase in the prison population, the

potential societal cost, and the resulting financial burdens placed on governments.

A more pressing concern is that prisons in many cases are accommodating more prisoners than they were originally designed to house. A number of countries are reported as having a prisoner occupancy rate higher than 120%, with some as high as almost 400%. It must be remembered, however, that the overcrowding rate is not an indicator for the actual problems and conditions faced by overcrowded prisons. It should also be noted that a simple comparison of overcrowding could be misleading and fail to consider other issues that have contributed to the situation. One reason for the use of such statistics is that it is the only quantifiable measure that can be used to provide an indication and analysis of overcrowding within one country as well as enabling comparison between countries.

A Question of Space

Although there is no internationally accepted standard for the minimum space requirement for each prisoner, attempts have been made to qualify what constitutes an acceptable level. The United Nations (UN) Standard Minimum Rules for the Treatment of Prisoners, for example, state that prisoners should be provided with accommodation, particularly where they sleep, that meets their health needs. This includes floor space that corresponds with international recommendations, fresh air, ventilation, heating, and lighting.

Similarly, the guidelines provided by the International Committee of the Red Cross (ICRC) suggest that the minimum space required is 5.4 square meters per person in a single cell or 3.4 square meters per person in a shared cell or dormitory, including where bunk beds are used. In addition, the ICRC argues that the appropriate amount of space required cannot be measured by space alone and should include consideration of the following factors:

- condition of the building
- amount of time prisoners spend in the sleeping area
- number of people in that area
- other activities occurring in the space
- ventilation and light

- facilities and services available in the prison
- extent of supervision available

The ICRC argues that including more of the aforementioned factors will result in a more accurate measure of the impact of overcrowding, on both prisoners and staff. It is generally acknowledged that, currently, prisoners do not have the minimum space required as recommended by the ICRC and that the reality for many prisoners involves spending long hours in overcrowded, cramped conditions.

Causes for Prison Overcrowding

There are numerous and varied reasons to explain prison overcrowding. Rising prison populations can be due to changes in the law, policy, and sentencing practice by the courts; the length of sentences; a lack of investment in prison building programs; and a lack of prison locations due to age and deterioration of prison buildings. In some countries, where the overall rate of imprisonment is comparatively low, prisons in urban areas or situated close to the courts can still be overcrowded. Predetention prisons in particular may have very high levels of overcrowding.

A lack of investment in prison facilities can impact the provision of rehabilitation programs and result in higher rates of recidivism. There may be a lack of resources to fund preventive general and mental health care for vulnerable prisoners, such as those with problematic drug and/or alcohol use, those with learning difficulties, and those with mental health problems. As a result, prisons may become a place where vulnerable groups are held without effective treatment to meet their needs. This has the potential to lead to a cycle of reoffending and imprisonment, which in turn contributes to overcrowding.

Greater use of custodial sentences, resulting from a lack of knowledge relating to alternatives to custodial sentences, can contribute to overcrowding. There may also be a lack of investment in measures such as electronic tagging and community sentences. In some countries, people may be in prison for lengthy periods prior to going on trial, and nonviolent, vulnerable prisoners (e.g., problematic drug users, those with mental health

problems, and individuals with learning disabilities) may receive tough sentences.

Changes in policy, including greater use of imprisonment, longer sentences, and in many European countries, more restricted use of parole or conditional release, are also factors that have influenced the growth in the prison population in certain countries. Often, these changes occur as a result of a desire to respond to public perceptions of the role of the criminal justice system.

Why Large Prison Populations Matter

Prison overcrowding has the potential to impact the quality of health-care services provided, nutrition, sanitation, and the care of vulnerable groups. Effective prison management can also be compromised when there is a lack of space, making it more difficult to deliver rehabilitative, educational, cultural, recreational, and religious activities. The physical, mental health, and well-being of all prisoners can also be affected, with the potential to exacerbate existing conditions and, at the worst extreme, generate prisoner tension and violence. There is growing acknowledgment from international bodies that overcrowding is a key impediment to the implementation of Standard Minimum Rules for the Treatment of Prisoners in prisons. Overcrowding makes it harder for prison administrations to maintain or guarantee humane conditions that meet recommended international standards and guidelines.

Overcrowding has the potential to negatively affect prison staff working in a variety of areas within the institution. Staff may find, for example, that they have insufficient time to deal with prisoners' problems and struggle to provide a positive environment that promotes rehabilitation. Provision of health care that is equivalent to that available in the community may also become more challenging. Other professional groups (e.g., educators, psychologists, social workers) may struggle to deliver key services to meet the needs of individuals in an overcrowded prison. An increase in prisoner numbers also has the concomitant effect of lowering the staff-to-prisoner ratio and can increase the potential for conflict. All these factors combined can lead to a more dangerous and stressful working environment for prison staff and prisoners and act to lower staff morale.

Solutions

If it is accepted that loss of freedom is the primary punishment for prisoners and that imprisonment should not impinge on individuals' human rights, then it becomes apparent that overcrowding in prison is an issue that needs to be addressed. Initiatives to reduce the numbers in prison could involve greater use of diversion schemes and alternatives to custody for those with problematic drug use or offenders with mental health problems. There is a wide range of alternatives available in many prison administrations, including, for example, supervision by probation services. Measures such as conditional and suspended sentences have the potential to contribute to the reduction of prison populations and do not require major investments to implement. Similarly, cutting the amount of time people spend in prison on remand, making court procedures quicker, and using shorter sentences can act to reduce the number of offenders in prison. It is recognized, however, that countries are in different states of development with respect to their judicial and penal systems and may not be in a position to consider or implement some of these.

Plans to reduce overcrowding that build on the relevant international instruments have been developed. These include the Standard Minimum Rules for the Treatment of Prisoners, the UN Standard Minimum Rules for Non-custodial Measures (also known as *the Tokyo Rules*), and the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (also known as *the Bangkok Rules*).

Reducing the size of the prison population could be achieved by a number of means. These include legislative change and the manner in which probation, community sentences, and alternatives to custody for young people and parents with dependent children are used. However, it is recognized that such measures require both creative thinking and political will to achieve.

Legislative Change

Increasing parole boards' authority for early release for prisoners who pose little danger to society may have a major impact on overcrowding. Providing restrictions on the use of pretrial detention to cases where offenses are particularly

serious or where it is not in the public interest to leave the accused in the community, regulating the amount of time allowed for the investigation period (in many countries this can be a very lengthy process), and improving access to justice at the point of pretrial detention particularly may reduce overcrowding, especially in those countries with high levels of overcrowding. Making a variety of alternative noncustodial measures and sanctions available to the courts might help to reduce the use of pretrial detention and imprisonment.

The use of mobile judges holding hearings in the prison may also reduce the number of prisoners kept in pretrial detention. Amnesty for less serious offenders who are nearing the end of their sentences can be an effective short-term measure.

Use of Probation, Alternatives, and Community Sentences

Increased use of probation may impact overcrowding, although not all countries have a functioning probation service. A wider application and utilization of the UN Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) on alternatives to imprisonment may reduce overcrowding. Using diversion from the criminal justice system, such as police warnings, cautions, mediation, referral to drug treatment or mental health services, and promoting the use of early release procedures (e.g., conditional release), might also be effective. Although there is no current concrete evidence that restorative justice has led to a reduction of the prison population, research indicates that as it becomes more widely used as an alternative to criminal justice procedures, it will create the conditions in which earlier release becomes possible.

Alternatives for Young People and Parents With Dependent Children

Using alternatives that focus on education and restorative measures for young people and keeping the use of custodial sentences to a minimum may also impact overcrowding. The Bangkok Rules suggest that noncustodial measures are a preferred option for pregnant women and children's sole or primary carers when sentencing or deciding on

pretrial measures. Custodial measures are used as a last resort for serious or violent offenses.

In addition to these measures, further reductions could be made to the prison population by utilizing alternatives to custody for groups who have special requirements. This can include, for example, female prisoners, prisoners with health-care requirements, prisoners with drug and/or alcohol addiction, prisoners with learning difficulties, older prisoners, prisoners with disabilities, prisoners from ethnic minorities, and foreign nationals. As well as reducing the prison population, diversion from custody might deliver the care and treatment needed by these groups that is rarely met in underresourced and overcrowded prisons.

Morag MacDonald

See also Cost-Effectiveness of Rehabilitation Versus Incarceration; Global Imprisonment; Incarceration Rates, International; Prison Reform

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PRISON RAPE ELIMINATION ACT

The Prison Rape Elimination Act (PREA) of 2003 was enacted by the U.S. Congress to protect incarcerated individuals from sexually abusive behavior from both other inmates and from staff. Prior to that time, the general public often considered sexual abuse in prison an inevitability of incarceration. Television shows and feature films depict this type of violence as a common occurrence. With over 6.6 million individuals under the supervision of the U.S. adult correctional systems in 2016 (jails, prisons, lockups, community corrections, and probation), the number of victims of sexually abusive behavior could be astronomical if the prevalence of abuse matched societal expectations of prison life. PREA required the creation of a national commission to study the causes and consequences of sexual abuse in confinement. With the information the commission gathered, standards to prevent, detect, and punish sexual abuse in correctional facilities were developed. These mandatory standards apply to all adult prisons and jails, lockups, juvenile facilities, immigration detention sites, and probation, parole, and community corrections facilities.

Sexually abusive behavior in confinement potentially has dire consequences. The establishment of PREA helps to reduce the occurrence of sexually abusive behavior toward inmates in confinement and ensures that proper intervention occurs when abuse is suspected or confirmed. Starting with a review of prevalence, moving through a definition of terms, and reviewing prevention requirements, response to allegations, and methods to ensure compliance with standards, this entry focuses on PREA as it relates to adult prisons and jails.

Brief Review of Prevalence

PREA requires that the Bureau of Justice Statistics conduct an annual statistical review and analysis of the incidence and effects of sexually abusive behavior in confinement facilities. These statistics include only reported instances and allegations of sexual abuse and sexual harassment. True incident tallies may be higher. According to the Bureau of Justice Statistics' report from 2016, in which

prevalence statistics from 2015 are reported, there were 24,661 allegations of sexual victimization. Despite PREA containing the words *prison rape*, the types of sexually abusive behavior encompassed by PREA involve much more than rape or penetration. In addition to nonconsensual inmate-on-inmate sexual acts (penetration), there is inmate-on-inmate abusive sexual contact (intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks either directly or through the clothing), inmate-on-inmate sexual harassment, staff-on-inmate sexual misconduct, and staff-on-inmate sexual harassment. Of the 24,661 allegations of sexual victimization in 2015, 1,473 cases were substantiated or found to have occurred. Approximately 58% of these substantiated cases involved inmate-on-inmate sexually abusive behavior.

Understanding Consent, Coercion, Prison Rules, and PREA

In prison, no sexual activity is permissible. There are rules to prohibit it and sanctions for engaging in such behavior. This is regardless of whether, in the case of inmate-on-inmate sexual relationships, this behavior is consensual. Viewed through the lens of PREA, however, one can distinguish between consent and coercion insofar as whether sexual behavior is acceptable. To illustrate this, consider the case of two inmates being interrupted during sexual activity that they each independently report was consensual. According to prison rules, this activity is unauthorized and would result in an incident report with disciplinary sanctions. However, this would not be a PREA case. PREA specifically focuses on nonconsensual sexual activity between inmates. When the sexual activity is between staff and inmates, it will always be a PREA violation. Even if an inmate pursues a sexual relationship with staff, implying consent, this is sexual abuse. Sexual activity between staff and inmates is always illegal.

Prevention

Prevention of sexual abuse of inmates in confinement is the primary goal of PREA. Prevention, as outlined through PREA, is accomplished through multiple methods. For example, all agencies are

required to adopt, and reinforce through training, a zero-tolerance stance toward sexually abusive behavior by inmates and by staff. In addition, cross-gender viewing of inmates by staff is minimized as much as possible through the use of privacy shower curtains, partitions in bathrooms, and announcements to the inmate population when opposite gender staff enter living quarters. Also, male staff are not permitted to pat-search female inmates except in emergency situations, perhaps something that threatens the security of the institution such as a correctional officer noting an inmate with a homemade weapon tucked in her waistband. To ensure that efforts of this type are implemented, each facility must establish a PREA compliance manager, typically a member of the facilities upper leadership. This person will have oversight for the multiple facets of PREA implementation. In addition, two of the largest efforts in prevention are implemented through training and screening, each of which is reviewed next.

Training

One method of prevention required by PREA is training. General staff PREA training begins during orientation and includes refresher training at least every 2 years thereafter. The training addresses numerous aspects of prevention to include a focus on zero-tolerance policies; instruction on how staff fulfill their responsibilities for prevention, detection, reporting, and response; the dynamics of abusive behavior in confinement; common reactions of victims; how to detect and respond to signs of sexual abuse; how to avoid inappropriate relationships with inmates; and how to comply with the laws related to mandatory reporting of sexual abuse to outside authorities. The goals of such training are preventing abuse and responding appropriately when abuse occurs.

In addition to the general staff training, PREA requires staff who work in specific disciplines within the corrections profession, such as medical practitioners, mental health practitioners, and investigators, to receive specialized training to assist in ensuring appropriate treatment, investigation, and communication with victims and perpetrators of sexually abusive behavior. This reflects the PREA strategy of shifting the culture of

confinement facilities toward preventing and responding appropriately to sexual assault and harassment. It requires a coordinated effort that is anchored through intense interdisciplinary staff communication and cooperation.

Extending out to and through the inmate population is also part of the PREA strategy. PREA training for inmates, much like for staff, begins when inmates first arrive at a facility. Inmates are verbally informed of PREA and are also provided written guidance regarding the agency's zero-tolerance policy and how to report incidents of sexual abuse and/or harassment. Within 30 days of their arrival to the facility, inmates are provided with comprehensive training about their right to be free from sexual abuse and harassment and their right to be free from retaliation for reporting such incidents.

Screening for Risk of Victimization and Abusiveness

An important method to prevent sexual abuse of inmates is to conduct a screening for risk of sexual victimization and risk of sexual abusiveness for all inmates entering a facility. During the initial intake screening, staff use an objective screening instrument to determine if an inmate may be at risk. Medical or mental health practitioners will conduct a full risk determination if inmates are determined to potentially be at risk.

Janet Warren and Shelly Jackson conducted research on inmate populations to identify risk markers for sexual victimization and abusiveness in male and female inmates. Some of the identified risk markers for sexual victimization in male inmates include having a slight build, being a sex offender, having a history of being sexually victimized in childhood or in prison, being a first-time offender, having a low-level mental illness, appearing fearful or vulnerable, and being homosexual or bisexual. For female inmates, risk markers for victimization include factors such as previously being sexually abused, being extremely fearful of sexual assault, having been neglected or psychologically abused as a child, and having histrionic personality disorder traits of dramatizing and attention seeking. Risk markers for sexual abusiveness/predation in male inmates include a history of sexual victimization/predation in prison; hypersexuality;

hypermasculinity; history of a head injury with loss of consciousness; history of childhood psychological, physical, or sexual abuse; and antisocial personality traits of irritability, aggressiveness, and recklessness. Female inmates' risk markers for abusiveness include hypersexuality, prior sexual predation in prison, prior sexual victimization, and being homosexual. Having one or more of these risk markers does not mean an inmate will be a victim or will be an abuser, but it does elevate the individual's overall risk level and warrants more staff attention to the inmate in an effort to prevent sexually abusive behavior from occurring.

The correctional facility uses the information from the risk screening to inform housing, bed, work, education, and program assignments. The goal is to keep separate those inmates who are at a high risk of engaging in sexually predatory behavior from those who are at an elevated risk of being victimized. Considerations for housing may include transferring an inmate to a different facility or placing the inmate in a housing unit with no inmates deemed to be at risk for the opposite. Bed assignment recommendations may include housing the inmate closer to the correctional officer's workstation or only with a roommate who has the same risk markers. Regarding work and education assignments, the inmate may be assigned these according to level of staff supervision. For example, an inmate at risk of predation may be recommended for a highly visible job during the day shift and no education classes in the evening hours, thereby ensuring greater staff supervision. Programming recommendations may include such options as sex offender counseling or criminal thinking elimination group therapy, among others.

Responding to Sexual Abuse Allegations

If efforts at prevention fail and there is an allegation of sexually abusive behavior, certain actions are triggered to ensure the safety and treatment of the alleged victim, the collection of evidence, and the punishment of the perpetrator. Interdisciplinary cooperation is essential throughout this process. First responders, medical and mental health practitioners, and investigators must all coordinate their response, and in turn, they communicate their findings with the facility's PREA compliance manager.

First Responders

First responders may be any staff at the facility regardless of position. The first responder is the individual who either receives the allegation from the victim or potentially observes the abusive behavior as it is occurring. Following an allegation or identification of potentially abusive behavior in progress, the first responder's immediate action is to separate the victim and abuser. The crime scene, if one exists, is secured so that evidence collection can occur. The alleged victim is asked not to compromise evidence by showering, urinating or defecating, eating, drinking, or washing his or her hands until a forensic medical examination can be completed, if one is needed.

Medical Practitioners

Medical practitioners perform an initial injury assessment and test, when appropriate, for pregnancy, HIV, and other sexually transmissible infections. Post-rape prophylactic medical measures to reduce the transmission of sexually transmitted diseases are also offered. If the local institution medical staff are properly trained in the collection of sexual assault evidence, they conduct the forensic medical examination on site. More commonly, the inmate receives the forensic medical examination outside of the institution at a local hospital where medical personnel have the necessary training. A victim advocate is made available to the inmate during the forensic medical examination, as the evidence collection following a sexual assault can be a traumatizing event.

Mental Health Practitioners

Mental health practitioners at the institution provide crisis intervention, assess the alleged victim's mental status, and conduct an assessment of treatment needs. The alleged abuser also undergoes a mental health evaluation. Victims and abusers are provided ongoing mental health care as clinically indicated. When necessary, referrals for continued care following transfer or release from prison are provided. All treatment services for the victim are provided at no cost in the facility regardless of whether the victim identifies the perpetrator.

Investigators

When a facility conducts its own investigations following an allegation, the investigation must be prompt and thorough. Trained investigative/intelligence staff gather and preserve evidence, including physical, DNA, and electronic monitoring data such as video, phone, or e-mail communication. They conduct interviews of the victim and the alleged perpetrator as well as any potential witnesses.

Upon completion of the assessments and interviews by medical and mental health practitioners and by investigators, the facility PREA compliance manager reviews all findings and determines whether the case should move forward. In some instances, the case will not continue, and a full PREA investigation will not be warranted. Examples of this type of scenario include consensual sexual activity between inmates and an allegation that is blatantly unfounded. An allegation may be blatantly unfounded if, for example, the alleged perpetrator was not at the institution on the day the alleged incident occurred or there is direct video evidence that refutes the allegation.

At the conclusion of all investigations, the allegation is indicated as substantiated, unsubstantiated, or unfounded. A substantiated case means the event was found to have occurred based on the preponderance of the evidence. An unsubstantiated case means the event may have occurred, but there is insufficient evidence to prove it. An unfounded case means that there is evidence the event could not have occurred. Regardless of the case outcome, the alleged victim is notified of the finding.

In substantiated and unsubstantiated cases, the facility conducts an incident review to assess the facility's response to the allegation, what factors may have contributed to the incident, and any recommendations for improvements, such as adding cameras to areas of the institution or increasing staffing levels in a particular department. Typically, upper-level management officials conduct the review with input from key areas such as medical and mental health practitioners, investigators, and other supervisors. With the incident review, the facility moves from response and investigation to identification and correction of potential problem areas, thereby shifting back to

prevention, again demonstrating the importance of prevention in PREA.

Ensuring Compliance

It is insufficient to have standards for protection of inmates if nobody is ensuring that these standards are being followed. At the institution level, the PREA compliance manager has oversight of the program and is responsible for monitoring compliance. At the agency level, there is an agencywide PREA coordinator who oversees agency efforts to comply with the PREA standards. PREA requires all facilities to be audited by an external Department of Justice–certified auditor every 3 years. Among their responsibilities during an audit, auditors review policies and procedures, sample documents (i.e., investigative files), tour all areas of the facility, and interview staff and offenders. Each standard is reviewed to determine if the facility exceeds the standard, meets the standard, or does not meet the standard. A facility is provided a 180-day corrective action period to rectify any procedures that do not meet the standard. A final report is issued and must be published and accessible to the general public on the agency's website.

PREA Impact

The enacting of PREA by Congress in 2003 provided a more comprehensive and systematic approach to sexual abuse prevention and response to sexually abusive behavior of confined individuals than had previously existed. While some agencies and facilities had existing policies and procedures for addressing this behavior prior to the passage and implementation of PREA, the law has helped to ensure that all inmates are protected and treated appropriately through standardized requirements, and it has helped to shift the entire culture of corrections in this domain. It is unacceptable for any inmate to be sexually victimized. The establishment of PREA helps to ensure that prison staff treat these occurrences as such, that staff provide victims with the necessary treatment and care and that perpetrators are sanctioned or punished appropriately. Although there is a long history of attempting to change the criminal justice culture to make it free of sexual abuse and sexual harassment, the establishment of PREA has

increased the depth and reach of what was previously possible.

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Authors' Note: The views and opinions expressed in this entry are those of the authors only and do not necessarily represent the policies or opinions of the Federal Bureau of Prisons or the Department of Justice.

See also Sexual Offending; Sexual Violence in Adult Prisons and Jails; Victimization in Prisons

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PRISON REFORM

Prison reform—in its narrowest sense—is the attempt to ameliorate conditions for those incarcerated (i.e., reform prison conditions), develop a

more effective and fair penal system, or implement alternatives to prison. Sometimes the term is used interchangeably with *criminal justice reform*, although the latter is more of an umbrella term that includes reform at the front end of the criminal justice system (law enforcement) and back end as well (reentry). Thus, prison reform is the attempt to address one of several parts of the criminal justice system.

Throughout history, religious groups, business leaders, philanthropists, scientists, scholars, advocates, activists, and elected and governmental officials have all become involved in prison reform. Early involvement often centered on the search for the cause of crime and rehabilitation of the offender. More recent times, however, have been marked by a more punitive response to crime as the sense that *nothing works* became popularized beginning in the 1970s. Since then, discourse around prison reform has become centered more on issues of public safety and fiscal responsibility than on concerns about human rights or rehabilitation of the offender.

This entry first describes the various types of prison reform. Then, it reviews the history of prison reform, primarily in the United States. The entry concludes with a discussion of present-day concerns surrounding prison reform.

Types of Reform

Prison reform can be divided into several distinct types of reforms. *Prison conditions reform* usually seeks to make prisons either less violent or less congested or aims to increase access to educational and treatment programs. *Sentencing reform* aims to address inequities in prison sentencing, the role of discretion in sentencing, and disproportionality between crime and sentence. A third type of prison reform involves the development and implementation of *alternatives* to prison, such as community-based treatment programs, community supervision, fines, or restitution.

Conditions

Prison conditions reform has been a focus of reformers since the beginning of prisons. With relatively few prisons in the late 18th and early 19th centuries, juveniles and adults were housed

together in prisons, and women were usually placed in quarters within these prisons with little, if any, gender separation. Despite rampant sexual abuse, most reformers paid little attention during this time to the unique vulnerabilities of women in prisons since they constituted such a small part of the overall prison population. Although attention has increased in modern years, sexual abuse by corrections staff still remains a widespread problem in prisons throughout the United States.

Interestingly, solitary confinement—today recognized by many scholars, psychologists, and human rights advocates as potentially harmful—was implemented in the earliest prisons as a more humane alternative to the deplorable congregate living conditions that previously existed in those facilities. Today, prison conditions reform is often sought through litigation by attorneys over issues such as access to mental health and substance abuse treatment services or the excessive use of solitary confinement. Excessively high phone rates, the quality and quantity of food services, and medical neglect are also common issues in prison conditions reform.

Sentencing

Sentencing reform has often reflected the public's attitude toward crime. Since the late 1960s, a series of sentencing reforms have taken a more punitive role than the long rehabilitative era that preceded it. Only recently have states begun taking measures to roll back some of the harsh measures instituted in previous decades. Some states are experimenting with decriminalization or legalization of small amounts of marijuana or the downgrading of charges from felony to misdemeanors. Some states also appear to be relieving their corrections population by granting parole to more prisoners. Other states are increasing the amount of *good time* that those in prison can earn for education and vocational programs.

Alternatives

Many U.S. states, experiencing both a budget crisis and a rapidly increasing prison population, have begun experimenting with alternatives to prison. Community-based treatment programs have garnered increased attention as states look to

cut their corrections costs. Addressing substance abuse or mental health issues in the community is much cheaper than doing so in prisons and is considered a more humane alternative to incarceration. Specialty courts, such as drug courts and mental health courts, have proliferated. As of 2018, there are over 3,000 drug courts and about 350 mental health courts in the United States. Other alternatives promoted by reformers include an increase in electronic monitoring and in the use of probation, fines, or restitution as alternatives to prison. Community service can also serve as a viable alternative for low-level offenses, but it is typically used only for minor offenses.

History of Prison Reform

From the late 18th century to the early 19th century, prisons were used only to hold an offender until a verdict was delivered, and a magistrate judge could mete out a punishment, the most common of which were whipping, branding, and maiming. Prison sentences as they are understood today—terms of imprisonment measured in months, days, or years—primarily did not exist in the early years of the United States. Early reformers such as John Howard in England and Thomas Eddy in New York spoke against these draconian corporal punishments of the time and supported incarceration as a punishment for those who had committed crimes so that they could be rehabilitated.

Several groups were established to address prison reform during the 18th and 19th centuries. In 1787, the Philadelphia Society for Alleviating the Miseries of Public Prisons formed to create more humanitarian conditions within prisons. The New York Prison Association also formed in 1844 to advocate against many of the harsh prison conditions of the time. Throughout the first half of the 19th century, crime was often viewed as a character flaw, and most reformers believed that properly run prisons could rehabilitate people of the sin of crime. This view shifted during the late 19th century, and by the 1890s, prison reform got swept up during the broader reform movement of the Age of Progressivism. The depression of the mid-1890s and the Great Depression beginning in 1929 shifted the views of people who began to believe that poverty must be prevented if crime is

to be prevented. This era marked a growing dependence on government intervention to fix societal ills combined with a shift in environmental explanations for crime that would last until the 1970s.

The 1970s brought in a new era of *tough on crime* measures. Many scholars attribute this change to a number of factors: the political radicalization of prisoners, an uprising at Attica over deplorable prison conditions, and the publications of two significant pieces of penal scholarship, *Evaluation of Penal Measures* by Leslie Wilkins in 1969 and Robert Martinson's 1974 summary of his upcoming book *The Effectiveness of Correctional Treatment*. Whatever factors caused the shift, *nothing works* became the mantra that would carry on for the next several decades in prison reform policy. Rehabilitation, which had guided prison reform ideals for almost two centuries, was dead.

Prison reform since the 1970s has mostly reflected this new mantra. The 1984 Sentencing Reform Act abolished federal parole, and the Violent Crime Control and Law Enforcement Act of 1994 created a variety of new crimes, expanded the death penalty, and eliminated Pell Grants for prisoners pursuing higher education. A collection of other harsh measures such as truth-in-sentencing laws, mandatory minimums, and habitual offender laws have spread throughout the nation and contributed to mass incarceration at unprecedented levels.

Since the turn of the 21st century, however, states have begun a series of steps to roll back many of these harsh measures instituted during this *tough on crime* era. Scholars, advocates, and politicians alike have embraced a new mantra: *smart on crime*. A number of prison reform bills have either been passed or introduced in Congress and various state governments. The Fair Sentencing Act of 2010 reduced the sentencing disparity between crack and powder cocaine from 100-1 to 18-1. The Smarter Sentencing Act (still in Congress as of 2018) appears likely to make it retroactive. Other proposals aim to reduce or eliminate mandatory minimum sentences and increase rehabilitative and educational program for those in prison who are deemed low risk of recidivism. Many of these proposals are incremental at best, and while none of them alone are likely to make sweeping

changes that will return the United States to pre-prison boom incarceration rates that the *tough on crime* era appears to be over bodes well for reformers hoping to return to a more rehabilitative era of prison reform.

Concerns Surrounding Prison Reform

Not everyone supports the more rehabilitative ideals of prison reform. Some people and groups representing victims of crimes and crime victims' families, for example, have remained steadfast in their opposition to proposals that aim to reduce the lengths of prison sentences. Others, however, agree that far too many people who commit crimes in the United States receive prison sentences disproportionate to their crimes, and the conditions by which they serve their time are unduly harsh. Even still, a huge gap in consensus exists among prison reform advocates, activists, scholars, and politicians about how best to address the myriad of issues related to prison reform.

One common criticism is that many of the most popular prison reforms proposed in the political arena either lack sustainability, are misguided, or will not provide the bold change proponents promise. In the interest of political palatability, politicians are often guilty of proposing incremental changes while promising bold action. Many reforms today focus almost exclusively on the *three nons*—nonviolent, nonsexual, nonserious charges. Research, however, has shown that more than half of the extra prisoners added since the 1980s were imprisoned for violent crimes. Reforms that do not address the sentencing structure of violent crimes—including retroactivity—are unlikely to reverse the trend in mass incarceration or create a lasting impact. Other scholars have pointed out the limitations of reforms that do not address the role discretion plays in increasing incarceration. Since the 1970s, though, key agents in the criminal justice system—particularly on the front end—have become increasingly punitive.

Sometimes attorneys, advocates, and scholars are at odds over how to best seek prison reform. A growing body of research shows how prison conditions litigation initiated by attorneys or advocacy groups out of concern for their incarcerated clients' well-being led to new prisons being built to improve prison conditions (e.g., ease overcrowding).

Finally, there are those who argue that prisons are an outdated form of punishment that have no place in a 21st-century society and prison reform proposals that aim to make prison sentences more equitable or make conditions less inhumane are misguided. Rather than working to improve the penal system, prison abolitionists argue that we should instead work to dismantle incarceration and rethink our historical approach of addressing crime after the fact with punitive measures. Furthermore, prison abolitionists point out that prisons are saturated with racism and sexual violence, and reforms that have attempted to ameliorate these conditions have often failed miserably. Community-based treatment programs are better equipped to address the multitude of social problems at the root of many crimes than are treatment programs implemented in artificial prison environments coercive by nature.

A growing number of scholars have challenged scholars and society to envision alternative ways of addressing crime rather than relying on prisons. Prison reformers and prison abolitionists have been able to find common ground with proposals that promote alternatives to incarceration. Time will tell whether they will be able to find common ground for addressing other problematic aspects of prisons as well.

Jesse J. Self

See also Cost-Effectiveness of Rehabilitation Versus Incarceration; Mandatory Minimum Sentencing; “Nothing Works” Debate; Prison Abolition; Prison Overcrowding; Segregation in Prisons; Sentencing; State Prisons

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PRISON SECURITY LEVELS

Prison security is a fundamental responsibility of any prison system. Prison security levels are set according to the severity of the crimes that the prisoners have committed, the risk the prisoners represent to the good order of the prison in which they are held, and the risk presented to the general public should the prisoners escape. Security in prisons is vital in order to maintain high standards of custody, care, and control. It is essential to minimize violent conflict, for example, assaults and prison riots, and to manage effective and purposeful regimes.

On a daily basis, security measures and practices determine the movements and activities of prisoners, for example, the times they are locked up and unlocked from their cells, and may be subject to cell and body searches. They also determine the quality of life in prisons. Prison security is integral to the degree of legitimacy inmates view the prison as having, the standards of care provided to vulnerable prisoners such as those who are mentally ill or at risk of self-inflicted death and self-harm, and staff–prisoner relationships.

This entry focuses on the different security levels and systems that have been implemented to ensure prisons are well ordered, safe, and secure, and also humane and purposeful, and in which human rights norms and standards of care, respect, and fairness are upheld.

Types of Prison Security

Prison security is commonly considered in terms of physical security, procedural security, and dynamic security. All three of these elements together are essential to the maintenance of good order in prisons and a safe and humane prison environment.

Physical security encompasses both outside and inside security and is primarily aimed at deterring and preventing escapes. This is achieved through the physical design and architecture of prisons: the perimeter wall; observation towers; cells, including designated areas of isolation and solitary confinement; gates and fences; and also surveillance and detection systems, for instance, cameras, X-ray machines, metal detectors, and alarms. Although not exclusive to them, physical security is normally associated with high-security facilities such as the so-called supermax prisons, which operate highly restrictive regimes characterized by extended periods of solitary confinement and limited human contact with staff and other prisoners.

Procedural security consists of measures and practices undertaken by staff to control everyday routines and regimens, including counting prisoners; deciding how, when, and where prisoners are allowed to move around prisons; the methods used for cell and body searches; and the maintenance and enforcement of disciplinary rules and regulations. Procedural security also involves contingency planning and being vigilant to potential security risks such as interprisoner violence. Separating prisoners using instruments of restraint and supervising prisoners in areas of isolation and solitary confinement are important procedural duties. Unlike physical security, which is static and consists of the physical infrastructure of prisons and the use of equipment and technology, procedural security requires high levels of interpersonal engagement and is dependent on the deployment of a sufficient number of competent and well-trained staff.

Similarly, *dynamic security* is dependent on high levels of staff–prisoner engagement. Considered to be an outcome of constructive and responsible relationships between prisoners and prison staff, dynamic security stems from staff having knowledge and understanding of the prisoner population.

An outcome of staff treating prisoners with dignity and respect is that prison environments are safe and peaceful and encourage higher levels of prisoner involvement in regime activities that aim to support their reintegration back into society.

Categories of Prison Security

It is typical for prison systems throughout the world to categorize prisoners according to the level of security they require. Prisons range from extremely high levels of physical security for prisoners assessed as presenting a serious risk of harm to *open prisons* that comprise much lower levels of physical security and allow prisoners' relative freedom of movement and the opportunity to work outside in the local community. In between are *closed prisons* that provide intermediary security categories and may function as training or resettlement prisons. Many prison systems are progressive in that prisoners may be reassessed and reallocated to different levels of security depending on their behavior in prison, incident history, and the length of their sentence. For example, many life-sentence prisoners are eligible for recategorization to progressively lower levels of security so they may prepare for their eventual release. Another example is adult male prisons in England and Wales that operate according to four security categories (Category A, Category B, Category C, and Category D), the first three of which correlate with the security categorization used in U.S. jurisdictions (maximum security, medium security, and minimum security).

Category A or maximum security prisons are for those whose escape would be highly dangerous to the public and national security. Such prisoners include prisoners convicted of murder, rape, firearms offenses, possessing or supplying explosives, importing or supplying Class A controlled drugs, and terrorism offenses. These prisoners are typically divided into standard risk, high risk, and exceptional risk.

Category B or medium security prisons are for those whose escape would present a serious risk but for whom the highest security measures are not necessary. This includes prisoners held on remand.

Category C or minimum security prisons are for those who cannot be trusted to open

conditions but who do not present a serious risk of escape.

Category D prisons are for those who are trusted not to escape and who have been assessed as being eligible for temporary release and home leave.

Women and children (12–17 years) and young people (18–21 years) are typically held in separate prisons with different security levels.

Political and Cultural Context of Prison Security

In all prison systems throughout the world, prison security levels are subject to political and cultural change. The institutional and operational frameworks, policies and procedures, staff instructions, and prison rules and orders that govern the way prison security is managed in a country at any one time are strongly influenced by its constitution and legal arrangements. Official reconsideration and reprioritization of prison security is also likely to be influenced by particular incidents and events in prisons and the official inquiries into them such as high-profile escapes, riots, and changes in the overall composition of the prison population. Such events may trigger anxiety and concern within the general public, which, according to some criminologists, has resulted in growing demands for tighter security and harsher regimes particularly in the United States and United Kingdom. Finally, levels of investment, the physical infrastructure, and the staffing resources made available to prison systems affect prison security. In some countries, physical security is prioritized over procedural and dynamic security to compensate for inadequate levels of investment and staff shortages. In others, prison staff have left control in prisons in the hands of violent prison gangs.

Today, a number of human rights instruments set out internationally recognized standards of imprisonment. These include the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules, 2015) and the European Prison Rules (revised, 2006). Nevertheless, political and cultural variations remain in the security measures adopted in any particular country. To illustrate, it is instructive to consider how some of these political and cultural changes have played out since the 1960s in England and Wales.

Prison Security in England and Wales

Throughout the 1960s, political and public concern over security levels in prisons in England and Wales was prompted by a steady rise in the number of escapes from prison, most notably of three high-profile prisoners: two of the Great Train Robbers, Charlie Wilson in 1964 and Ronnie Biggs in 1965, and the spy George Blake in 1966. The subsequent Mountbatten Report, published in 1966, recommended the introduction of a new categorization system (see Categories of Prison Security section); an intensification of security measures throughout the prison system as a whole; and that the most difficult and high-risk prisoners be *concentrated* in one top security prison to be built on the Isle of Wight. With respect to this last recommendation, concerns over the difficulty of controlling such a prison and the likelihood of it becoming overly restrictive and repressive meant that the policy was never implemented. Instead, ever since, high-risk prisoners have been dispersed and held along with the mainstream population in a small number of category B prisons with upgraded security.

Throughout the 1970s and 1980s, the prison population continued to grow in England and Wales, rising from 39,820 prisoners in 1975 to 48,872 in 1988. A failure to build new prisons to accommodate the extra numbers resulted in severe overcrowding throughout the existing prison estate. For many commentators, this was the context for the Strangeways Prison riot of April 1990, which lasted for 25 days and triggered a series of copycat protests in other prisons throughout England, Wales, and Scotland. However, the subsequent inquiry into the causes of the riots, conducted by Lord Justice Woolf and published in 1991, cited the corrosive effects of severe overcrowding, unsanitary and squalid conditions, and repressive regimes, and called for prisons to be founded on the tripartite principles of *custody, care, and justice*. Any intention of the government of the day to pursue such a progressive agenda of penal reform was soon overtaken by the high-profile escapes of five Irish Republican Army prisoners from a Special Security Unit at Whitemoor Prison in 1994 and three life-sentence high-security prisoners from Parkhurst Prison in 1995.

As with the previous Mountbatten Report, the subsequent inquiries into the escapes resulted in increased levels of physical and procedural security, including improvements to perimeter walls, an increased use of technology, more frequent and thorough cell and body searches, the introduction of mandatory drug testing, and a reduction in home leave.

Since the 1990s, government reforms to the prison system in England and Wales have continued to prioritize physical and procedural security while also seeking to modernize prisons, diversify and extend provision between the public and private sectors, transform rehabilitation outcomes, and reduce costs. A report published in 2015 by the House of Commons Justice Committee criticized the pace of change, concluding that estate modernization and reconfiguration and a reduction in operational costs had resulted in a significant deterioration in safety. Specific challenges to security were identified as an increase in prisoner complaints regarding the imposition of restrictive regimes; staffing shortages and diminishing staff–prisoner relationships; an increase in the availability of drugs, including the so-called legal highs; and significant rises in the number of assaults and self-inflicted deaths in prisons.

Balancing Prison Security and Care

This account illustrates the tension often apparent in prison systems around the world between, on the one hand, ensuring prisoners are held securely and, on the other, that a duty of care is in place to ensure prisoners are treated fairly, with humanity, dignity, and respect. The two core objectives of imprisonment are interdependent. The degree to which security is compatible with care influences whether prisoners acknowledge the legitimacy of their incarceration and the authority of prison staff to maintain governance and control over them. Some prison authorities have attempted to balance physical, procedural, and dynamic approaches to security. For example, since 2004, Her Majesty's Prison Service in England and Wales has put into operation the so-called decency agenda that has affirmed the importance of good staff–prisoner relationships, treating prisoners

with respect and dignity, and making available adequate resources and purposeful activities to promote their resettlement after release. In the United States, for example, prisons known as *direct supervision jails* have been developed to balance physical security alongside an active management strategy to reduce problem inmate behavior based specifically on principles of dynamic security. Yet the danger that security considerations will prevail over all else and be implemented illegally, unnecessarily, and disproportionately, thus increasing the risk of disorder in prisons, is a constant one. For penal reform organizations, human rights lawyers, independent monitoring boards, trades unions, government committees of inquiry, prison officials and prisoners alike, and the overuse of physical security—increasingly in the form of surveillance and solitary confinement—remain pressing problems to contend with.

Nick Flynn

See also Isolation in Prisons; Preventive Detention Legislation; Prison Gangs and Strategic Threat Groups; Prisons

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PRISONS

In the United States, prisons are state or federal institutions designed to house individuals convicted of felony crimes. Prisons are governed through criminal justice systems, and in most countries, prisons are used to house people who have been sentenced by the criminal courts. This entry briefly explores the history of imprisonment and then proceeds to ask questions regarding what prisons are for, who is sent to prison, and what happens to people when they are imprisoned.

History

This history of the prison can be traced back to at least 1700 BCE and the *Code of Hammurabi, Babylon*. Ancient Egyptians used imprisonment as a means of detention, and prisons were also widely used in Ancient Greece, although primarily to house debtors. Imprisonment, in the form of penal servitude in metal and salt mines (*ad metalla*) or chain gangs (*opus publicum*), was the primary punishment in the Roman Empire. Indeed, for Johan Thorsten Sellin, author of *Slavery and the Penal System* (1976), the history of imprisonment is intimately connected with that of servitude and slavery.

In England in 1166, King Henry II issued the Assize of Clarendon, which ordered his sheriffs to build a jail in each county. Jails held debtors and felons awaiting trial. In 1556, the first House of Correction was established at Bridewell, and in 1609, King James I made the House of Correction (popularly referred to as *Bridewells*) obligatory in every English county. Prisons at this time in England and across Europe were largely, but not exclusively, used as forms of detention for people awaiting punishment. The death penalty, public forms of corporal punishment (e.g., public whippings), banishment, and transportation were the main state punishments from the 16th to the 18th centuries. However, by the end of the 18th century, popular anguish about public execution, *torture*, and slavery raised serious moral questions about such practices. From the 16th to the 19th centuries, Western societies were rapidly changing from a political economy of feudalism to first one of mercantilist capitalism and later one of

industrialized capitalism grounded in the exploitation and domination of wage laborers in both the home nations and their colonies. As noted by penologists George Rusche and Otto Kirchheimer, practices of punishment, and especially imprisonment, reflected such socioeconomic changes.

By the early 1800s, across virtually the whole of the globe, the prison was considered a place *for* punishment. At this time, there was a change in emphasis from the elimination to the reclamation of the offender and the belief that new reformed prisons could act as a technology of salvation. Two diametrically opposed philosophies underscored this transformation: Christianity and Utilitarianism. On one hand, Christian reformers believed that the immorality of *crime* could be rectified by manipulating the offender through isolation in a prison cell where the offender could reflect and repent of his or her unrighteousness. Utilitarian philosophers, on the other hand, pleaded for the universality of reason and for acceptance of the idea that reformation could only take place through the socialization of the offender's proclivity for pleasure. This would be achieved by constant inspection. The approaches to *reformed prisons* in the United States, France, and England at this time created the template for the modern prison.

In the United States, Pennsylvania led the way, passing new laws in the 1780s for the penal servitude of offenders through public works. In the 1790s, Walnut Street Prison opened in Philadelphia. This approach was based on silence and separation through solitary confinement and became known as the *separate system*. An alternative approach, known as the *silent system*, which allowed prisoners to work together in silence, was implemented at Auburn State Prison in New York in the 1820s. The influence of these prisons was felt across the Atlantic. In England, in 1810, the Holford Committee recommended that a convict prison should be built at Millbank, on the River Thames in London. The General Penitentiary was designed to hold 1,000 prisoners and later led to the opening in 1842 of Her Majesty's Prison Pentonville. Pentonville housed 520 prisoners in separate cells and became the model prison in the Victorian era. Its regime—based on solitude, hard labor, religious indoctrination, and surveillance—became the basis for reformed prisons in England and many other places.

What Are Prisons For?

Since the 19th century, prisons have been justified on a number of different grounds. Retributivists argue that prisons should be places of pain because the prisoner, through his or her criminal offense, deserves to suffer. This justification has problems because it is based on the assumption that imprisonment can deliver justice in unequal societies and that two wrongs can make a right. Another justification is that harsh penal regimes, penal servitude, and discipline can act as deterrents to both individual offenders and the general public more broadly. This is closely connected to the doctrine of *less eligibility*—the belief that the conditions of imprisonment must not be higher than the living conditions of the poorest laborer. According to Rusche and Kirchheimer in 2003, less eligibility has been the “leitmotiv of all prison administration down to the present time” (p. 94). The problem with deterrence is that it can never be morally right to imprison one person for the benefit of others (general deterrence) and that there is no evidence that ex-prisoners reduce offending as a direct result of their imprisonment (individual deterrence). Prisons are also justified on the grounds of incapacitation and promoting public safety. Incapacitation, however, has an Achilles’ heel. Rather than preventing crimes, they are merely deferred; so when offenders are released, they may reengage in criminal behavior.

Perhaps the most influential justification for prisons is the claim that prisons can reform or rehabilitate offenders. The terms *reform* and *rehabilitation*, although often used interchangeably, in fact mean very different things. Reform ultimately means to change the offender. The aim of reformatory punishment is to alter the individual by attempting to reeducate, teach, train, or instill a new morality. The offender is in need of moral education—work, religion, schooling, or vocational training. Rehabilitation aims to restore the individual to the person he or she was before the crime was committed. This suggests that treatment is most important, and, just like medicine, if the problems could be correctly diagnosed, then the offender and ultimately society can be cured of problematic behavior.

Who Is Sent to Prison?

The *World Prison Population List* details prison population rates per 100,000 of the national population in 223 countries. In October 2015, there were more than 10.35 million people held in penal institutions throughout the world. More than half were held in just five countries: the United States (2.2 million), China (1.65 million), Russia (0.64 million), Brazil (0.61 million), and India (0.42 million). The United States has one of the world’s highest prison population rate at 698 per 100,000 of the general population (behind only the Seychelles). Prison populations have been growing rapidly across the world since the early 1970s. According to Nigel South and Robert Weiss, this can be explained by the rise of neoconservative governance and neoliberal political economy in the global North and the growing reach of neoliberal capitalism across the world, including in the global South, following the end of the Cold War.

The people who are in prisons often come from impoverished social backgrounds and are often people of color or indigenous populations in countries that are former colonies. In Australia, for example, people of aboriginal descent make up about 2% of the overall population but over 20% of the prison population. About half of the U.S. prison population is made up of African Americans, though constituting only 13% of the general population. The vast majority of prisoners are men. One in three young Black men are currently in prison, on parole, or on probation. Black American men are 8 times more likely to be imprisoned than White Americans, and if current trends continue, 29% of Black American men born today will end up in prison during their lifetime. Across Europe, there are disproportionately large numbers of foreign nationals in prisons, even in countries with relatively low prison populations. In 2013, David Scott reported that 32% of prisoners in the Netherlands, 23% of prisoners in Germany, and 33% of prisoners in Norway are foreign nationals.

Prisoners around the world are also people with complex and multiple needs. Many prisoners have grown up in care homes or have had significant family difficulties. Many are unemployed or receiving benefits before prison or do not have paid employment to go to upon release. In

addition, many prisoners are likely to be homeless or not living in a permanent accommodation prior to imprisonment. Many have no or only limited education (and often cannot read or write) and are in poor health, for example, with mental health problems, long-standing illnesses or disabilities, or substance usage problems.

It is also commonly accepted that offenders think and behave differently than nonoffenders. For example, offenders at moderate to high risk of crime engage in criminal thinking or have attitudes that are more antisocial than nonoffenders. Offenders are also more likely to associate with other offenders and less likely to engage in prosocial activities such as work or school, and prosocial leisure or recreational activities.

What Happens to People in Prison?

Prisons are a specifically designated spatial order controlling human freedom, autonomy, choices, actions, and relationships. External physical barricades regulate the conditions of social existence through sealing prisoners from their previous life, while internal control mechanisms survey constraints on the minutiae of the prison day. Security restrictions on prisoner movements—such as access to educational and treatment programs, religious instruction, work and leisure provision—are carefully structured and regimented around predetermined orderings of time and space. The architecture of the prison place determines the location of events and distribution of bodies and in doing so also highly regulates relationships.

According to Diana Medlicott, in one way or another, a sense of loss affects all prisoners. At times, prisons are places of frantic activities, highly structured routines, timetables, and regimentation. Paradoxically, at other times they are empty, dull, and motionless, where nothing is happening, but all the same, is passing at a fast rate. Scott and Helen Codd note that for some, the loss of freedom and time to live one's life, the enforced passivity, and the emptiness of time can be exceptionally painful. For others, prison creates an opportunity for change, to rid oneself of prior antisocial proclivities in favor of a new goals and prosocial agenda, thus avoiding a return to the prison environment.

David Gordon Scott

See also Federal Prisons; Global Imprisonment; Prison Reform; Prison Abolition; Prison Overcrowding; Prison Security Levels; Privatization of Prisons; Punishment; Rehabilitation; State Prisons

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PRIVATIZATION OF PRISONS

Prison privatization or *contract management* refers to the contracting of private companies by the state to provide custodial corrections. Proponents of contract management highlight increased efficiency and effectiveness and opportunities for innovation as primary advantages, but others contend that these benefits must be balanced by governments securing suitable contracts and ensuring that the state maintains responsibility for the allocation of punishment and prisoner duty of care. The following explores the various forms of privatization and discusses the catalysts to its emergence in modern times. After summarizing research around success, it outlines important issues in the future of prison privatization.

Background

Privatization of corrective services exists across all facets of custodial corrections, including prisons, juvenile detention, and immigration detention. The extent of private involvement in the corrections system varies. In some cases, private contractors provide services only, including food, health

care, or programs for education or rehabilitation, such as the French *prisons semi-privees*, in which noncustodial services are privately provided. At the other end of the spectrum are Design Construct Finance and Manage contracts, whereby private companies build and operate a new prison for a period of time, according to the contractual requirements of the state. Most often, privatization exists in a model described as contract management, with the private sector responsible for the operations of a prison that will ultimately be government owned. In this way, the state retains responsibility for *allocation* of punishment, while the private sector merely participates in *administering* aspects of the prison system on behalf of the government.

History of Privatization

In the modern era, privatization is a controversial and much-debated topic. However, the intersection of corrections and profit is not a new phenomenon. In Ancient Greece, rights in regard to private property were enforced by society, with the private sector providing punishment. Across Europe during the 17th century, families with an unruly relative could petition for imprisonment, with a fee paid to the prison administrator for the duration. Such enterprises became so popular that many private citizens opened their homes to lodge those considered an embarrassment to their families due to misbehavior or insanity, and private institutions, such as the *beterhuizen* of the Netherlands, flourished. Jailors in 18th-century prisons procured their income from the prisoners who paid for food and bedding, as well as through commercial activities within the prison, such as the sale of alcohol. Custodial privatization featured strongly in the history of Australian corrections: In 1788, the British government contracted ships for the transportation of convicts, and later, the supply of convict labor to free settlers. Similar leasing of prisoners for labor was seen in the United States following the Civil War, with the lack of state involvement and maximization of profits resulting in breaches of basic prisoner rights.

The move to recent privatization commenced when Corrections Corporation of America won a contract to own and operate a Houston (TX)

immigration detention center in 1984. After this, privately operated prisons spread quite rapidly across the United States and later emerged in Australia (Borallon Prison, 1990), the United Kingdom (The Wolds, England, 1992; HMP Kilmarnock, Scotland, 1999), New Zealand (Auckland Central Remand Prison, 2000), and South Africa (Manguang Prison, 2001). In 2016, 12 countries worldwide featured prisons contracted to private companies in some form, with prisoner populations therein varying from 4% of the total prison population in South Africa to 19% in Australia.

Catalysts of Privatization

Arguably, the greatest influence on the emergence of prison privatization was the increase in prison populations globally, largely due to sentencing changes in the late 1980s. For example, as documented by Rynne and Harding in 2016, between 1990 and 2013, prisoner numbers increased by 86.5% in England and Scotland, 92% in the United States, and 115% in Australia. A consequence of this rapid increase was overcrowding of prisons, with existing infrastructure unable to meet the demand for safe and secure housing of prisoners. Furthermore, the physical conditions of some existing prisons, often built in the previous century, were such that the need for new facilities was dire.

Overcrowded prisons meant not only cramped living conditions but also limited access to education, training, and programs to address recidivism. Contemporaneous with overcrowded prisons was a decline in the physical and mental health of inmates and increases in behaviors such as violence, self-harming, and attempted suicides. In the United States, issues such as lack of access to adequate medical treatment and threat to physical safety led to legal decisions compelling prison systems to provide adequate medical and mental health care.

The surge in prisoner numbers across the globe occurred during a political period characterized by economic rationalization (reorganization to increase efficiency and decrease costs), free market ideology, and the belief that the public sector could be made more efficient through inclusion of private enterprise. Governments, seeking alternatives to pledging taxpayer dollars to fund building of new

amenities, were won over by the prospect of spreading payments across the lifetime of a contract, particularly given the speed at which private-sector construction advanced. Once built, ongoing costs associated with management and operations were expected to be lesser in privately operated facilities, with some U.S. states mandating minimum cost savings as part of awarded contracts.

While economic arguments may have been the strongest catalysts of privatization emergence, proponents also argued that prison regimes would benefit from involvement of the private sector. The move to privatization was envisaged by some as an opportunity to reform prison organizational culture and challenge long-standing norms, entrenched work cultures, and an existing emphasis on retributive punishment. Changes to staffing strategies due to greater flexibility around pay and conditions, technological advances, and innovative management techniques and service delivery strategies were theorized to have financial benefits and improve service delivery. Where private institutions do show improvements in quality, there is a cross-fertilization effect for the public prison system, which must compete with the success of the private sector, thereby stimulating enhancement sector wide.

Privatization Success

Despite a wealth of research, determining the economic success of privatization is difficult due to methodological issues around comparisons between publicly and privately operated institutions. Cost-effectiveness studies are affected by issues such as when institutions were built, with many publicly operated prisons being more costly due to aged facilities. Furthermore, factors such as prison security levels, as well as variables related to the prisoner population (e.g., age, gender, health), must be controlled to obtain useful findings. These issues aside, cross-sector cost comparisons suggest that savings can be substantial, particularly when reductions attributed to lower infrastructure costs are acknowledged. A 2013 study, which included staffing costs as well as those related to other financial factors, suggested that privately operated prisons could reduce overall costs by between 12% and 58%. Similarly, in the United Kingdom, the Home Office concluded

that, all factors considered, private-sector prisons produced a saving of around 12.5% during a 4-year period, although savings were seen to decline over time.

The effectiveness of privatization in reforming prison quality can be assessed according to observed differences in organizational culture (collective assumptions, values, and beliefs that shape staff attitudes and behaviors), social climate (perceptions of the organization and its operation), and service delivery (success of day-to-day operations). Studies examining prison quality are mostly restricted to those conducted within the United States, the United Kingdom, and Australia. In general, research indicates that public prisons outperform private prisons on security and order measures, with some reports showing lower rates of safety incidents and injuries to both inmates and staff in public institutions. Private prisons perform best in terms of quality of life for prisoners, although this may be partly explained by newer facilities. All things considered, prison quality differs between the public and private sectors; however, the extent and type of difference is influenced by institutional differences rather than differences according to sector alone.

For example, U.S. research on prison quality found minimal difference between public and private facilities, particularly when considering prisoner perceptions. However, when Charles Logan compared the New Mexico Women's Correction Facility (managed by Core Civic, formerly Corrections Corporation of America) to government institutions in 1992, he concluded that the privately owned/operated prison performed better on six of eight factors investigated, suggesting better service delivery. Australia's privately operated Junee Prison was assessed by the NSW Department of Corrective Services yearly from 1994, with results suggesting that the Junee Prison prisoner management model exceeded that of the public system, particularly when considering officer-prisoner interaction and case management. While in some areas Junee did not perform as well as the public comparisons (e.g., offenses in custody and assaults on officers), positive organizational culture was observed for all 4 years of the study, and staff retention rates remained high, suggesting this culture had become entrenched in the

organization. Reviews of Western Australia's Acacia Prison by an autonomous prison's inspectorate established in 2000 concluded that while Acacia's peak performance was in the years after it opened, it continued to operate at good standards such as those achieved by comparable public institutions.

Research from the United Kingdom showed that the most effective privately built and operated institutions outperformed comparable public prisons; however, some poorer performing private prisons were among the worst performers of all prisons reviewed. Prisons found to perform well in terms of programs and work opportunities tended to perform poorly in terms of safety and security, regardless of which sector they represented, suggesting that variations in effectiveness did not appear to be determined according to whether operation was public or private but due to differences in quality between institutions.

The ability of a prison to influence reductions in recidivism is an important measure of prison effectiveness. There are also difficulties in drawing strong conclusions from recidivism research, due to methodological issues such as failing to consider prison transfers. For example, UK research based on Ministry of Justice data proposed that private institutions decrease recidivism by as much as 10%; however, these findings were based on comparisons of raw data and did not consider any interprison variables. Overall, similar to findings around economic benefits, research investigating recidivism suggests that private institutions may initially perform better than public comparisons, but over time this effect weakens and in some cases reverses.

While privatization might offer economic advantages, better facilities, and the opportunity for improved prison culture, potential negatives of involvement of private industry in correctional practices exist. When prisons operate as businesses, profits can be boosted through such cost-cutting measures as employing fewer staff, reducing officer training, and limiting access for prisoners to medical and psychiatric professionals. Furthermore, profits are inextricably tied to increases in prison populations and sentence lengths. Lobbying, and support for private prison contracts by government employees, raises questions around ethical challenges and the potential for corruption in an environment that sees transitions of personnel from

influential governmental positions to employment within the private prison sector.

Privatization Into the Future

With governments under increasing pressure to provide citizens with the services they demand at minimum costs, it is likely that areas such as corrections will continue to look to private sector involvement into the future. Regardless of the extent of private sector involvement—whether delivery of noncustodial services only or direct management—there are some issues around privatization that warrant consideration.

It is essential that the division between the duties of the state and the operations of private corrections companies be enforced, with the state maintaining legal responsibility for ensuring duty of care for prisoners. Central to achieving this is ensuring that contracts are clear and specific rather than generic in detail, with a contract period of reasonable length (e.g., 5 years with options to extend). Performance should meet clearly specified requirements at appropriate intervals. Specificity in contracts, however, must be balanced so as not to quash the innovation that privatization was argued to introduce.

Given that those contracted to provide corrections services are often large, global, general service companies, ensuring adequate knowledge of the local situation and ability to operate according to these demands is also essential. While profits may be available in some areas of corrections, company reputation can be damaged when service provision does not meet expected standards.

John Rynne and Lisa Thomsen

See also Incarceration Rates, International; Prison Overcrowding; Prison Reform

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PROBATION

Probation is a disposition within the criminal justice system whereby an offender serves a term of supervision in the community under the authority of a probation agency. Probation is typically served in lieu of sentence to jail or prison. Unlike parole, probation is generally a sentence unto itself rather than a period of supervision completed after a prison term and is often conceptualized as a type of diversion from incarceration.

Probation is the most common criminal disposition in many nations, including the United States and Canada; for example, as of 2015, 3.8 million of the approximately 7 million adults in the U.S. criminal justice system were on probation. Although probation has been used informally in the United States for more than 150 years, it has undergone substantial philosophical changes over the past few decades.

This entry provides a brief history of probation and discusses the overarching philosophies, practices, and innovations in probation. The primary focus of this entry is adult probation in the United States, but some discussion of probation in other contexts is provided. The entry concludes with a discussion of the future of probation.

Historical Roots of Probation

Probation in the United States is generally traced back to the practices of John Augustus (1785–1859), a Boston business owner and member of the Washington Total Abstinence Society. The society, in addition to promoting abstinence from alcohol, advocated for the kind treatment of people with alcohol problems. Augustus sought to extend kindness toward first-time offenders at the

local courthouse, where he paid bail for men struggling with alcohol abuse whom he deemed good candidates for rehabilitation. Augustus rehabilitated his first offender in 1841, and over the next several years, he rehabilitated nearly 2,000 people. Augustus was quite successful in his efforts—it is reported that only 10 of the men he rehabilitated had further entanglement with the criminal justice system. Around the same time, Matthew Davenport Hill (1792–1872) was working toward a similar goal in England, though his focus was juvenile offenders. Hill is viewed as the originator of probation in England.

In the United States, Massachusetts legally formalized probation in 1878, and a handful of other states followed suit in the late 1800s. Probation proliferated across the states in the early 1900s, and federal probation was created in 1925. As of 2017, all 50 states have formal probation. In the United States, probation is most often operated at the state level, though in a minority of states probation is run at the county level. In countries such as Canada and England, there is a national body overseeing probation, but the operation of probation is carried out by province- or county-level agencies. Although parole is different from probation in that it is typically reserved for offenders reentering society after a prison term, probation and parole are run within the same agency in many states. Furthermore, although adolescent offenders are typically processed in the juvenile justice system (separately from adults), in many U.S. states, the juvenile and adult systems are overseen by the same agency.

The dominant philosophy in U.S. probation agencies throughout most of the 20th century echoed the rehabilitative goals of Augustus. Probation officers functioned much like social workers and worked to change the criminal behavior of their clients using a therapeutic, human services approach. However, the philosophy of probation shifted multiple times since 1970. From the decade between 1971 and 1980, probation followed a brokerage model, whereby probation officers moved away from direct service provision to their clients toward facilitation of referrals and services within community-based social services agencies. Political changes brought about an about-face in the last two decades of the 20th century. Given public perceptions that probation was too soft on

offenders, agencies moved toward a heavier use of sanctions and punishments. Since the beginning of the 21st century, probation has shifted its focus on rehabilitation and use of practices supported by research evidence, as described in the following section.

Current Practices and Innovations in Probation

The primary objectives in contemporary probation practice are the assessment and supervision of probationers. Many probation agencies conduct presentence investigation reports, whereby a probation officer gathers information on the offender and his or her current offense to aid the court in making decisions regarding appropriate sentencing and placement into community programming aimed at rehabilitating the offender. Assessment can also inform the type and intensity of programming once the offender is assigned to probation. Many well-validated risk assessment tools exist to help agencies measure each offender's risk of recidivism—the likelihood that the offender will commit a new crime or otherwise do poorly on community supervision.

The other primary function of probation agencies is supervision of probationers while they complete their probation term. Probationers are generally assigned to a probation officer's caseload, and the officer becomes responsible for monitoring the probationer's compliance with the terms of probation. In addition to abiding by all state and local laws, probationers are required to meet the conditions of their probation supervision to successfully complete their supervision term. Standard conditions of probation vary by jurisdiction but typically include maintaining adequate employment or attending school full-time, paying restitution or fines, avoiding drug use and excessive alcohol use, and maintaining an appropriate residence. Probationers may also have a curfew and be unable to travel outside their home jurisdiction without prior permission from their probation officer. In addition, probationers who are judged to be in need of substance abuse or mental health treatment may be mandated to attend such treatment as a requirement of probation. Probation officers monitor probationers' compliance with these probation terms and respond to

violations with verbal or written warnings; persistent or serious violations may lead to the probation officer filing a violation report with the court whereby the judge may temporarily or permanently revoke probation, which can result in incarceration.

As probation in the United States has moved toward a rehabilitative approach, there has been increased attention paid to probation practices that have research supporting their effectiveness in decreasing the rate of reoffense and technical violations for probationers. The most widely supported model of correctional supervision is known as the Risk-Need-Responsivity (RNR) model. The RNR model was developed by Donald Andrews and James Bonta and provides a set of principles to guide offender rehabilitation. The risk principle specifies that agencies should measure the recidivism risk of every offender entering their agency, preferably with the use of a structured risk assessment tool, and this risk information should be used to inform the intensity of programming for offenders. Specifically, high-risk offenders should receive the most intensive programming and more frequent supervision, whereas lower risk offenders should receive only minimal programming. The need principle directs agencies to identify criminogenic needs—changeable risk factors that can reduce an offender's risk of recidivism when successfully addressed in treatment. For example, substance abuse is a criminogenic need because substance abuse increases the likelihood that a probationer will continue to offend. If substance abuse is successfully treated, the probationer will be at a lower risk of reoffending. Finally, the responsivity principle provides guidance on how to implement programming with offenders in two ways. General responsivity prescribes the use of psychological methods that are known to affect behavior change, such as cognitive behavioral techniques. Specific responsivity calls for the consideration of the individual needs of an offender in correctional programming. For example, probation officers should attend to the motivation level of an offender when working with him or her. The RNR model also directs agencies to use core correctional practices, a set of principles guiding how probation officers interact with the offenders they supervise; officers should build high-quality relationships with offenders and use a skill-building

approach in supervision. Effective use of RNR and core correctional practices can dramatically increase the likelihood that probationers can remain crime free.

It is important to note that RNR is a set of principles, not a program. However, many programs have been designed for use in probation agencies built around the principles of RNR. For example, the University of Cincinnati Corrections Institute developed a structured training program for probation agencies called *Effective Practices in Community Supervision* that has been shown to increase officers' use of core correctional practices during supervision with their supervisees. Another program with substantial research support is the Strategic Training Initiative in Community Supervision that was developed by the Corrections Research Division of Public Safety Canada. Researchers continue to seek innovative ways to improve the implementation of these programs; for example, few studies have examined the use of coaches—specially trained probation officers who review supervision meetings conducted by their colleagues and provide feedback on the use of core correctional practices—with promising results.

A number of innovations have emerged in probation agencies to meet the unique needs of specific subgroups of offenders. For example, gender-specific programming has emerged to meet the unique needs of female offenders, who often have extensive histories of abuse and substantial mental health needs. Gender-specific programs integrate treatment for post-traumatic stress into probation supervision. Specialty caseloads have been developed in many agencies, whereby a probation officer with specialized training supervises a caseload composed of a specific subtype of offenders. Many varieties of specialty caseloads have been developed, some based on specific types of offenses (e.g., domestic violence, driving while intoxicated) and others based on specific types of offenders (e.g., offenders with mental illness, military veterans). Notably, the specific features of these caseloads may be unique to the agency where they are housed, and although some of these programs have demonstrated promising results, more research is needed to fully understand whether and how these caseloads work to reduce recidivism. Other innovations include

police–probation partnerships, whereby police officers work with the probation agency to deter crime and enforce curfews, and neighborhood-based supervision, whereby probation officers are assigned to offenders in specific neighborhoods and spend time in the community.

The Future of Probation

Probation is likely to remain a widely used criminal justice disposition in the United States and elsewhere given its cost-effectiveness. Depending on the jurisdiction and intensity, probation in the United States costs between US\$5 and US\$10 per day per offender, compared with the US\$75 per day or more it costs to incarcerate the same offender. Faced with budget crises, many states in the United States have sought to downsize their prison populations through changes in sentencing guidelines and more widespread support of rehabilitation programs. Given that probation can produce meaningful changes in offenders' behavior for substantially less money, it is likely that it will remain the primary mechanism for supervising offenders.

Although the face of probation can be difficult to predict given the influence of public opinion and changes in the political climate, it is reasonable to predict that probation will continue to develop toward more of a casework model than a punitive one. Decades of research conclude that rehabilitative approaches consistent with RNR in probation yield improvements to public safety as well as cost savings, whereas punishment-based approaches can backfire and increase recidivism. As the field continues to innovate, it is likely that additional advances will be made in agencies' abilities to reap these benefits through improvements in staff training and implementation efforts.

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See also Parole; Probation, Specialized; Rehabilitation; Risk-Need-Responsivity, Principles of

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PROBATION, SPECIALIZED

Specialized probation is a community supervision intervention that works with individuals in the criminal justice system who have a mental health diagnosis. Unlike standard probation programs, specialized probation is uniquely designed to address the complex mental health and criminogenic needs of individuals with mental illnesses. With their specially trained probation officers, small caseloads, and overall therapeutic approach to probation programming, specialized probation units aim to provide offenders with serious mental illness (SMI) with the support and services they need to desist from crime and address their mental health needs. This entry provides a brief history on the need for and development of specialized probation programs, describes their structure and purpose, and provides an overview of their challenges and level of effectiveness.

The Need for Specialized Probation Programs: A Historical Perspective

In the United States, for many years, the use of asylums or psychiatric institutions was not merely

a common practice but the singular option in working with people with mental illnesses. Prior to the 20th century, mental illness was a little-understood phenomenon, and individuals who presented with psychiatric symptoms were typically removed from their community and placed in isolated institutions. Over time, as knowledge of mental illness increased and the inability of psychiatric institutions to sufficiently respond to the complex needs of individuals with mental illness became apparent, the approach to treatment changed.

In the late 1960s and early 1970s, there was a national push to end the era of large, government-run mental health institutions and move toward a more community-based model. The hope was that by returning individuals with SMI to their communities to live and receive services, it would help to destigmatize mental illnesses and provide the individual with a healthier, more realistic rehabilitative environment.

While this process of deinstitutionalization was well intentioned, the structural support for this endeavor was not present in communities. Community-based services in the realms of supportive housing and mental health were not plentiful enough to support the influx of individuals with pressing mental health needs. This shortage of critical services created a void that came to be filled largely by the criminal justice system. This process is referred to as *transinstitutionalization* (i.e., the movement of individuals from one institution to another). The criminal justice system became a catchall, with police officers acting as first responders intervening in situations involving individuals with SMI. Jails and other detention facilities were often viewed as temporary housing for this vulnerable population and a means through which the system could deliver short-term services. Over time, individuals with SMI came to represent a disproportionate amount of the population involved in the criminal justice system, but the system was ill-equipped to meet this population's needs.

The Start of Specialty Probation Programs

Starting in the late 1980s, the criminal justice system began implementing interventions specifically for people with SMI. The initial wave of

interventions focused on the front end of the criminal justice system (i.e., police departments, courts, and jails) and was designed to divert people with SMI from traditional legal processing to the mental health system. Some of these front-end tactics included changes to prebooking strategies, new law enforcement training methods, and an increased focus on connecting offenders with SMI to community-based treatment programs. These approaches successfully diverted some people with SMI away from the criminal justice system, especially those with low-level criminal behavior, but a significant number still entered the jails and court system. In response, specialized court-based interventions, including mental health courts and specialized probation, began to take shape.

Specialized probation programs, along with most other specialized criminal justice interventions for people with SMI, began with a primary assumption that people with SMI were becoming involved in the criminal justice system primarily because of their mental health diagnoses and corresponding symptoms. This view, the *criminalization hypothesis*, suggests that mental health treatment is the primary means to reducing criminal justice involvement for people with SMI. As a result, the first generation of specialized criminal justice interventions for people with SMI, including specialized probation, focused on mental health treatment linkage as opposed to typical criminal justice processing.

However, over the evolution of these programs, a more nuanced understanding of the relationship between criminal activity and mental illness is taking shape. It is becoming more widely recognized, by scholars and practitioners alike, that only addressing the mental health needs of this population is a one-sided and limited approach. It is becoming clear that this presumption ignores the larger context of the individual and the fact that many offenders with SMI are subject to the same criminogenic risk factors as offenders without SMI, including criminal thinking, antisocial peers, and lack of educational and employment opportunities. In response to this growing awareness, the first generation of criminal justice interventions for people with SMI is beginning to adopt strategies to address these criminal risks, which will likely improve their effectiveness.

Description of Specialized Probation Units

Specialized probation programs are uniquely designed to better address the complex mental health and criminogenic needs of individuals with mental illness. In order to be eligible for these probation programs, an individual must meet the diagnostic criteria for a major mental illness. The range of accepted diagnoses can vary depending on the program, but often included are diagnoses associated with SMI, such as schizophrenia, bipolar disorder, and major depression.

Specialized probation programs intentionally differ from standard probation programs in several important ways. First, probation officers within specialized probation units typically have lower caseloads than standard probation officers. This reduced caseload allows officers to spend more time with their clients, aiding the probationers in their navigation of the program's varied mandates. Second, specialized probation officers receive sustained training on mental health issues and behavioral health problem management. This additional training gives specialized probation officers the tools to work effectively with offenders with mental illness and trains them to think more broadly about their clients' behaviors, struggles, and successes. The final core component of specialized probation is its active integration of community resources. Specialized probation officers work closely with community partners who provide direct treatment services to their clients. This collaborative relationship is meant to create a unified team that is acutely aware of a probationer's progress throughout the duration of his or her supervision. This team approach has the potential to create a highly supportive, encouraging environment for the probationer, which can significantly contribute to his or her success and overall experience on probation.

Challenges Posed by Specialized Probation

Probationers on both standard probation and specialized probation are expected to juggle a number of requirements in order to successfully complete their sentence, but these tasks can be tremendously more difficult to navigate for probationers

with SMI. Probationers with SMI often fail to adhere to the conditions of their community supervision for a variety of reasons. Perhaps one of the principal reasons is that offenders with SMI are at an increased risk of having a comorbid substance use disorder. On the probation officers' end, a dual diagnosis complicates the coordination of mental health treatment and necessitates integrated but often inaccessible substance abuse and psychiatric services. On the probationers' end, meeting the mandates of their probation program and avoiding infractions, while working to maintain their sobriety and mental health, is a difficult task. As these programs continue to evolve, it is becoming clear that the complex relationship between probation officer and probationer with SMI is a critical component to specialized probation's potential effectiveness.

Probation programs of all types are tasked with balancing public safety and rehabilitation concerns, and this dual responsibility carries over to each individual probation officer. The role of probation officer is inherently a dichotomous one: He or she is simultaneously expected to enforce compliance with probation conditions in order to protect public safety and to provide direct and supportive services in order to achieve individual rehabilitation. The complexities and varied responsibilities of the probation officer role are even more significant when supervising probationers with SMI, which supports the unique design of specialized probation programs (i.e., their increased training of officers and reduced caseloads). Because of the complexities that arise with probationers with SMI, specialized probation officers utilize problem-solving strategies and therapeutic approaches to address treatment non-compliance and other violations of probation mandates. While punitive measures can still be taken, the overall approach to noncompliance within specialized probation is to be more therapeutic than disciplinary. Within specialized probation units, the rehabilitative aim is equally as important as the aim of public safety.

Effectiveness of Specialty Probation

There is limited research on specialized probation for persons with SMI. Of the studies that have been conducted, the findings generally support the

effectiveness of the specialized mental health caseload. There is preliminary evidence in the areas of increased treatment engagement and improved mental health outcomes as well as potential reductions in recidivism. While more empirical evidence needs to be generated on this topic, specialized probation holds promise when it comes to producing positive mental health and criminal justice outcomes for probationers with SMI. The extent to which specialized probation programs address both mental health and criminogenic needs is critical to the shared desired outcomes of improved mental health and reduced criminal justice involvement. Through the accumulation of more rigorously tested evidence, national standards for specialized probation programs can be developed to create uniformity in program operations and implementation.

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See also Correctional Agencies; Correctional Rehabilitation Services, Best Practices for; Offenders With Mental Illness; Rehabilitation; Specialty Courts; Substance Abuse, Untreated Mental Illness, and Crime; Substance Abuse and Crime, Linkages Between; Treatment Dosage and Treatment Effectiveness

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PROSECUTORIAL DISCRETION

Discretion in the criminal justice system refers to the capacity of court officials and law enforcement agents to make authoritative decisions in the absence of specified directives and controls. Legal scholar Kenneth Culp Davis emphasized that discretion in the criminal justice system provides prosecutors the freedom to choose what they will rely upon in determining whether government action will be taken against a suspect and how prosecution will proceed if criminal charges are filed.

Associated with discretionary decision-making is uncertainty about what case information, institutional constraints, and external forces influence prosecutors' decisions. Unlike in other Western democratic countries, in the United States, prosecutors at both state and federal levels exercise wide latitude of discretion in deciding to prosecute, the level of criminal charges and number of counts filed, whether criminal charges are later dropped, pretrial detention recommendations, whether a guilty plea offer is accepted, and the terms of guilty plea settlements. In addition, prosecuting attorneys influence sentencing decisions through their discretion to recommend severity of punishment and motions for various departures

from sentencing guidelines. The latter exercise of prosecutorial discretion rewards defendants who provide substantial assistance in arrest and conviction of other criminal defendants and for defendants who cooperate with the prosecutor by pleading soon after criminal charges are filed.

Legal scholars note that prosecutorial discretion is essentially unreviewable except by prosecutors internal to the prosecutor's office. This broad, virtually unfettered scope of prosecutorial discretion in state and federal courts is derived from a series of Supreme Court decisions and federal and state appellate court holdings dating to 1883. As a result of court holdings, a U.S. prosecutor's exercise of discretion is essentially free from judicial review. Thus, U.S. prosecutors occupy a central and powerful position in the criminalization process, from the decision to prosecute through sentencing. This entry presents research on the variables that influence prosecutorial discretion in state and federal courts.

Qualitative Research on Prosecutorial Discretion

In the late 1960s, social scientists began studying the variables influencing prosecutors' exercise of their discretion. Early research used ethnographic studies to describe the dimensions of prosecutorial discretion, especially the decision to file criminal charges. Using interviews with prosecuting attorneys, judges, and law enforcement officials, as well as participant observation of court officials, researchers found that seriousness of the alleged offense and evidentiary strength of the case increased the probability of prosecutors filing criminal charges.

David Neubauer's research revealed the often tense relationship between prosecuting attorneys, who must make charging decisions in light of the probability of conviction, and police, who expect those arrested to be charged. At the center of this tension are different priorities. Rank-and-file police assume that their decision to arrest a suspect is factually accurate, while prosecuting attorneys must attend to determining the likelihood of success at trial, the legal arena where the government's evidence against the defendant is tested against high legal standard of proof beyond a reasonable doubt. Even though the vast majority

of criminal charges are disposed of via a guilty plea, prosecutors use assessments of their chance of winning at trial as the reference for deciding to charge a suspect with a crime. Rank-and-file police expect prosecutors to file charges against all suspects arrested, while prosecutors are concerned with their ability to obtain a conviction. Although the tension between police and prosecutors described by Neubauer applies to the relationship between rank-and-file police and prosecutors, other research points to a different relationship between prosecutors and specialized investigative agents.

Sociologist Boyd Littrell's research observed that prosecutors are dependent on detective bureaus to build a prosecutable case based on evidence that will sustain trial disposition. Central to Littrell's *bureaucratic justice* perspective of criminal prosecution is the combined role that law enforcement detective bureaus and prosecutors play in managing the construction of prosecution and adjudication. He argues that a prosecutor's decision to charge is often surrounded by ambiguity arising from constructing past events. Specialized detective bureaus influence prosecutorial decisions by shaping the type of evidence presented to the prosecutor. Littrell postulated that prosecuting attorneys rely on specialized detective bureaus to manage the inherent uncertainty of reconstructing past events related to the alleged crime.

Early research that used ethnographic and case history methodology to study prosecutorial decision-making provides sound empirical foundations for subsequent research using quantitative methodologies. This early research provided rich descriptions of the scope and operation of prosecutorial discretion. By doing so, qualitative research stimulated quantitative investigation of the net effect of defendant characteristics and case information on prosecutorial discretion.

Quantitative Analyses of Prosecutorial Discretion

Research focusing on prosecutorial discretion shifted from primarily ethnographic methods to advanced statistical analysis in the late 1970s. A substantial number of studies contributed to further understanding of prosecutorial discretion at

both the state and the federal levels of criminal adjudication. This body of research included analysis of prosecutorial discretion to file criminal charges, to *nolle prosequi* (drop charges), to file motions for departures from presumptive and advisory sentencing guidelines, and to impose three-strikes statutes. With enactment of the federal sentencing guidelines in 1987, a substantial body of research focused on the increasing latitude of discretion federal prosecutors' exercise in determining sentencing outcomes by filing motions for substantial assistance departures.

Drawing from the *bounded rationality* theoretical perspective of decision-making in people-processing organizations, sociologist Celesta Albonetti theorized that case information that increases the uncertainty of obtaining a trial conviction would significantly increase the probability of prosecutors filing initial criminal charges and their decision to drop charges after indictment. She argued that type and strength of evidence, the victim–defendant relationship, warrantless arrests, and whether the victim provoked the alleged offense are related to prosecutors' assessment of uncertainty of obtaining a conviction. As such, these variables are hypothesized to affect prosecutors' exercise of charging discretion. Her analysis of assistant U.S. attorneys' decisions to *go forward* with criminal charges in felony cases processed in the District of Columbia during 1974 supported her theory of uncertainty avoidance. Specifically, Albonetti found that the presence of exculpatory evidence and physical evidence exerts significant increases in the probability that criminal charges are filed. Consistent with expectations, the presence of corroborative evidence significantly reduces the probability that an assistant U.S. attorney files charges. Her research reveals that cases with one witness or cases in which the victim is the only witness significantly reduced the probability of prosecution, compared to cases with more than one witness. This finding is consistent with Littrell's assertion that prosecutors' assessment of uncertainty is heightened in cases with only one witness.

Albonetti's study found that case information related to prosecutors' assessments of uncertainty significantly affects their decision to discontinue prosecution. Prosecutors were more likely to file criminal charges in cases involving victims and

defendants who are strangers. In cases involving defendants and victims who are acquaintances or intimates, prosecutors were significantly less likely to file charges, controlling for the type and strength of evidence. Cases involving victim provocation increase uncertainty of obtaining a conviction. As such, prosecutors are significantly less likely to prosecute. Taken together, these findings provide empirical support for the uncertainty avoidance theoretical perspective of prosecutorial exercise of discretion. These findings reveal how prosecutors use their wide discretion to manage uncertainty in deciding to prosecute charges and to drop charges after indictment. Controlling for the aforementioned variables, prosecutors were less likely to file charges against females, compared to males.

Cassia Spohn, Dawn Beichner, and Erika Davis-Frenzel's research on prosecutorial discretion in sexual assault cases in 1997 in Miami, FL, found that prosecutors were more likely to bring charges when the suspect used a weapon, when the victim was injured, and in cases involving acquaintances, relatives, or an intimate partner, compared to strangers. Their multivariate analysis indicated that the victim's and suspect's race and age did not exert significant effects on the prosecutors' decisions to file charges. Spohn, Beichner, and Davis-Frenzel's analysis found no significant effect of physical evidence on prosecutors' decisions to file charges. Also, they found that having a witness to the alleged incident and victim's resistance to the sexual assault did not significantly affect prosecutors' decisions to go forward with criminal charges.

Prosecutorial discretion influences sentence severity through charge reductions and guidelines departures. Lauren O'Neill Shermer and Brian D. Johnson's study of charge reductions in U.S. federal district courts found that federal prosecutors were more likely to reduce felony charges for young White females, young Hispanic females, and older Hispanic females, compared to older White males. Compared to non-U.S. citizens, U.S. citizens were less likely to have charges reduced. The higher the number of filing charges, the defendant's acceptance of responsibility, increases in offense severity, property charges, fraud charges, and the use of a weapon increased significantly the odds of a charge reduction. Noteworthy is their finding that defendant's marital status and

level of educational achievement had no significant effects on the odds of a charge reduction. Defendants charged with an immigration violation had a decrease in the odds of a charge reduction. O'Neill Shermer and Johnson's research further indicates that prosecutors' decisions to reduce charges significantly reduces length of imprisonment, controlling for defendant characteristics, type of offense, defendant's criminal history, and departures from the federal sentencing guidelines presumptive sentence.

Federal prosecutors exert influence over sentencing by charge reductions and by departure motions for defendant's substantial assistance to the government in the prosecution and conviction of other defendants. As noted earlier, federal prosecutors exercise a wide latitude of discretion in deciding to file substance assistance departures. These departures significantly reduce length of imprisonment, controlling for defendant characteristics, legally relevant case information, and process-related variables, such as whether the defendant pleads guilty and accepts responsibility for his or her illegal behavior. Research indicates that federal prosecutors are less likely to file a motion for a substantial assistance departure in cases involving Blacks or Hispanics, compared to Whites. Further research is needed to examine what accounts for this finding.

Political scientist Elsa Chen examined the variables influencing prosecutors' decisions to avoid application of California's "Three Strikes and You're Out" law. California's three-strikes law permits prosecutorial discretion in deciding to apply the law by allowing the prosecutor to dismiss or strike a prior felony conviction that would otherwise trigger application of the mandatory three-strikes sentence. Chen's study of prosecutorial discretion in 56 of the 58 California counties found that prosecutors were less likely to dismiss a prior conviction for African American defendants, compared to White defendants. Consequently, African American defendants experienced greater exposure to three-strikes sentencing. She found that charges for serious or violent offenses significantly increased the odds of applying the three-strikes law. Charges for less serious property and drug possession offenses significantly reduced the chances that prosecutors applied the three-strikes law. Moreover, she found that prosecutors

in more politically conservative counties were more likely to apply the three-strikes law.

Final Thoughts

Research by sociologists, legal scholars, and political scientists reveal the broad scope and wide latitude of prosecutorial discretion in state and federal criminal adjudication. There is virtually no stage of the U.S. criminalization process that is untouched by prosecutorial discretion. The low visibility of prosecutors' decision-making challenges research efforts to empirically examine the effects of defendant characteristics, case information, and political environment on the exercise of prosecutorial discretion. Thus far, qualitative and quantitative research indicates that prosecutors use their discretion to manage uncertainty in obtaining a conviction. Furthermore, research points to mixed finding of the relevance of defendant characteristics on prosecutors' decisions to file charges, to discontinue prosecution after indictment, and to reduce charges.

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See also Plea Negotiations; Sentencing

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PROSTITUTION

Prostitution is broadly defined as the performance of sexual acts for financial remuneration. It is estimated that 40–42 million people engage in prostitution worldwide, though exact numbers are difficult to ascertain because prostitution is largely illegal, involves criminal networks, and is associated with human trafficking. Discourse regarding prostitution has predominantly focused on street prostitution, despite it being the least prevalent form of sex work. Other forms include brothel work, escorting, call boy/girl rolls, massage parlor workers, and gender performers. This does not include managers and pimps (indirect participants in the sex industry) nor customers who pay for sexual services. Although primarily focused on the academic discourse regarding prostitution, this entry also discusses risk factors, differences among the various types of prostitution, and future research directions.

Discourse

Prostitution is situated within a moral, sociopolitical milieu, which affects the legal standpoint of, and interpersonal relationships between, sex workers, law enforcement, and the public. Public opinion of prostitution sits within a broader discourse of gender norms, sexuality, power dynamics, finances, and *acceptable* sexual behavior. Evolutionary research has shown that this discourse is affected by the value placed on female virginity, which may result from paternity uncertainty. This has resulted in a historical stigmatization of female sexuality and continued stigmatization of sex work. There is also a view that women should not want sex or money unless motivated by nurturing

intentions. This may explain why prostitution, involving both, is viewed negatively by the public, irrespective of the laws of the region, particularly when it is *indiscreet*, as in street prostitution. It may also explain why research often discusses sex work as devaluing women by selling something integral to the self, despite the same language not being used for other work.

Like other gender-sensitive areas (e.g., domestic abuse), research on this subject has been dominated by feminist arguments, focusing on patriarchal ideals, conceptualizing prostitution as framed within this unequal gender dynamic, whereby women are dominated, victimized, and controlled by men. Radical feminist arguments regarding prostitution have been criticized because they are not evidence based and are often inconsistent with research. They tend to focus on, and possibly exaggerate the occurrence of, human sex trafficking and other negative aspects of sex work. This may explain why street work receives greater attention, as exploitation and risk are highest in this group.

Researchers often recruit former sex workers who consider themselves victims to conduct interviews on their behalf, which can result in leading questions. This practice can encourage bias and fails to take into account multiple types of prostitution, including male, homosexual, or transgender sex workers. Problems within feminist-based explanations of prostitution are evident when, for example, male prostitution is explained using a standardized framework, claiming that male prostitutes exploit usually very wealthy, older female clients. That is not to say exploitation does not occur, only that research should be evidence based, and theories of prostitution must be inclusive of all types of sex work and sex workers. In order to understand the interpersonal dynamics of prostitution, neglected groups need to be included, as do managers and customers.

Beyond *women as sellers; men as buyers*, definitions of prostitution are comparatively limited. This is reflected in a limited body of research on male prostitution, which has historically (before 2005) received considerably less attention. Male sex work and sexual exchange (i.e., providing sex for resources, such as food or drugs) include sexual escorting practices as well as *gay-for-pay* prostitution or pornographic acting. Prostitution spans

a range of sexualities and encompasses sexual fluidity, yet these have seldom been studied. Transgendered prostitution, for example, has received very little empirical attention, although some studies have emerged since around 2014. This has partly been blamed on the widespread criminalization of prostitution, tacitly promoting heteronormality through even greater fear of reprisal and suppression, driving LGBTQ (Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer) prostitution further underground.

It has been argued, including by gender performers, that sex work is almost exclusively seen as taking place within heteronormative economic relationships. This includes a stereotypical power dynamic whereby men possess control. However, it has also been argued that prostitution flips this dynamic because male sexual desire is used to gain money, which is a form of power within capitalist cultures. Gender performers actively reject these gender norms and try to move beyond them in their acts. Sex as a commodity is still present in their performances and is a large part of public dialogue regarding sex work. However, gender performers use props and swap out gender assignment to show bidirectional and multiform sexual and sociosexual power. Future research is needed to explore public discourse in this area because it is integral to the context and impact of sex work.

Risk Factors

While radical feminism sees sex work as part of the patriarchal exploitation of women, the public largely views sex workers as criminals, which impacts the political and legal landscape within which prostitution takes place. It exacerbates the known risk of egregiously violent robbery, assault, rape, and murder. There is also a comorbidity of substance and alcohol abuse, criminal activity, poverty, homelessness, and sexually transmitted infections, particularly among young female street workers and transgender sex workers. Moreover, the decision to engage in prostitution typically involves less freedom for street workers and a greater risk of force or fraud.

One of the reasons that street prostitution has heightened risk is the locales and circumstances in which it takes place. For example, downtown Vancouver's East Side has a high incidence of

prostitution and the lowest average income in Canada as well as one of the highest rates of hepatitis and HIV infection in the Western world. Street workers also engage in riskier behaviors: frequenting high-crime areas alone, working at night, and getting into cars with strangers. Street and transgender workers, particularly those with prework vulnerabilities such as dependence issues, are known to engage in riskier behaviors and accept lower remuneration. Moreover, public advocacy that shuts down brothels or causes the police to drive prostitutes out of residential areas prompts dispersal into ghettoized areas of cities where poverty, homelessness, addiction, and mental illness are highest.

Risk is particularly dependent on the type of sex work and sex worker, with an ascending level of risk from massage escorts, massage parlor workers, brothel workers, and street workers. In part, this is because protective factors are present for indoor sex workers, such as panic buttons and surveillance equipment in Nevada's legal brothels. The type of sex work performed is related to access to protection, freedom to refuse clients or engage in certain sexual practices, and dependence on third parties. Male prostitutes are generally at lower risk of assault, harassment, and arrest and experience greater mobility across the different types of sex work, than female, homosexual, and transgender workers. Risk is also dependent on race, age, appearance, and income, with the most vulnerable group being transgender workers.

Tensions between sex workers, police, and the public are seen by some as justification for aggression against prostitutes. This relationship is supported by increasing public advocacy against prostitution being followed by increased violence and homicide rates. It has also been argued that police are less diligent in their investigations, applying less crime linkage, when the victim is a prostitute. The example of the epidemic of Aboriginal sex workers that went missing in the 1990s in Vancouver has been cited as evidence, as have the very low rates of prosecution and conviction in cases involving sex workers. The risk of arrest also results in underreporting of crimes by sex workers. There is some evidence that having a pimp can be beneficial in protecting against these risk factors because pimps often

enforce no-drug policies and promote safety behaviors, such as working in pairs. However, reports from prostitutes also suggest that pimps victimize workers and do not increase feelings of overall safety.

Risk factors have led feminist advocacy groups to campaign for prostitution's decriminalization. There are already some countries and regions where prostitution is legal. For example, it is legal in the Netherlands; some forms are decriminalized in some Australian states; Nevada, in the United States, has legal brothels; and some European countries have decriminalized third-party involvement in prostitution. Some studies have found lower rates of prostitution where it is illegal, but this relationship is not causal, is not strong, if present, and is affected by the purpose of the research, with most studies focusing on harm reduction or those who want to get out of prostitution. Moreover, gaining access to populations is difficult where prostitution is illegal, which may result in underestimates in those regions, hampering efforts to ascertain the effect of decriminalization.

Furthermore, there is mixed evidence that decriminalization results in decreased risk factors. Some studies suggest safety is improved, particularly where decriminalization moves prostitution off the streets; however, this is dependent on the type of prostitution and licensing policies involved. For example, where legalization is heavily regulated via licensing brothels, as in Victoria, Australia, street prostitution may increase, due to licensing being dependent on no drug use and no previous arrest policies, which may hamper safety, driving the most vulnerable sex workers onto the street. This is also seen by the public as condoning prostitution. There is also evidence that legalization improves working conditions and worker benefits for sex workers. However, decriminalization does not necessarily decrease crime or sex work arrests, with the number of street arrests remaining consistent in areas where licensed brothels have been introduced (e.g., Victoria and Queensland, Australia). The effect of decriminalization seems largely dependent on the preexisting relationship between the police and sex workers. Research also needs to look at customers, who outnumber prostitutes, and their varied motivations and experiences.

Individual Differences

As noted, the way contemporary prostitution is conceptualized can be limited. Sex work for money and sexual exchange are not wholly distinct. One example, related to the rise of the Internet, is webcam modeling, or *camming*. Camming, which attracts models from across the world, may be sexual or nonsexual, but the most successful cam artists typically fall into the former category. Camming of this nature typically involves individual women or men performing sexual acts, often chosen by their remotely based audience. Performers can receive money from viewers; often, they are gifted indulgent material goods, selected from a wish list they have curated. Sometimes, these gifts are sexually themed (e.g., sex toys, underwear); frequently they are not (e.g., games consoles). Sexual camming of this kind is thus used by some models as a proxy that negates complex legal issues surrounding the transactional provision of sexual acts in many territories. Big monetary donors to top cam models (who can receive US\$75,000–US\$100,000 per month) may *win* the right to an in-person *date*, for example. Notably, these will often take place in specific territories where prostitution is legal (e.g., Nevada). Moreover, models may provide online encouragement, support, and advice for one another, which is criminalized in some formal sex work.

Camming illustrates that contemporary prostitution is more than just selling sex for money: The express nature of sexual exchange may vary from sex work but shows how the two may interrelate and overlap and shows the need for a revised definition of *prostitution*. Within traditional sex work, the behaviors undertaken vary greatly, with call girls often offering *the girlfriend experience*. These different activities affect the impact that sex work has on the workers' physical and mental well-being. Prostitution is not a universally gendered, exploitative construct detached from consent. In particular, with more individuals actively choosing to engage in sex work or sexual exchange of some kind, the variations in predictive factors that account for their choices are increasingly relevant. Advances in the study of personality have provided some clarity in this respect.

Research on three subclinical personality traits—narcissism, Machiavellianism, and psychopathy—collectively known as the *Dark Triad* may be vital

in understanding prostitution. These traits are related, but distinct, and predict unique and overlapping outcomes. Narcissism is related to materialism as well as a wish to be seen as sexually desirable. Machiavellianism predicts behavioral flexibility: a drive to act in ways perceived as most beneficial to oneself. Psychopathy predicts impulsive, sensation-seeking behaviors (including criminality) and an emotionally detached, cold approach to life and interpersonal relationships. Psychopathy has also been related to substance use, which motivates and facilitates some individuals taking up prostitution. All three predict an unrestricted sociosexuality, relating to a willingness to engage in frequent and various short-term mating scenarios (e.g., booty call, friends with benefits relationships) in women and men. In sum, they account for a wide range of variance in the factors that have been found to predict sex work and sexual exchange.

Future Research Directions

There are both broader and deeper issues that surround prostitution and intersect with its widespread criminalization. There is a need to move beyond a one-size-fits-all theory of prostitution and to look at the motivations, behaviors, and interpersonal interactions of customers, managers, police, public, researchers, and all different types of sex workers. There is also a need to look more broadly at the impact of prostitution, including the effect that sex work has on the families and children of those involved. A growing body of work that adopts a postfeminist, pansexual, and evolutionary personality-informed approach seems to be emerging, however, expanding the understanding of prostitution in multiple important directions.

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See also Human Trafficking; Research in Criminal Psychology

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PROTECTIVE FACTORS, DEFINITION OF

Protective or strength factors represent conditions that reduce the likelihood an individual will engage in antisocial behaviors. On the contrary, criminogenic risk factors represent characteristics of an individual or his or her circumstances that increase the likelihood of engaging in criminal or other antisocial activities. A history of conduct disorder, school failure, substance abuse, and negative peer associations are examples of risk factors.

Some debate exists regarding the appropriate way to conceptualize protective factors. In some cases, protective factors are represented in terms of the absence of a risk factor. For example, substance abuse is treated as a risk factor, whereas the absence of abuse is treated as a protective factor. In other cases, protective factors are viewed as independent of risk factors but are seen as operating to moderate or ameliorate the risk. For

example, a positive relationship between parent and youth accompanied by positive parenting may serve as a buffer against exposure to negative or antisocial peers. Similarly, a job skill and positive attitude toward work may serve as a buffer against influence from a criminogenic neighborhood. The treatment of protective factors as mediators of risk factors is the usual practice in the literature. However, some controversy also exists regarding the way in which risk and protective factors interact to affect behavior.

The identification of protective factors is important from a number of perspectives. First, to the extent that these factors play a role in determining the likelihood of engaging in antisocial activities, combining them with identified risk factors can improve the accuracy of predictions. Second, the identification of protective factors can play an important role in case planning and management. The Risk-Need-Responsivity model asserts that effective interventions are based on assessments of risks (factors placing the individual at risk of criminal activity), needs (risk factors that can be changed to reduce risk), and responsivity factors (factors not directly related to the criminal activity but that are relevant to case planning). Strength or protective factors are included in the latter category. This means that effective programs are strength based; that is, they incorporate positive features that an individual brings to the situation. Finally, identification of positive features of an individual or his or her situation is important when a psychologist is establishing a relationship with a client. A purely negative approach in dealing with individuals is rarely effective.

While considerable research has been conducted on risk factors, less attention has been paid to the identification of protective factors. However, operational definitions are represented in several instruments specifically designed for assessing protective factors (e.g., Structured Assessment of Protective Factors for Violence Risk) and broad-based risk-need instruments that include indices of strength (e.g., Level of Service/Case Management Inventory; Youth Level of Service/Case Management Inventory 2.0). Broad categories of protective factors in these instruments include features of the individual’s environment (e.g., family supports, positive peer associations, educational and mental health resources) and

characteristics or traits of the individual (e.g., emotional maturity, interest in hobby or sports, prosocial attitudes and values). It is important to recognize that protective factors relevant to a particular case will depend on a number of factors, including age or developmental level. Positive parenting and a good relationship between parent and youth may be important protective factors for an adolescent but may not be relevant to an adult.

Two broad constructs are relevant to protective processes: resilience and social capital. Resilience is treated as a characteristic or trait of the individual reflecting a capacity to cope effectively with conditions of stress or adversity. The second construct, social capital, refers to a constellation of personal characteristics reflecting high levels of coping skills, maturity, and prosocial attitudes. Both constructs, resilience and social capital, are important in helping psychologists understand why some individuals are better at coping with risk factors than others.

Much research and clinical attention has focused narrowly on the analysis of risk factors. However, increasing attention is being paid to the strengths a client brings to the situation. While there remain theoretical issues yet to be resolved, it is generally recognized that the prediction of criminal activity and interventions to address criminogenic needs can be improved by acknowledging the importance of these positive factors.

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See also Resilience and Positive Psychology; Resilience as a Predictor of Desistance; Risk-Need-Responsivity, Principles of

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PROTECTIVE FACTORS AND RELATIONSHIP TO RISK

Identifying and treating the problems or factors related to criminal and violent behavior are important for both prevention and intervention. Likewise, identifying and increasing protective factors—those factors that make it less likely that an individual will engage in criminal or violent behaviors—are developing strengths in significance. This entry reviews the rationale for considering protective factors in risk assessments and then discusses the conceptualization of protective factors and the application of protective factors in risk assessments.

Protective Factors and Risk Assessment

Historically, forensic and correctional psychologists have attempted to reduce recidivism by utilizing a deficit-based model that prioritizes the identification of risk factors. Risk factors have been defined as factors that provide information about who is likely to engage in criminal and violent behaviors. There have been numerous prospective longitudinal studies aimed at identifying risk factors associated with violence. Risk assessment researchers have demonstrated that the cause and continuation of violence are determined by a combination or interaction of individual, historical, and environmental factors. Certain personality factors (e.g., risk-taking, low self-control), historical factors (e.g., family of origin violence, age at first offense), and environmental factors (e.g., antisocial peers) increase the likelihood of violence. The higher the level of risk factor (e.g., high levels of hostility), or the greater number of risk factors one exhibits (e.g., high levels of hostility, young, and antisocial peers), the greater the likelihood that the individual will engage in criminal or violent behavior.

Since the 1980s, research has focused on risk variables, allowing for the development of several

risk assessment instruments, as well as target areas for offender treatment and management. Risk prediction has been helpful, allowing forensic examiners to assign risk levels to violent and sexual offenders and providing experts with key testimony artifacts for court proceedings. However, the success has been moderate. Although the *best* risk assessment instruments account for significant prediction (better than chance) for criminal and violent behavior, there remains a significant portion of explanation left to understand and increase the accuracy in predicting who will exhibit violent behavior. For example, if risk variables account for approximately 70% of the *pie* of prediction, 30% remains unexplained. If one applies this deficit-only model to finances, focusing only on debt would provide a bleak and hopeless economic future. Similarly, in understanding an individual's likelihood to engage in violent behavior, examining only their deficits eliminates important information from the equation.

Hence, researchers have developed a greater understanding of the importance of protective factors or strengths that may either serve to prevent an individual from engaging in criminal or violent behavior initially or serve to reduce the likelihood of an offender continuing to commit criminal or violent offenses. Protective factors are environmental and individual factors that *protect* people from committing criminal and violent behaviors. Positive social influence represents one of these factors. Researchers have consistently found that having friends and family who are a prosocial, supportive influence serves to prevent criminal behavior as well as buffer high-risk offenders against reoffending.

There are several important reasons as to why it is essential to consider protective strengths in the assessment process. First, as stated earlier, including strengths serves to increase prediction accuracy. Researchers report that utilizing the combination of risk and strengths together is a better predictor than risk, or deficits, alone.

Second, examining only an individual's deficits (risk factors) will most likely lead to overprediction of risk. Without examining strengths, the deficit model will predict higher levels of criminal or violent behavior compared to when strengths are similarly accounted for. Researchers have demonstrated that there is such a thing as too much

treatment. Some individuals may actually be worse off if mandated to engage in a treatment *dose* that is above what is actually needed. This overprediction is costly for both the offender and the society.

Third, overprediction of risk may be stigmatizing for individuals in the criminal justice system; clients have reported that the constant focus on their deficits increases negative self-evaluation. In addition, if risk levels are inaccurately overpredicting, offenders labeled as high-risk level may be required to engage in further stigmatizing actions that can diminish their chances of success in the community. For example, sexual offenders who are deemed high risk on the public registry may be required to send a postcard to all of their neighbors informing them that they are sexual offenders. While this may be helpful in reducing recidivism for truly high-risk sexual offenders, it may be harmful to the success for the sexual offender who is not actually high risk.

Finally, the identification and assessment of protective strengths afford treatment providers and offender managers (e.g., parole and probation officers) with important areas to address in efforts to reduce future criminal and violent behavior. This allows for an increased number of areas to *treat* or build in order to decrease the likelihood of further criminal and violent behaviors as well as providing offenders positive areas of focus rather than solely on negative or deficit issues. This is consistent with several newer offender treatment approaches focusing on the enhancement of well-being and aimed at building motivation and rapport.

Conceptualizing Protective Strengths

If protective strength factors are defined similarly to risk factors, protective strengths are individual, historical, and environmental factors that decrease the likelihood of a person engaging, or continuing to engage, in criminal or violent behavior. Researchers have proposed that there may be protective factors that are static and dynamic, similar to risk factors. For example, the development of secure attachment style in childhood and having prosocial parents are protective strengths that remain constant, whereas current peers and levels of self-control are dynamic. Criminologists would contend that external or environmental factors are

more important than internal or individual factors, and forensic psychologists would argue that internal factors, such as personality factors, are more predictive. Historically, criminologists have examined variables as they relate to crime desistance, and forensic psychologists have focused on factors that serve to protect an individual from recidivism. Although termed differently, these protective variables identified in the two fields are similar, if not identical.

Research in both criminology and forensic psychology has suggested that protective strength factors may act in a few different ways. First, protective factors may simply be opposite of risk factors, variables on the same continuum or scale. An example would be peer influence, where one end is antisocial influence and the other end is prosocial influence. Second, a protective factor may reduce risk but not be related to specific risk factors. For example, religiosity is a protective strength for some people but being nonreligious is not a risk factor. Third, risk factors may only serve to protect from further criminal and violent behavior if the individual is at high risk, having little influence for lower risk individuals. Researchers have also distinguished differences by name, terming helpful factors *promotive* if they are related to reducing reoffending irrespective of risk level and *protective* if they reduce reoffending in more high-risk offenders versus lower risk offenders. Research has not been able to effectively assess whether these are true distinctions in how protective factors may vary in effect. Thus, factors that reduce the likelihood of engaging in criminal and violent behavior, regardless of risk and past convictions, are termed *protective factors*.

There is agreement in the field that protective factors are definable factors, propensities, or manifestations thereof in their own right, not just an absence of risk factors. In addition, protective factors that are related to a specific risk factor may coexist, not exclusively exist on one side of a continuum or the other. For example, an individual could have negative or antisocial influencing peers *and* prosocial peers at the same time.

Protective Strengths in Juveniles

The relationship between protective factors and desistance from crime and violence in juvenile

populations has been documented long before assessment of these factors in adults. Hence, the literature for protective factors of juvenile offenders is superiorly developed and has served to inform research with adults. This advancement stands true for adolescent risk assessment as well. As adult assessment instruments have recently begun to include protective strength assessment, juvenile assessment measures have included protective factors for some time. Protective strengths in juvenile assessments include variables that have demonstrated some significant relationship with criminal, violent, and/or sexual offending desistance of adolescent offenders. These factors include prosocial involvement (e.g., team sports, organization membership), social support (i.e., people who the adolescent may turn to when in distress or crisis), attachment to prosocial adults, motivation for treatment or change, strong commitment to learning or school, and the traits of resilience and capacity for emotional intimacy. Having a resilient personality seems to be one of the most important factors in crime and violence desistance in juveniles.

Research conducted during the 21st century suggests that certain protective strengths found in juvenile populations may be related differentially to outcome. For example, the ability to attach to others, express feelings, show concern for others, and understand feelings may be more related to desistance in sexual offending compared to other protective factors. In addition, school involvement may have a greater relation to the desistance of general and violent offending behavior.

Protective Strengths in Adults

Similar to research on adolescent offenders, similar categories of protective strengths seem to be related to criminal and violence desistance in adults. For example, attachment and commitment to prosocial people (e.g., peers, spouse) have been related to reductions in recidivism for all violent offender types. Another similar protective concept is employment (instead of school commitment). Offenders who are committed to their job and are successful at obtaining consistent employment are significantly less likely to reoffend. Researchers on adult desistance from crime and violence have reported that aging, marriage or

long-term committed relationships, stable environment, stress-coping skills, sobriety, and good mental health have been associated with the reduction in recidivism. Similar to the construct of resilience in juvenile samples, adult offenders who keep a positive attitude and feel like they have control over their own futures fare better once released from prison.

Of the few measures that include protective factors for adult risk assessment, there are consistent protective factors related to criminal and violence desistance. These include the ability to regulate thoughts, emotions, and behaviors (self-control); prosocial support and attachment; education or training for employment; and stress coping. All of these variables are related to forms of criminal, violent, and sexual offending desistance. Similar to the juvenile literature, research examining protective strengths in adult offenders indicates the potential of protective strengths related to differential outcomes. For example, research has indicated that prosocial attachment, understanding of personal responsibility for behavior, treatment attachment, and a feeling of belonging to a support group were all related to the desistance of sexual offending.

Applying the Protective Strength Approach

Research on protective factors has demonstrated the importance of the inclusion of strengths in risk assessment. Including protective strengths adds incremental validity to the prediction of offending behavior, recidivism, and the desistance of criminal and violent offending with individuals who have previously committed these behaviors. Moreover, the focus and building of protective strengths in treatment opposed to solely focusing on reducing risk factors benefits treatment outcome and allows for increased positive focus in therapy. This in turn benefits therapeutic alliance, which has consistent support in improving outcomes for all clients. The inclusion of protective strengths in risk assessment not only increases predictive accuracy but also serves to inform treatment and management of offenders, increasing effectiveness and desistance.

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See also Offender Risk Assessment and Risk Level Classification Issues; Protective Factors, Definition of; Protective Factors Assessment; Structured Assessment of Protective Factors (SAPROF)

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PROTECTIVE FACTORS ASSESSMENT

Risk management in forensic and correctional populations has traditionally focused on decreasing risk factors for antisocial and aggressive behavior, without paying much attention to increasing protective, strength-based factors. A protective factor is any characteristic of an individual, his or her environment, or situation that reduces the risk of future adverse outcomes. In forensic work, the adverse outcome of interest is

often reoffending. Protective factors moderate or buffer the impact of exposure to risk factors, leading to a lower reoffending risk. This entry reviews the relevance of protective factors for risk assessment in correctional and forensic psychiatric populations, including juvenile offenders and sexual offenders. In a case example, the utility of protective factors assessment for building a positive risk management plan is illustrated.

Risk Assessment and Management

A comprehensive and widely used risk assessment and management model based on theoretical principles is the Risk-Need-Responsivity (RNR) model. In the RNR model, the risk principle asserts that criminal behavior can be accurately predicted and that risk management interventions should focus on the higher risk offenders. According to the risk principle, societal resources should be directed to those offenders at moderate to high risk of reoffending, not to the low-risk cases. The need principle highlights the importance of criminogenic needs, also termed *dynamic risk factors*, because these are the risk factors amenable to change by intervention and risk management strategies. An example of a criminogenic need is substance abuse, and appropriate risk management strategies could be substance use treatment and random urine checks, for example. The responsivity principle describes how treatment should be tailored to the individual offender. Thus, an offender who is intellectually disabled would need a less verbal and more practical approach to effectively change risk factors, compared to an offender of average intelligence. Research has shown that offender rehabilitation programs that adhere to RNR principles are more effective in reducing offender recidivism than those that are not based on RNR.

The RNR model of offender rehabilitation has been complemented by the Good Lives Model (GLM), which is a strength-based approach. It offers guidance to target human goods (i.e., valued aspects of human functioning and living) in offender treatment. According to the GLM, experiences and activities that are likely to result in enhanced levels of well-being should be included when formulating plans for treatment and risk management.

The evidence base for the effectiveness of treatment programs designed according to the GLM is growing. Preliminary beneficial effects of treatments based on GLM principles are higher treatment motivation and engagement among offenders. More generally, higher subjectively experienced quality of life is associated with lower recidivism rates in male forensic outpatients. This implies that improving protective factors that inspire a good life and enhance quality of life leads to reductions in adverse outcomes.

Risk Versus Protection

Structured risk assessment tools have been developed to aid forensic and correctional staff in their day-to-day practice. Since the mid-1980s, the sheer number of forensic risk assessment instruments has increased substantially. There are now literally hundreds of risk assessment instruments for different outcomes including violent outcomes such as general violent offending, sexual offending, spousal assault, stalking, and workplace violence. These instruments have led to an increase in the level of transparency regarding proposed interventions and decision-making, compared to former unstructured clinical risk judgment approaches. However, this so-called culture of risk in forensic psychology and psychiatry has also met with criticism. An extreme focus on risk factors could contribute to professional nihilism and result in offender stigmatization. This has stimulated the development of structured tools for the assessment of protective factors for violence risk, such as the Structured Assessment of Protective Factors for violence risk (SAPROF) and the Short-Term Assessment of Risk and Treatability (START), which in turn has facilitated research on protective factors for reoffending, including violent reoffending, since 2005.

Several studies have found that protective factors indeed provide a buffering effect: Individuals with moderate-to-high risk levels, who also possess high levels of protective factors, show significantly lower recidivism rates than high and moderate risk cases without protective factors. Examples of such buffering protective factors are commitment to structured leisure activities and commitment to school or work. Although research on protective factors in forensic mental health is

still in its infancy, it should alert forensic mental health professionals to the importance of taking protective factors into consideration when performing risk assessments and when implementing risk management and rehabilitation interventions. In addition, a stronger focus on protective factors inspires treatment motivation and alliance for both the professional and the offender/patient.

Protective Factors in Adolescent Offenders

Adolescence is a formative developmental period that provides both obstacles and opportunities for psychological growth. The age range from 12 to 24 is the period when antisocial and criminal behavior peaks. Similar to adults, adolescents possess not only risk factors or vulnerabilities but also remarkable strengths. This was acknowledged in one of the earliest risk assessment tools for adolescents, first published in 2002: the Structured Assessment of Violence Risk in Youth. It includes 6 protective factors and 24 risk factors. The START: Adolescent Version is an adaptation from the START, using a developmentally informed approach. The START and START: Adolescent Version pose risks and strengths as opposing ends of a risk domain. These tools not only focus on risk of violence to others but also take into account other adverse outcomes, such as victimization and risk of suicide.

Contrary to common media images, adolescents who engage in violence are often quite vulnerable and are at high risk of self-injury and victimization. The SAPROF-Youth Version was published in 2014 and is intended to offer a positive addition to violence risk assessment with risk-focused tools in young offenders. It contains 16 dynamic protective factors for juvenile violence risk, such as self-control, school/work, and social support or professional care. The SAPROF-Youth Version and its adult predecessor, the SAPROF, focus entirely on protective factors that have been found to be linked to desistance from offending.

Sexual Offenders

Most life domains that are the focus in protective factors assessment are also valuable for the rehabilitation of people who have sexually offended. Indeed, the SAPROF factors have been shown to be equally predictive of desistance from sexually violent recidivism as well as violent recidivism. On

the other hand, additional sexual offending-specific protective factors may also be important. The protective factors assessment tool for juvenile sexual offenders, the Desistance for Adolescents Who Sexually Harm-13, consists of both general protective factors and factors that promote healthy sexual interests, such as prosocial sexual attitudes. For adult sexual offenders, an additional manual to the SAPROF is also being developed and aims to assess specific protective factors that enhance desistance from further sexual offending.

Case Example

John was a quiet boy who did well in elementary school. His father regularly used drugs and alcohol, which led to conflicts between his parents and ultimately to a divorce when he was around 15 years old. At age 12, John began to exhibit behavioral problems, showing oppositional behavior in school, using soft drugs, and hanging out with deviant peers. At the age of 16, he ended up in prison for the first time for theft. When he got out of prison at age 17, he went straight on to dealing drugs, which culminated in shipping drugs from a Caribbean island to Europe. At 24, he was arrested again, this time for extortion, robbery, and multiple other offenses. During his detention for the latter crimes, John was allowed to go on a leave, an occasion he seized to take a drug shipment to Germany. During this drug shipment, he committed his index offense: attempted manslaughter of a policeman. He was sentenced to 8-year imprisonment and mandatory inpatient treatment. During his treatment, he made a serious attempt to change his life in order to have a prosocial future. Several months ago, he was released on probation. The probation service commissioned a forensic psychologist to design a risk management plan to facilitate a safe return to society. Before developing the risk management plan, the psychologist performed a risk assessment, which included a focus on both risk factors (coded with the Historical-Clinical-Risk Management-20 Version 3) and protective factors (coded with the SAPROF).

Historical-Clinical-Risk Management-20 Version 3

The most salient historical risk factors that emerged from the Historical-Clinical-Risk Management-20 Version 3, risk-focused assessment,

were past violence, past antisocial behavior, relationship problems, personality disorder, problems with substance use, employment problems, traumatic experiences, and prior supervision failure. The dynamic risk factors that still play an important role for John are lack of personal support (his current girlfriend has major mental health problems and he has no real friends) and lack of insight regarding the risk of substance use.

SAPROF

The most important protective factors that show from John's SAPROF assessment are as follows:

- *Secure attachment in childhood:* John had a good relationship with his mother and his grandmother during childhood.
- *Empathy:* John shows sincere remorse for his actions and seems to realize that he hurt many known and unknown people.
- *Self-control:* He is effectively working to change his behavior; he has successfully participated in aggression management training and manages to remain calm when provoked or agitated.
- *Motivation for treatment:* John is highly motivated for ongoing voluntary outpatient treatment; he is actively looking for an outpatient therapist.
- *Attitudes toward authority:* John deals well with authority; he accepts guidance, shows initiative, and keeps agreements and promises.
- *Life goals:* He has a positive life goal to devote more time to his role as a father. He wants to be there for his children and provide a good example for them. John indicates he has a Christian faith, and he has received support from his conversations with the priest.
- *Professional care, living circumstances, and external control:* John is currently living in an open rehabilitation home, with continuous monitoring, assistance, and guidance.

Risk Management Plan

To reduce John's recidivism risk as much as possible and to strengthen the protective factors, the following plan was designed:

John currently has no stable employment and does not take part in structured social leisure activities, while these are important protective factors. Furthermore, his social support network is very limited. Although he is supported by his family members, most of them live far away. It would be valuable for him to build a local network of prosocial contacts who can support him in attaining his positive life goals. Participation in work or leisure activities could provide an opportunity to meet new people. His probation officer assists John in finding a suitable job. In addition, he is stimulated to join a football or baseball association, two sports that interest him. Perhaps John could acquire prosocial contacts via the church as well, for example, by participating in discussion groups. John wants to follow vocational training to become a plasterer. This goal seems realistic in relation to his skills and healthy work ethic. However, he has never worked in any steady, long-term employment, so finding a suitable position which is not overly demanding seems of vital importance. His probation officer will assist John in seeking an outpatient therapist and providing a gradual transfer of care.

The results from the risk and protective factor assessment were written up in a report, which were then discussed with John and shared with his new therapist, in order to ensure transparency and continuation of his positive development.

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See also Forensic Measures for Assessing Offenders; Good Lives Model; Historical-Clinical-Risk Management-20 (HCR-20); Risk Assessment, Actuarial; Risk-Need-Responsivity, Principles of; Sexual Offending; Short-Term Assessment of Risk and Treatability (START); Short-Term Assessment of Risk and Treatability: Adolescent Version (START:AV); Structured Assessment of Protective Factors (SAPROF); Structured Assessment of Violence Risk in Youth (SAVRY)

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PSYCHOANALYTIC THEORY OF CRIME

Psychoanalysis, developed by Sigmund Freud in the late 19th and early 20th centuries, is the original model of clinical psychotherapy. Since Freud's time, numerous thinkers have contributed to the theory and numerous schools exist under the psychoanalytic umbrella. Although there are significant differences between psychoanalytic theories, they have a number of tenets in common, specifically:

1. An assumption that a significant amount of mental processing occurs outside of awareness. The mental space in which this processing occurs is called the *unconscious*.
2. The assumption that numerous mental processes occur simultaneously and some conflict with each other; the mind makes compromises between them.
3. Childhood plays a significant role in the development of adult personality.
4. Mental representations of self, others, and relationships guide interactions with others and influence psychological symptoms in psychopathology.
5. Psychological development follows a trajectory.

Another commonality among psychoanalytic theories is that they tend to accept Freud's structural theory of the mind, which consists of the id, the ego, and the superego. The *id* is the pleasure principle, or irrational emotional impulse, originating in the unconscious. The *ego* is the reality principle, which organizes the experience of reality and exists in the preconscious and conscious. The *superego* is the internalized rules and norms of one's family and culture, existing at all levels of consciousness. Conflicts occur between the id and the superego and are mediated by the ego. When the ego has difficulty resolving conflicts, symptoms, including criminal behavior, may develop.

Psychoanalytic theory informs criminal psychology because it provides a framework for understanding the conscious and unconscious aspects of the mind of criminals. It should be noted that psychoanalytic theorists tended not to do empirical research as much as theorists from other psychological, sociological, or criminological disciplines in the 20th century and that the theory is largely individual-specific and supported by case studies. That is, it is a psychological theory more than a social psychological, sociological, or criminological theory. This entry provides an overview of the psychoanalytic tenets mentioned earlier and how they relate to criminal psychology and criminal behavior.

Psychoanalytic Tenets and Criminality

The Unconscious

In psychoanalytic theory, awareness exists on a continuum from the conscious (normal awareness), the preconscious (awareness with some prompting), and the unconscious (awareness of only some aspects through psychoanalysis). Information (e.g., thoughts, emotions, sensations, urges,

or externally generated events) considered too painful or threatening to be in conscious awareness is repressed into the unconscious. The original goal of psychoanalytic therapy was to make the unconscious conscious in a way that the individual could tolerate and provide more effective compromises between intrapsychic conflicts.

Criminal behavior, like other behavior, has both conscious and unconscious motivations. That is, criminals may be unaware of their motivations for committing crimes. When interviewed, criminals often have difficulty explaining why they committed crimes in their particular ways. Understanding a criminal's developmental history, relationship patterns, self-concept, perception of others, and current situation can help shed light on potential unconscious motivations for their crimes.

Compromise Formations

One function of the ego is to find a way to make the expression of unconscious urges, wishes, and emotions acceptable. Compromise formations are the way in which these unconscious elements are expressed. The adaptiveness of compromises depends on the capacity of the ego; less ego capacity means less adaptive compromises. Less adaptive compromises generally include more direct expression of unconscious emotions or urges (id impulses). The ego allows expression of unconscious id impulses through dreams, *Freudian slips* (accidentally saying or doing something related to one's psychological conflicts rather than the issue at hand), or, more commonly in criminals, in criminal behavior or psychological symptoms.

Freud did not devote much writing to criminal psychology, although he wrote that criminals suffer from an excess of unconscious guilt and commit crimes in order to be punished for them. This hypothesis has not been supported by research and is not a belief held by most psychoanalytic or psychodynamic forensic psychologists. However, crime can be a compromise formation, if the criminal behavior is an attempt to reduce intrapsychic conflict.

Compromise Formations and Crime

When criminal behavior is committed as a compromise formation, the compromise is usually less adaptive, meaning the unconscious urge is

expressed relatively directly and/or immediately. A noncriminal example of a conflict and its compromise could be a man who is highly conflicted about his homosexual urges (e.g., the unconscious urges include sexual desire, guilt, and hate). He marries a woman, attends a socially conservative church, and financially supports political parties with homonegative policies in an unconscious effort to convince himself that he is not homosexual. A criminal example of compromise for this same conflict could involve the individual engaging in risky one-night stand heterosexual encounters and also sexually assaulting homosexuals to convince himself that he is heterosexual and that, rather than being sexually aroused by homosexuals, he hates them.

Individuals who engage in frequent criminal behavior tend to be impulsive. Their compromise formations likely focus on satisfying immediate urges rather than long-term goals. Resolving conflicts in favor of immediate emotional urges or in ways that express the unconscious urge or feeling more directly can result in dysfunctional relationship patterns as well as limited education and occupational instability, all of which are predictive of criminal behavior. Substance use can also be a compromise that offers a reliable escape from psychological difficulty and also predicts criminal behavior.

Defense Mechanisms

Defense mechanisms are a form of compromise formation. They are relatively unconscious psychological reflexes that distort the experience of internal or external reality to reduce conflict or negative affect. Other theories of criminal thinking patterns use different language (e.g., cognitive distortions, thinking errors), but the concepts largely mirror psychological defense mechanisms without the assumption of an unconscious. Defense mechanisms that have been found to be characteristic among criminals include

- *acting out*, in which the unconscious urge is expressed directly without regard for consequences;
- *passive aggression*, in which aggressive impulses are expressed indirectly;
- *projection*, in which the individual's attributes are projected onto another or others;

- *denial*, in which an aspect of reality is denied;
- *splitting*, in which the self or other is alternately experienced as all good or all bad;
- *grandiosity*, in which one's self-perception is distorted to minimize flaws and inflate strengths;
- *devaluation*, in which positive aspects of another or others are ignored and negative aspects amplified or invented;
- *idealization*, in which negative aspects of another or others are ignored and positive aspects amplified or invented;
- *rationalization*, in which plausible but false justifications or excuses are used to explain an unpleasant truth; and
- *projective identification*, in which aspects of the self are projected onto another or others. The other accepts the projection and acts accordingly.

Childhood Experiences Influence Adult Personality

Longitudinal research examining personality has found that, in the absence of significant environmental stressors, individuals develop ego capacity to tolerate and resolve intrapsychic conflict relatively effectively and that this development continues over the life span. That is, childhood experiences can predict both psychopathology and psychological health. This tenet corresponds significantly with the tenet of developmental trajectory (see section Trajectory of Maturation later in this entry).

Early psychoanalytic theorists hypothesized that primitive drives such as sex and aggression were the primary motivators for human behavior. However, subsequent research has shown that, in general, the urge to affiliate is one of the primary motivators in humans. The capacity for attachment is influenced by experiences in childhood. Childhood trauma such as childhood abuse (emotional, physical, and/or sexual), neglect, and/or instability in the family environment (e.g., parental substance abuse, domestic violence, other criminal behavior) predicts psychopathology including antisocial personality disorder and borderline personality disorder. These personality disorders are overrepresented among criminals.

Developments in 20th-century psychoanalytic research found that, in the absence of developmental trauma or primary psychopathy, individuals would maximize their capacity to love and work.

The findings of higher rates of childhood trauma among prisoners support this hypothesis.

Mental Representations of Self, Other, and Relationships Influence Psychological Symptoms

Mental representations are relatively stable images of things one has experienced. These things include the self, others, and relationships. Other psychological theories have similar concepts referred to as *schemas* or *constructs* but without the assumption of unconscious mental processing.

When self-representations are negative, anxious and depressive symptoms may result. The self is experienced as inadequate to meet the demands of life. When mental representations of others are negative, suspicion, anger, or fear may result. Others are perceived as at best inadequate and at worst hostile. Mental representations of relationships are involved in the psychoanalytic concept of transference (*übertragung*) and countertransference (*Gegenübertragung*). Transference occurs when the patient transfers old relationship representations onto the therapist; countertransference occurs when the therapist transfers onto the patient. Transference also occurs in relationships outside therapy but is discussed less in the psychoanalytic literature. Problems arise when one transfers a dysfunctional relationship pattern onto a relatively healthy relationship. For example, individuals with a significant history of abuse by authority figures experience their supervisor as sadistic and aggressive and take measures to protect themselves despite the fact that the supervisor has only met them once and did not act aggressively.

In the 1990s, psychodynamic researchers Reid Meloy and Carl Gacono studied mental representations of prisoners. Their findings were consistent with the theory in that prisoners with antisocial, narcissistic, and/or borderline features tended to have dysfunctional mental representations of themselves (e.g., grandiose), others (e.g., devalued, split, projected onto), and relationships (e.g., deficient attachment).

Trajectory of Maturation

Freud's psychosexual developmental theory held that individuals develop through specific stages in infancy and childhood, during which gratification

is focused on specific body parts. Infants are gratified through the mouth (e.g., feeding) during the oral stage; this stage is characterized by passivity and dependency. Toddlers are gratified by controlling their bowel movement during the anal stage; this stage is characterized by a desire for control and order. Young children (boys) are gratified through the penis during the phallic stage. The Oedipus complex occurs during this stage, in which the child learns social rules that may conflict with his wishes and emotions. Middle childhood is characterized by psychosexual latency; there is no specific focus of gratification, and the child focuses on building skills. Late childhood/early adolescence is characterized by gratification through the sexual organs, and the genital stage lasts through adulthood.

Freud theorized that successful transition through the psychosexual stages leads to an adaptive relatively conflict-free personality capable of loving and working and that unsuccessful resolution of a stage (e.g., due to psychological trauma occurring during the stage that diverted attention from its resolution) left one *fixated*. For example, an orally fixated personality would be dependent and passive. An anally fixated personality would be characterized by themes of control. Although Freud's psychosexual stage theory did not stand up to empirical research, in that the symptoms he described in adults have not been linked to psychological trauma in childhood in the ways he theorized, the patterns he described have been observed and there are consistent findings that childhood experiences affect adult personality.

Psychoanalytic developmental theory that has been supported by research includes the observation that maladaptive (or immature) defenses are the first to develop. These include splitting, acting out, and projection. The capacity for more adaptive defense mechanisms emerges later in childhood. Other capacities that develop include increasingly complex interpersonal relationships, growth in one's capacity to take the perspective of others, greater investment in others for their internal qualities rather than material qualities or what they can provide one, and an increased capacity to put moral values above immediate emotions.

Crime is not different from other ineffective or immature behavior in that it often involves the direct expression of unconscious impulses. Since by adulthood most individuals develop a more

effective capacity for emotional regulation, attachment, and compromise formation, one conclusion is that individuals repeatedly involved in crime have had blocks to their psychological maturation. Findings in defense mechanism research support this hypothesis, as criminals tend to use more immature or maladaptive defenses than nonclinical samples.

Michael Sheppard

See also Antisocial Personality Disorder in Incarcerated Offenders; Treatment of; Borderline Personality Disorder; Criminal Profiling; Developmental Theories of Crime; Maltreatment; Personality Pathology

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PSYCHODIAGNOSTIC INTERVIEW

The psychodiagnostic interview is an essential component of mental health diagnosis in which mental health professionals collect specific information about an individual to label his or her mental health problems. A significant number of individuals involved in the criminal justice system have been diagnosed with a mental disorder. Many more may have undiagnosed problems. Misdiagnosed or undiagnosed problems pose a serious barrier to the rehabilitation of offenders as

accurate diagnosis is an important early step to effective treatment. There is ongoing concern that untreated mental disorders may lead to violence or reoffense. This entry introduces readers to the goals of psychodiagnostic interviewing, offers examples of different approaches to interviewing, and provides a brief overview of the key content covered in a typical interview.

Interview Goals

The goal of a psychodiagnostic interview appears clear: to diagnose a mental disorder. Yet, there remains debate about the best way to conceptualize mental disorders. The most commonly used system in the United States is described in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, published by the American Psychiatric Association. Much of the rest of the world uses the *International Classification of Diseases*, published by the World Health Organization. Both of these are categorical classification systems in which each disorder is seen as a distinct collection of various symptoms. A threshold number of symptoms are typically required for each disorder, and an interviewer needs to assess for all possible symptoms, along with specific information on the length of time symptoms have been present and other possible explanations for them. For example, to diagnose a form of depression called *major depressive disorder* using the *DSM*, an interviewer would ask questions about nine specific symptoms outlined in the manual. The presence of five of these over at least a 2-week period qualifies for the diagnosis. The interviewer must also inquire about other possible explanations for any symptoms reported such as a medical problem or bereavement. This approach to diagnosis is not without limitations. Chiefly, categorical diagnosis allows for only two possibilities: One either has the disorder or one does not. Some people may be experiencing significant distress or impairment in functioning but not reach the number of symptoms specified or time requirements. In addition, symptoms of some disorders overlap, and interviewers may struggle to decide whether an interviewee's report of problems with excess energy is evidence of a condition such as bipolar disorder, severe attention-deficit/hyperactivity disorder, or behaviors associated with substance abuse and/or

antisocial personality disorder. Thorough interviewing can help sort through some of these challenges, but they may also reflect inherent weaknesses to a categorical approach to diagnostic classification.

In response to these concerns, it has been suggested that a better way to think about mental disorders is as symptoms that present on a continuum often with normal functioning. In this approach, what distinguishes symptoms of mental disorder from normal functioning is the severity of the problem. Rather than asking questions to *fit* a person into a specific category, an interviewer might instead seek to gather information about an individual's overall level of functioning and place specific symptoms reported into larger factors. At the broadest level, *internalizing disorders* are those that generally involve emotional distress, whereas *externalizing disorders* involve problems with behavior or impulse control. Given the goal of locating an interviewee's problems on a continuum, interviewers would likely supplement information they obtain from the individual with norm-referenced assessment measures that compare an individual's symptoms to a comparison group.

While conceptual debates about the classification of mental disorders are likely to continue, as of 2018, the approach to diagnosis required by third parties such as health insurance companies remains the categorical one. The goals of mental health assessments conducted for the legal system vary, and interviewers must determine the specific nature of the question they are being asked to answer to appropriately focus their interview questions. Evaluations of claims of legal insanity often hinge on the presence of a recognized *DSM* or *International Classification of Diseases* mental disorder, for example, evaluating competency to stand trial may require no diagnosis at all and focus instead on a defendant's dimensionally assessed functional capacity to understand legal concepts and assist in his or her defense.

Approaches to Psychodiagnostic Interviewing

Two main approaches to psychodiagnostic interviewing include unstructured clinical and structured interviews. Unstructured clinical interviews

resemble a traditional dialogue between the interviewer and interviewee. While each interviewer may develop his or her own preferred phrasing or order of questions, the clinical interview allows for spontaneity, and the specific questions asked may vary from interview to interview (though the general content covered should be the same as discussed in the following section). Structured interviews, on the other hand, involve specific questions posed to each interviewee in the same way. Some structured interviews may be referred to as *semistructured*. These standardized guides to data collection ensure that all areas of importance are covered while allowing the interviewer to customize questions based on an interviewee's answers and/or ask additional questions deemed appropriate. Examples of structured interviews include the Structured Clinical Interview for DSM Disorders and the Diagnostic Interview Schedule.

Therapists often prefer clinical interviews and the personalized approach they provide while researchers typically use structured interviews to gather standardized data. Psychodiagnostic interviews completed for the legal system may use either depending on the specific question being asked.

Interview Content

Informed Consent and Establishing Rapport

A psychodiagnostic interview requires both consent and cooperation. This consent is generally described as *informed consent* and requires the interviewer to explain the purpose, time requirements, and any limits to confidentiality, among other things. Given that interviews completed for the legal system typically offer little to no confidentiality, interviewees may be understandably reluctant to participate or reticent about their thoughts and feelings. Thus, while developing treatment plans may or may not be the goal of the interview, skilled forensic interviewers must balance objectivity with empathy and positive regard for the interviewee to gain cooperation. Interviewers must also be prepared to take steps to protect the interviewee or the community from harm, should a significant risk of suicide or violence emerge during the interview regardless of its purpose.

Behavioral Observations

A psychodiagnostic interview may actually start before a single question is posed, as the diagnosis of a mental disorder entails consideration of both information reported by an individual and observations made by the diagnostician. *Symptoms* are problematic thoughts, feelings, and behaviors an interviewee endorses. They are subjective. *Signs* are objective observations that have diagnostic meaning. For example, recurrent thoughts of death or suicide are a symptom of major depressive disorder one can only assess by explicitly asking about them. Excessive slowing of speech or movements known as *psychomotor retardation* is a sign of the disorder that can be observed by the interviewer. An interviewer generally takes note of an individual's general appearance, activity level, speech patterns, and emotional expressiveness. Unusual behaviors or mannerisms may also be particularly important to identify.

Presenting Problem or Reason for Referral

Individuals who voluntarily seek assessment and treatment are usually able to clearly identify a problem for which they are seeking assistance (e.g., depression). The interviewer will question the nature of the problem, when it started, and for how long it has persisted to determine whether it meets criteria for a diagnosis like major depressive disorder. Those completing a psychodiagnostic interview as part of a court process or within a correctional setting may be less articulate and/or less forthcoming such that they may not endorse any problems at all. In such cases, information from the legal system may be particularly important, and the individual can be queried as to his or her perception for the reason for the referral (e.g., "What is your understanding of why you are here today?"). Discrepancies between the information provided by the court system and the individual's account may speak to one's level of insight into the problem, particularly if care has been taken to establish rapport, and it is believed the individual is honestly answering interview questions.

Current Functioning and Distress

After clarification of the presenting problem or reason for referral, most psychodiagnostic

interviewers will complete a survey of the individual's psychological functioning. Major areas to be considered include mood and emotional regulation, concentration and/or memory problems, and impulse control. In addition to current mood, the interviewee is asked about his or her *regular* mood and any periods of persistently negative mood or significant changes in any direction. Psychodiagnostic interviewers often find it helpful to ask whether others have ever told the individual that he or she seems different in some way as some features of certain mental disorders may not actually feel like a problem to the individual (e.g., manic episodes marked by euphoria in an individual with bipolar disorder, interpersonal difficulties in a person with antisocial personality disorder). The interviewee's sleep patterns, current substance use, and general health are also typically explored.

Investigation of an individual's social network and interpersonal functioning is also important. Interviewers ask about performance at school or work as well, particularly in relation to any significant problems with the aforementioned psychological issues. This is necessary as the diagnosis of mental health disorders with a system such as the *DSM* requires evidence of significant distress or impairment in functioning related to symptoms.

History

Accurate diagnosis puts the presenting problem and current functioning in context. As such, taking a thorough history of the individual's psychological functioning is necessary. Major areas to consider are the interviewee's developmental, social, legal, academic/work, medical, and substance use history. Children and adolescents are sometimes known to be poor historians, and this may be an area in which more information can be gleaned from parents. Adults may also struggle to recall aspects of their history (which may valuable information in and of itself). Any gaps in knowledge that could impact the ultimate diagnosis should attempt to be clarified. Some diagnoses may actually require historical information (e.g., the *DSM* diagnosis of antisocial personality disorder in adults requires evidence of conduct disorder before age 15 years). If significant gaps in history remain even after thorough interviewing, some

degree of diagnostic uncertainty will be present and should be communicated to the interviewee or referral source.

Mental Status Examination and Risk Assessment

At this point, much data will have been covered, and clear risk issues may have emerged in the interview if the individual reported past suicidal thoughts or behavior or the reason for referral was a threat or past act of violence. All psychodiagnostic interviews should consider risk of harm to self or others. If this has not been covered in an earlier part of the interview, it will be in the mental status examination. The mental status examination involves consideration of the observations made of the individual along with specific questions about his or her current mood, perceptual experiences (i.e., hallucinations), and thought content (i.e., delusions, suicidal ideation, and homicidal or violent ideation). Suicide is associated with multiple mental health disorders and should not only be considered a possibility if the person appears *depressed*. Violent behavior shares a more complicated relationship with mental disorders but is also to be routinely assessed. Regardless of the interview context, mental health professionals have an ethical duty to protect others from harm and may have a legal duty to do so as well.

Final Thoughts

Effective rehabilitation of criminal offenders and/or prevention of criminal behavior may often depend on an accurate mental health diagnosis. Although there is some debate about the nature of mental health disorders and the best way to classify them, accurate diagnosis with current diagnostic systems always requires a comprehensive psychodiagnostic interview by an interviewer who keenly observes an individual's behavior and systematically collects information from the individual in the areas reviewed herein.

Erin McNett

See also Forensic Assessment of Offenders; Forensic Interview; Mental Health Assessment; Mental Health Treatment Planning; Mental Illness as a Predictor of Crime and Recidivism; Offenders With Mental Illness

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PSYCHOLOGICAL AUTOPSY

Psychological autopsy is a generic term used to describe a form of psychological assessment undertaken in a postmortem and postdictive capacity for determining various attributes in a person who is deceased. The goal and thus purpose of undertaking a psychological autopsy varies and is largely dependent on the circumstance in which the evaluation is being undertaken. In this respect, there are generally three broad contexts wherein psychological autopsies are used. The first is within the framework of an investigation into the death of an individual that has occurred in indeterminate and thus equivocal circumstances such as those undertaken by coroners. In this context, the purpose of a psychological autopsy is to assist in determining whether the deceased person's demise was most likely due to natural causes, some form of accident, a suicide, or a possible homicide. The second context is within the framework of a police operation whereby an understanding of a deceased person might assist with some ongoing or ancillary aspect of the police investigation. An illustration of this circumstance

is the use of a psychological autopsy to obtain some understanding of a deceased offender's mental state and thus likely motive for perpetrating a mass shooting before the offender was killed by responding police or security personnel. The third context is within a therapeutic setting such as a hospital or psychiatric facility or some form of research concerned with the treatment and/or study of the etiology and predisposing factors associated with suicide. An example illustrating the use of psychological autopsy in this context is an evaluation of a patient who has committed suicide and the factors which led to the patient's death. With this information, treatment regimens can be improved upon in the future.

Although these contextual frameworks for undertaking a psychological autopsy differ, the underlying functional theme to the analysis of a deceased person is generally the same, and thus, in many respects, the functional outcome of a psychological autopsy is analogous to the reconstructive task undertaken by biographers and historians when they consider the likely sentiments and disposition of a historical figure.

The Process for Undertaking a Psychological Autopsy

Although the psychological autopsy technique has achieved considerable professional recognition in terms of its acceptance and widespread use in many operational environments (e.g., law enforcement, coronial inquiries), it does not feature a uniformly recognized procedure concerning how precisely the technique is undertaken. Many of the variations in procedure for the technique appear to be nuances and artifacts of the disciplinary background of the individuals who are undertaking the analysis. For example, individuals from legal or law enforcement backgrounds typically place greater emphasis upon the analysis of tangible evidence, whereas individuals from mental health disciplinary backgrounds tend to be more orientated to evaluating motivational drives and possible psychopathologies.

Despite these different disciplinary perspectives and points of emphasis, there are, nonetheless, a number of underlying procedural commonalities that all approaches share. The most fundamental is that all approaches commence with an

information collation process wherein a myriad of data sources connected with the deceased are consulted. Examples of such sources include reviewing archival records (e.g., medical records, educational records, police records) as well as conducting interviews with family members, friends of the deceased, and any other relevant parties (e.g., treating doctors) who may have been in a position to offer some insight into the disposition of the deceased prior to their death.

Following this data collection phase, the next frequent step is a preliminary analysis of core attributes concerning the deceased. From this initial analysis, a composite of many descriptive features concerning the deceased is developed, which leads to some preliminary conclusions such as the deceased's likely mental state and overall well-being prior to his or her death. In addition, some impression of the deceased's life history as well as any significant life events and stressors that may have been in operation prior to the individual's demise is developed.

The final common procedural component to the composition of a psychological autopsy typically involves a more focused analysis of the deceased. At this stage, the operational context of the psychological autopsy is a key factor in shaping the questions which the psychological autopsy seeks to determine. For example, within the aforementioned context of a coronial inquiry, there is some consideration of the likely intentions of the deceased and thus some assessment as to whether his or her death was in some context intentional or unintentional. Likewise, within the previous example concerning a law enforcement investigation of a shooting spree, the questions under consideration might revolve around whether the deceased harbored any prejudicial views or held any radical political beliefs that might suggest his or her actions was an expression of a hate crime versus an act of political violence (e.g., terrorism).

With respect to the matter of method, there does not appear to be any clear consensus as to whether psychological autopsies are optimally undertaken by a single person or via the efforts of multiple analysts collectively working together. There are favorable and unfavorable aspects to both approaches. Psychological autopsies undertaken by a single person are believed to facilitate a better level of perspicuity via the expertise of the

analyst. In this context, all collected information and conducted interviews have been undertaken by a single person who has a better overall understanding of all the gathered information. However, many of the methodological problems inherent to psychological autopsy (examined in the following section) arise within this single analyst/practitioner operating model. In contrast, a psychological autopsy undertaken via a team effort involving multiple analysts who collectively work together may be more robust and thus not as prone to such problems surrounding the reliability of psychological autopsies. However, through this team approach, diffusion of the collected information can also occur, and thus, the perspicuity and level of insights garnered from such analysis may suffer via this approach.

Limitations

Despite the touted benefits derived from the use of psychological autopsies, the technique itself is hindered by a number of methodological limitations and one irreconcilable issue concerning its validity. With respect to methodological limitations, there are numerous issues concerning the reliability of the collected information upon which any evaluation is founded. These limitations feature two dimensions in terms of the reliability of the supplied information as well as how the collated information is subsequently interpreted.

With respect to the reliability of the collated information, there are numerous hazards associated with the accounts family members and friends of the deceased may supply. Ironically, the unreliability of such information can be quite polarized in nature wherein descriptions of a deceased individual may be grossly exaggerated in either an extremely favorable or unfavorable manner. For example, when asked to recollect aspects of the deceased's life, bereaving family members can romanticize their recollections and thus consciously or even subconsciously deny or downplay patently evident issues connotative of dysfunction within the life of the deceased person. Alternatively, when the circumstances of a deceased individual's death are considered to be the source of some form of great shame that subsequently extends to the surviving family members, recollections may grossly misrepresent any anomaly. That

is, the exaggeration of any dysfunction may act as a means of quarantining surviving family members or significant others from any perceived stigma and disgrace caused by the deceased individual.

To address these problems, various methodological procedures that attempt to buttress the overall reliability of the evaluative process for the purpose of a psychological autopsy have been suggested. Some simple mechanisms involve the corroboration of information from multiple differing sources. However, more sophisticated protocols involve structured interviews that are conducted at differing time intervals (when permissible), whereby any manifest grief in, for example, a relative may have dissipated.

The problems surrounding the reliability of information used for psychological autopsies also extend to the personnel who may be undertaking the analysis. That is, during the course of conducting interviews with bereaving family members and friends, a degree of empathy and thus sympathy can readily develop, which can thereafter skew the objectivity of the conclusions formulated within a psychological autopsy. To counteract this problem, a number of contingencies have been proposed. One is having separate individuals conducting interviews with those who thereafter use the obtained information for analysis incumbent to the psychological autopsy. Another strategy involves the overall analysis for a psychological autopsy being undertaken by a group of analysts whereby any determinations are made via a process of consensus.

Despite these limitations and their various countermeasures, the psychological autopsy technique suffers from one irreconcilable issue concerning its validity. The simple fact is that there is no way in which some of the key conclusions inherent to psychological autopsies can be unequivocally and empirically verified as accurate and thus valid. That is, it is impossible to definitively ascertain whether any espoused conclusions surrounding the motives and intentions of the deceased are indeed correct, because the only individual who could confirm the validity of these conclusions is the deceased. Thus, the validity of the psychological autopsy technique is a matter of stringency in perspective somewhat analogous to the standards of proof encountered in legal forums generally. In many civil law contexts, the standard

of proof is based upon the balance of probabilities as to what is most likely the case, whereas in criminal law, the standard is far more stringent and based upon the belief that determinations must be beyond a reasonable doubt. In an analogous context, the validity of psychological autopsies is a matter of perspective in determining whether the conclusions are highly probable as being valid or whether a definitive standard must be met consistent with some independent metric for verification.

Psychological Autopsies as Evidence in Court Proceedings

Despite the aforementioned limitations, the psychological autopsy technique enjoys a somewhat paradoxical status when considered as a form of expert witness evidence for legal proceedings. In jurisdictions outside the United States, such as, for example, the United Kingdom and Canada, the submission of evidence in the nature of psychological autopsy has been largely rejected irrespective of whether it is tendered in civil or criminal proceedings. The overall reason for this rejection has been the lack of scientific research capable of robustly substantiating its validity and thus any testimony derived from its premises.

In stark contrast to this position, the psychological autopsy technique has been regarded as an admissible form of expert witness evidence in many jurisdictions in the United States. Indeed, in the United States, the admission of evidence in the nature of psychological autopsy dates back to the 1930s. In this respect, the applications of psychological autopsy as legal evidence are quite diverse and include applications of the technique to legal proceedings concerning medical malpractice and insurance and workers' compensation claims. However, this acceptance of psychological autopsy as evidence is not unilateral; thus, in some civil law contexts, it is regarded as inadmissible, such as in matters pertaining to intestate succession and testamentary capacity. Moreover, within the context of criminal law, the admissibility of psychological autopsy is quite divided in terms of it being accepted in some jurisdictions but not others; thus, its admission within criminal proceedings is heavily dependent on the specific parameters of the issues to be determined before the court and the extent to

which psychological autopsy is exclusively meant to be relied upon in making such determinations.

Richard N. Kocsis

See also Forensic Applications in the Criminal Justice System; Suicide and Self-Harm in Corrections, Risk Factors for; Suicide and Self-Harm Intervention and Management Strategies; Suicide and Self-Harm Offender-Specific Screening Tools; Suicide and Self-Harm Screening Tools; Suicide and Self-Harm, Linkages to Violence Risk; Suicide During Incarceration; Suicide Risk and Self-Harm; Suicide Risk and Self-Harm in Corrections, Prevalence and Estimates;

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PSYCHOLOGY OF CRIMINAL CONDUCT

The *Psychology of Criminal Conduct* (PCC) is both a title to a book by James Bonta and Donald A. Andrews (in its sixth edition as of 2017) and a perspective on criminal behavior. PCC is most importantly a psychological and an evidence-informed understanding of criminal conduct that sets itself apart from traditional criminological and mental health explanations of criminal behavior. Until the publication of the first edition of the *Psychology of Criminal Conduct* in 1994, traditional mainstream criminology emphasized the importance of a person's position in the socioeconomic structure of society. That is, the cause of crime was to be found in external, social forces that maintained individuals in a disadvantaged position (e.g., poverty, racial

bias). Mental health explanations, on the contrary, locate the cause within the person, and the causes are often found to be psychopathological. PCC is a perspective of crime that includes aspects of criminological and mental health theories with an emphasis on understanding the criminal behavior of individuals within a social, personality, and cognitive context of action. It seeks an explanation of interindividual (between persons) and intraindividual (within a person over time and space) variations in behavior. That is, it asks why some people commit crime more frequently and seriously than others, and why some commit crime at a certain point in time and in specific situations and not at another time or in another situation. The answers to these questions are informed by a general personality and cognitive social learning (GPCSL) theory of criminal conduct. What sets PCC apart from many other perspectives of crime is that it specifies how criminal behavior is learned and outlines a model for assessing and treating offenders. This entry discusses the major principles of learning, the importance of the person-based factors of procriminal attitudes and antisocial personality within the social context, and the Risk-Need-Responsivity (RNR) model of offender assessment and treatment.

Learning Criminal Behavior

GPCSL makes a number of assumptions. First, criminal behavior is learned according to the same processes that determine the learning of any behavior. This means that criminal behavior is governed by the principles of vicarious learning (modeling), operant conditioning (the influence of consequent rewards and costs/punishment), and classical conditioning (antecedent stimuli gaining control over behavior). It also means that GPCSL is a general, encompassing perspective of criminal behavior. There is no need for theories of white-collar crime, sex offenders, or other criminal subgroups. All that is required to understand these subgroups is to make adjustments to the general constructs (e.g., for sex offenders one would investigate attitudes specific to sexual offending rather than general procriminal attitudes). Second, the processes of learning interact with the personality and cognitive characteristics of the individual. Third, learning occurs within a social context.

Because individuals vary in their personal characteristics and find themselves in different situations, the route to criminal behavior is varied. Offenders may have many similarities but they also differ.

In general psychology, the learning principles have been extensively studied and are now well established. Few would reject the idea that behavior is learned from watching others, from being encouraged or punished for certain actions, or that individuals may acquire almost automatic reactions to stimuli through association with other stimuli (e.g., feelings of anxiety at the sight of a needle). The learning of behavior depends upon the reward and cost contingencies for a specific behavior (PCC purposely uses the term *costs* instead of *punishment* to avoid some of the complexities and misunderstandings that surround the latter). Criminal behavior, as is true with any behavior, is under the control of signaled rewards and costs that come prior to the behavior and rewards and costs that follow the behavior. Antecedent rewards or costs can be models that signal to the person that, if one imitates the behavior, rewards or costs will follow. In classical conditioning, the stimulus may trigger certain reactions that have been associated with a reward or cost. For example, a prior traumatic experience may lead to an emotional reaction in a similar situation. The source of rewards and costs can be interpersonal, personal (one's own thoughts), and automatic.

An important concept in the learning of behavior is density. GPCSL uses the term *density* to simplify what learning psychologists call *schedules of reinforcement/punishment*. Schedules refer to the arrangement of rewards and costs based upon the interval between the behavior and the reward or cost (e.g., experiencing a hangover in the morning after a night of heavy drinking) or the ratio between the number of times the behavior must occur before a reward or cost follows (e.g., trying to open five car doors before finding an unlocked door). Schedules can be further detailed into fixed and variable schedules. Density refers to the variety, immediacy, magnitude, and frequency of signaled (antecedent) and consequent rewards or costs. In GPCSL, there are two important points. First, the density of rewards or costs operates on both criminal and prosocial behavior. This means that whenever rewards or costs are altered for criminal behavior, it will also impact on prosocial behavior. For example, if

criminal behavior becomes more rewarding, then the costs for prosocial behavior increase.

A second important point is that the impact of a reward or cost depends on the extant rewards or costs associated with the behavior. This impact will be greatest when the background density of rewards or costs is at an intermediate level. The introduction of a new reward or cost will have a minimal effect when the background density of rewards or costs is at the extreme. For example, threatening a very successful criminal who has a high background density of rewards for crime with an extra 30 days in jail is unlikely to alter his or her antisocial activity. Similarly, threatening jail for a very prosocial individual is unnecessary since criminal behavior already has a high background density of costs (e.g., loss of employment, freedom, respect of friends and family). One cannot understand how a new reward or cost can change behavior without understanding the rewards or costs that are already in operation.

Just as one must appreciate the role of the background density of rewards or costs, one must also understand how the learning processes interact with state, personality, intellectual, and cognitive factors. The impact of a reward or cost varies with the person's state (e.g., expressing disapproval may be more meaningful when the person is sober rather than intoxicated). Personality characteristics may interact with rewards or costs (e.g., offering a hug to a severely depressed individual would have a different impact than to a paranoid and anxious individual). Finally, intellectual-cognitive factors can moderate the influence of rewards or costs (e.g., a candy bar is more likely to elicit a desired behavior from a 2-year-old than offering US\$10).

Personality

Criminal behavior is learned in interaction with biosocial personality factors conducive to antisocial acts. From a GPCSL perspective, the following two personal factors are given prominence: procriminal attitudes and antisocial personality pattern (APP). *Procriminal attitudes* are thoughts, feelings, and beliefs that are supportive of criminal conduct (that it is justifiable to break the law). In PCC, there are three general categories of procriminal attitudes: (1) techniques of neutralization, (2) identification with criminal others, and

(3) rejection of convention. All the three types of procriminal attitudes make it personally easier to engage in criminal behavior.

Techniques of neutralization begin with the idea that most offenders know that their actions are wrong. That is, criminal behavior is not simply a failure in moral development. Knowing that antisocial behavior is condemned by society, and perhaps even that he or she will feel guilt and shame, the offender attempts to neutralize the potential punishment associated with the antisocial behavior. Offenders may engage certain cognitions that avoid or minimize punishment from others and themselves. For example, an offender may minimize the harm to the victim (e.g., "I was going to return the car after my ride") or justify the behavior by an appeal to a higher loyalty (e.g., "I had to steal to feed my family"). Sometimes, the legal system facilitates neutralizations when mitigating factors are applied in sentencing decisions (e.g., "He was too drunk to be fully responsible for his behavior," "Her abusive past led her into prostitution").

The second category of procriminal attitudes is identification with criminal others. It is not about how to excuse or minimize the criminal behavior, but it is actual approval and pride in antisocial behavior. These attitudes give positive evaluations to criminal behavior and criminal others. Being criminal is valued (e.g., "I am tough"), and identifying with other offenders is a source of pride (e.g., "He is part of my family"). Finally, there is rejection of convention. Social institutions (e.g., work, education, the legal system) that are meant to socialize individuals into a prosocial lifestyle are rejected. Thus, by minimizing their reward value, not only are the motives for prosocial behavior lessened (e.g., "I can make more money selling drugs than working in a factory"), but crime itself becomes less costly (e.g., "It doesn't matter if I lose my job").

Procriminal attitudes are central to most theories of criminal behavior, and in GPCSL, they are essential. Procriminal attitudes not only represent one of the major correlates of criminal conduct but also are fundamental to the control of criminal behavior. Unlike other factors associated with criminal conduct, such as procriminal companions and substance abuse, attitudes and cognitions are most proximal in time to the behavior and completely under the individual's control. Immediately prior to the behavior comes cognitions that

evaluate the favorableness of the action (i.e., the likelihood of rewards or costs). Having procriminal attitudes and thoughts increases the chances of criminal behavior. From a treatment perspective, if procriminal attitudes can be replaced with prosocial attitudes, then the probability of criminal behavior is diminished. Within GPCSL, thoughts and attitudes are under personal control, and therefore, PCC assigns personal agency to the individual.

APP describes the impulsive, adventurous, pleasure-seeking individual who is constantly in trouble, often aggressive, and who shows a callous disregard for others. The origins of APP are in a difficult temperament characterized by poor self-control and negative emotionality. These personality characteristics, not surprisingly, predispose the person to problematic relationships in a variety of settings. For example, impulsivity may lead to difficulties in the areas of education and employment, and adventurous risk-taking and pleasure-seeking are fulfilled by criminal activity.

It is important to note that in PCC, APP is not antisocial personality disorder as described in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, nor is it psychopathy as measured by instruments such as the Psychopathy Checklist-Revised. PCC's definition of APP includes both personality and behavioral characteristics that are relevant to the assessment and treatment of criminal behavior. The word *pattern* signifies personality traits (e.g., impulsiveness, sensation-seeking, egocentrism, hostile emotions, and attitudes) and a pattern of law-violating and problematic behaviors. Unlike Travis Hirschi's theory of self-control, whereby low self-control is sufficient to explain criminal behavior, PCC's APP goes beyond self-control to explain criminal conduct.

The Social Context

Learning occurs within a variety of social contexts. In PCC, the major social environments where learning occurs are education/employment, family/marital, leisure/recreation, companions, and, within a subset of companions, substance abuse. The five groupings are part of the central eight risk/need factors described by PCC. The other three major risk/need correlates of criminal conduct are criminal history, procriminal attitudes, and APP. Together,

they represent the best predictors, and potentially the best causal factors, of criminal behavior.

Education and employment are learning environments that society structures to socialize individuals to become productive, prosocial citizens. Within these social contexts, rewards are given for specific prosocial behaviors such as doing homework, obtaining good grades, reporting to work on time, and being productive on the job. Costs also are provided for failure to meet the behavioral expectations demanded by these environments. Obviously, a high density of rewards and a low density of costs will ensure involvement in educational and work-related behaviors. However, this also impacts on the likelihood of criminal behavior. An individual who receives many rewards for his or her behavior from teachers, employers, fellow students, and coworkers, and if the activity itself is rewarding, then that person has a great deal to lose for engaging in crime. Many offenders who have done poorly in school and who are unemployed or in jobs that they do not like will receive few rewards for prosocial behavior. They also have less to lose for criminal behavior.

The family/marital situation is interesting because both the origins and maintenance of criminal conduct are found within this social context. With respect to origins, the parent is usually the primary socializing agent for children. Putting aside the influence of heredity, parents who are either clearly procriminal themselves or who cannot recognize and properly deal with antisocial behavior by their children shape future delinquent behavior. The parent may model inappropriate behavior (signaled rewards), reward aggression, and fail to properly discipline noncompliance to social norms. In adulthood, criminal behavior may be maintained by the reciprocal reinforcement of the behavior by a procriminal couple (offenders tend to form romantic relationships with similar partners, called *assortative mating*). Also, in the situation where one or both partners are prosocial but have little investment in the relationship, the costs (losing the love and respect of the partner) for deviance are low.

Leisure/recreation describes activities outside the aforementioned social contexts. They vary from organized recreational sports, church attendance, to even regular attendance at Alcoholics

Anonymous meetings. Participating in these activities can be an important interpersonal and personal source of rewards for prosocial behavior. Enjoyment (rewards) can come from a variety of prosocial others (e.g., baseball coach, Alcoholics Anonymous sponsor) and from the behavior itself (e.g., pride in winning a game, feeling of personal fulfillment from spiritual contemplation). A lack of participation in prosocial leisure/recreational activities, a common characteristic of offenders, leaves more time for criminal activities and a loss of opportunity for receiving rewards for prosocial behavior. Furthermore, there are few people to deliver costs for antisocial behavior.

One of the most empirically replicated and theoretically relevant risk factors for criminal behavior is companions. Social interactions among friends and associates provide an interchange of rewards and costs for prosocial and procriminal behaviors. Research has demonstrated that delinquent groups express approval for criminal behavior and disapproval for prosocial behavior. Similarly, prosocial companions reward prosocial behaviors and deliver costs to criminal behavior. High-quality relationships within either group can exert powerful control over behavior because respect, warmth, and care enhance the magnitude of the reward/cost (recall magnitude is related to the density of rewards/costs).

Finally, substance abuse influences criminal behavior through two mechanisms. Ingesting drugs and/or alcohol can produce automatic rewards. For example, snorting cocaine produces feelings of euphoria, and having a drink in the morning may mitigate the effects of a hangover. As important as these immediate rewards are to behavior, for most offenders, misusing drugs and alcohol usually occurs in a social situation, with companions. In the case of illegal drugs, one must also interact with other offenders in order to obtain drugs, thereby opening oneself up to the influence of criminal companions. In the case of alcohol, behavior may be disinhibited, but without the support of criminal others antisocial acts do not necessarily follow (there are many alcoholics with no criminal record). All told, within the social context surrounding substance abuse, there is tremendous interpersonal encouragement to take drugs and/or drink excessively.

An important implication from PCC's concept of the central eight risk/need factors is that not all offenders have difficulties with each of the factors. Some may have substance abuse issues along with problems in employment. Others may have difficulties at home and have procriminal attitudes, along with strong ties to other criminals. They are all engaging in criminal behavior but for different reasons. The route to criminal behavior is complex and varied.

The Situation of Action

The discussion of personality and the social context explains interindividual differences. Some individuals are more likely to engage in crime than others because they have APP, procriminal attitudes, substance abuse problems, and difficulties with employment. In general, as the number of central eight risk/need factors increase, so too does the risk of criminal behavior. These factors also go a long way in explaining intraindividual differences. The more central eight factors, the more likely that the individual will behave antisocially over time and across a variety of situations. However, casual observation of offenders find that even the highest-risk offender can behave in a prosocial manner. Every situation of behavioral action has its own reward/cost structure. Thus, for example, the presence of a police officer may inhibit criminal behavior, while an unoccupied house with the door open may facilitate a criminal act.

One may think of the central eight as the major factors that predispose the person to criminal behavior. Their establishment takes time to develop. For example, one does not suddenly make procriminal friends. It can start in early childhood where parents fail to properly monitor and discipline the child, school problems lead to rejection from prosocial children, and taking drugs exposes one to procriminal others. The specific expression of criminal behavior is dependent on the reward/cost contingencies in the situation of action. The individual analyzes the signaled rewards (e.g., open door to house) and signaled costs (e.g., no police present) and then acts on his or her criminal predisposition.

The Applied Value of PCC

PCC is intended to make theoretical sense and to have the support of evidence. A third goal of

PCC is that it should have practical value. As described earlier, PCC identifies the central eight risk/need factors that should form the basis of offender assessment instruments. The central eight, along with an understanding of learning principles, also informs effective offender treatment programs. GPCSL does this through the RNR model. The RNR model was first formulated in 1990 with four important clinical principles. The *risk principle* states that the intensity of treatment services should be matched to the risk level of the offender, with low-risk offenders receiving minimal treatment services and high-risk offenders receiving the most treatment. The *need principle* calls for the assessment and targeting of the criminogenic needs of offenders in treatment (i.e., the central eight minus criminal history which is a static, unmodifiable risk factor). The *responsivity principle* advises using cognitive behavioral techniques to deliver treatment and to be attentive to the individual's motivation and learning style. The last principle, *professional override*, allows the professional to exercise judgment in those situations where the RNR principles do not fully inform the understanding of the individual.

Since 1990, the RNR model has been expanded to 15 principles, to include the overarching principles of respect for the person and the prevention of crime through service delivery that is based on GPCSL. In addition, a set of organizational principles highlights the importance of management selecting and training staff in GPCSL-based practices with a focus of delivering services in the community where the reductions in recidivism are greater. RNR programming can work in custodial and residential settings, but their impact on recidivism is approximately half that of services delivered in the community. Although the expanded RNR model now has 15 principles, the four clinical principles described remain at the core of the RNR model.

The first major area of application of the PCC perspective is the assessment of offenders. According to PCC, the assessment should be structured and include measuring the central eight risk/need factors. However, RNR assessment is not only risk oriented but also problem oriented. Personal strengths are also assessed, along with responsivity factors, since both play an important role in the treatment of offenders. PCC recognizes that although offenders have many common attributes,

any particular offender may find himself or herself in unique circumstances. Therefore, the RNR model permits the exercise of professional discretion. A good example of a structured offender assessment instrument that is RNR-based is the Level of Service/Case Management Inventory. This instrument assesses overall risk to reoffend, the individual's criminogenic needs (i.e., the central eight), and responsivity factors.

The second area of application is treatment. In 1990, Andrews and his colleagues undertook a meta-analytic review of the offender rehabilitation literature and categorized the studies according to their adherence to the RNR model. They found that studies that followed the core RNR principles of risk, need, and responsivity demonstrated the largest reductions in recidivism. In an expanded review of the literature described in the PCC text, this finding was confirmed and further evidence presented on the value of following the other RNR principles (e.g., the organizational principles). For example, services based on the RNR principles and delivered in the community showed a 35-percentage-point reduction in recidivism. Similar services delivered in custodial/residential settings were associated with a 17-percentage-point reduction in recidivism.

PCC's approach to an understanding of crime is to consider the personal, interpersonal, and social supports for criminal action. It is a perspective that is strongly linked to a general psychology of human behavior. GPCSL theory recognizes that criminal behavior is a function of signaled and consequent rewards or costs in interaction with personal biosocial factors (e.g., motivation, cognition, maturation). An important contribution of PCC is the practical products derived from the RNR model. The predictive and crime prevention understanding of criminal conduct has been significantly informed by PCC, and it has played a major role in moving correctional policy away from a punitive approach to a rehabilitative approach.

James Bonta

See also Behavioral Theory of Crime; Criminal Attitudes; Criminogenic Needs; Criminogenic Needs, Targeting; of Service/Case Management Inventory (LS/CMI); Reentry; Rehabilitation; Risk-Need-Responsivity, Principles of; Social Learning Theory and Cognitive Behavioral Therapy; Techniques of Neutralization

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PSYCHOPATHIC OFFENDERS, TREATMENT OF

Psychopathy is a clinical construct characterized by a set of social, emotional, and behavioral features that, in serious cases, can have destructive social consequences. Socially, prototypical psychopaths often project a smooth but insincere charm, come across as engaging but shallow conversationalists, and are often seen as quite likable by creating a positive yet facile first impression with many people they interact with. However, beneath the surface, they tend to be quite narcissistic, have a grandiose and inflated sense of self-worth, are deceitful and manipulative, and prone to use these qualities to exploit or otherwise take advantage of unsuspecting people they encounter. Psychopaths experience a shallow and limited range of emotion; they form shallow and disingenuous relationships and weak attachments with others. Lacking a conscience and indifferent to the anguish or suffering of others, psychopaths tend to feel little or no regret for wrongdoing. Rather, they are likely to blame victims for their

own misfortunes (e.g., being suckers asking to be taken advantage of), accepting little responsibility for their behavior, and being unconcerned about the rights, feelings, or interests of others. Behaviorally, individuals with psychopathy are impulsive, irresponsible, and lack any sense of commitment to society, people, or causes, making for irresponsible long-term employees, unfaithful spouses, and untrustworthy caregivers. They live in the moment, move about from place to place, and seldom think or worry about the future, often getting bored easily, seeking excitement, and getting tired of routine. They tend to take advantage of the charity and good will of acquaintances or relatives and are prone to committing a range of diverse crimes. Reactive and easily triggered, psychopaths can act out in a violent or assaultive manner if provoked and could just as easily steal a car as they may commit a violent assault, force somebody into unwanted sexual acts, or perform acts of fraud. That said, there is still much debate about the core defining characteristics of psychopathy. This entry focuses broadly on the treatment of psychopathy and reviews key evidence, issues, and concerns in the literature.

Overview

In the popular literature, psychopaths and nonpsychopaths are often depicted as distinct categories. In fact, psychopathy can vary from the mildly psychopathic with only a few features of the disorder to the severe, with many such features. In this entry, the term *psychopaths* is used to describe those with many of the characteristic features and *nonpsychopaths* for those with only a few.

Individuals with psychopathy frequently come in contact with the prison or forensic mental health system owing to their criminal and antisocial behaviors. These behavioral patterns often begin early in life, even during childhood (e.g., with bullying, truancy, theft), and tend to escalate in severity in adolescence and adulthood (e.g., breaking and entering, assault, robbery, and weapon use). Psychopaths can accumulate lengthy criminal careers consisting of a diverse range of crimes. They have high rates of return to prison for new crimes following their release, often for violating the conditions of their probation or parole. Also, there are the so-called white-collar psychopaths who manage to stay one step ahead of the law or operate at the fringes of social acceptability.

With such a collection of unflattering qualities, it may come as little surprise that psychopaths tend not to ask for help or, when help is offered, reject it outright or go along with a take-it-or-leave-it level of enthusiasm.

Psychopathy Checklist-Revised (PCL-R)

A brief overview of the primary measurement device, the PCL-R, is provided because this measure is referenced repeatedly in most discussions of psychopathy. The PCL-R is a 20-item clinical rating scale designed to assess and diagnose psychopathy. Its items were inspired from the work of American psychiatrist Hervey Cleckley, who outlined 16 criteria descriptive of psychopaths but had no formal diagnostic or rating system. Each PCL-R item is rated on a 0 (*absent*), 1 (*characteristic possibly present*), or 2 (*characteristic is present*) rating scale with possible total scores ranging from 0 to 40. Typically scores of 30 or higher are required for a diagnosis of psychopathy. Ratings of the items are based on information gathered from both a clinical interview and from archival sources (e.g., court or prison files, psychiatric records, parole or probation reports). The PCL-R items can be organized into two broad factors: Factor 1 refers to the social and emotional characteristics of the psychopath described previously and can be understood as the personality structure of psychopathy; Factor 2 refers to the chronic antisocial lifestyle pattern, or the behavioral features, of psychopathy. In turn, Factor 1 can be divided into narrower Facets 1 and 2 termed *interpersonal* (i.e., the social characteristics, such as deceitfulness and charm) and *affective* (i.e., the emotional deficit of psychopathy, such as callousness, lack of remorse, and shallow emotions), respectively. Factor 2 can similarly be divided into two facets, 3 and 4, termed *lifestyle* (i.e., the impulsive, irresponsible lifestyle of the psychopath) and *antisocial* (i.e., the diverse criminal behaviors of the psychopath), respectively.

Treatment of Psychopathic Offenders: What the Research Says

Individuals with psychopathy are often resistant to change and challenging to treat. In response to routine prison- or hospital-based treatment programs, psychopaths are often described as

unmotivated, demonstrate little improvement, and have high rates of attrition. Cleckley commented on the absence of psychotherapies demonstrated to be effective for psychopaths in the 1940s. In the decades to follow, similar therapeutic pessimism would be commonplace among authorities in the field, combined with a relative infrequency of treatment evaluations of this group. Many treatment approaches were predicated on trying to change the underlying personality structures rather than reducing antisocial behaviors that are usually the reasons for psychopaths' often prolonged detention in prisons or forensic hospitals.

In 2002, Randall Salekin conducted one of the first systematic reviews of the response of individuals with psychopathy to treatment, reviewing 42 studies that examined programs with clients as being psychopaths or having psychopathic characteristics. Many of the programs are quite dated (some carried out in the 1940s and 1950s) and used outdated treatment approaches. This review identified a broad range of treatments for psychopathic individuals, which included (number of studies in parentheses) psychoanalytic (17), cognitive behavioral (5), therapeutic communities (8), actional procedures (1), eclectic, pharmacotherapy (2), electroconvulsive shock therapy (2), personal construct therapy (1), rational emotive therapy (1), psychodrama (1), or unspecified treatments (1). Eight of the 11 treatments listed had been evaluated by only one or two studies, and with the exception of three treatment types, the authors reported that the patients by and large improved across the programs. The reported success rates by treatments ranged from 59% (for psychoanalytic) to 62% (for cognitive behavioral), to as high as 100% for the single studies. By contrast, electroconvulsive shock therapy (22% success rate), therapeutic communities (25% success rate), and the lone unspecified program (17% success rate) had low improvement rates that were no more effective than control conditions (20% success rate).

Many of the programs in these studies gauged success by positive changes in the attitudes, feelings, and behaviors of their clients such as improved empathy or compassion, increased capacity for guilt, greater anxiety, greater honesty, improvement in social relations, better work or school behavior, improved self-understanding, decreased aggression or impulsivity, decreased hostility, or simply being *less sociopathic*. Not uncommonly, some studies

relied on behavioral changes or reduction in disturbed socialization or other psychological characteristics of psychopathy assessed with paper-and-pencil self-report questionnaires. Few treatments evaluated gains in terms of reductions in new criminal charges or convictions either within the institutional setting or community.

There were a number of methodological concerns in the studies reviewed. For instance, very few of the studies used validated tools, such as the PCL-R, to diagnose psychopathy (partly because it was not developed), with diagnoses frequently based on informal clinical impressions or loose applications of the Cleckley criteria. In many instances, it is uncertain if the programs that were the subject of the studies actually treated psychopaths. Moreover, many of the studies did not examine criminal recidivism as an outcome of treatment, included no follow-up of the patients' posttreatment, had small sample sizes, lacked comparison or control groups, or were based on case studies. Finally, many of the studies featured outdated or antiquated treatment approaches (e.g., electroconvulsive shock therapy), often having predated contemporary principles of *what works* for reducing recidivism. These concerns notwithstanding, Salekin concluded that there was little basis for psychopathy being an untreatable disorder.

Importantly, advances in the theory, practice, and research on the treatment of psychopathy prompted an updated systematic review of this literature by Salekin and colleagues in 2010 based on more contemporary and better designed studies. Salekin and his colleagues noted that, among the new studies published since his initial review, all were either cognitive behavioral in nature or modern therapeutic communities. The newer studies frequently had some form of follow-up and examined criminal recidivism as an outcome and mostly employed the PCL-R to assess psychopathy. In all, the body of research evidence accumulated suggests that treatment can work to reduce the criminal reoffending behaviors of offenders with psychopathy.

Future Directions and Lessons Learned About the Treatment of Psychopathic Offenders

Psychopathy is a serious personality disorder characterized by the remorseless exploitation of others and persistent violation of social norms,

including perpetration of criminal behavior. While psychopaths pose challenges to treatment providers and are difficult to engage and treat, there is no evidence to suggest that psychopathy is untreatable.

A number of lessons have been learned regarding treating psychopathy. First, the definition of the construct matters, and a valid and reliable diagnosis of psychopaths is key. After all, if there is no reliable way of assessing psychopathy, clinicians cannot know whether they are treating psychopaths.

Second, the treatment approach and the organization and delivery of the treatment program matter. The treatability of psychopathic offenders is a thorny topic, and there is little to be gained by evaluating an inappropriate or poorly organized and/or delivered program. The initial Salekin review identified 11 different types of interventions used to treat psychopaths; while some of them generated positive effects and seem to have promise (e.g., cognitive behavioral therapy), others reported clearly less positive outcomes and would seem to be less effective (e.g., therapeutic communities). A crucial task thus involves identifying ingredients of positive or promising programs that may work and taking care to avoid repeating the mistakes of programs that do not work.

Third, the goals and objectives of treatment are critical. The Salekin review noted a bewildering array of possible treatment outcomes and markers of successful intervention: from increased capacity for compassion and remorse, to decreased aggression and improved socialization, to improved performance and attendance in work and school, to reductions in criminal behaviors, and so forth. Some treatment objectives may be more realistic than others (e.g., improving work performance vs. turning a person with psychopathy into a warm and compassionate person) and have more practical benefits for the individual and society. Finally, how programs are evaluated matters. It is difficult to draw conclusions about the effectiveness of a treatment approach for psychopaths if the research design is flawed or weak. Single case studies or small samples, the absence of a comparison or control group, little or no follow-up, or a lack of measurable behavioral indicators of treatment change can greatly weaken the study's design and hamper the conclusions that can be drawn from it.

With these lessons learned, researchers and clinicians should be better informed to understand and work therapeutically with offenders with psychopathy.

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See also Psychopathic Offenders: Current State of the Research; Psychopathic Offenders: Ineffective Treatment Programs; Psychopathic Offenders: Promising Treatment Programs; Psychopathic Offenders: Treatment Challenges and Controversies; Psychopathy; Psychopathy Checklist-Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL:SV)

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PSYCHOPATHIC OFFENDERS: CURRENT STATE OF THE RESEARCH

The Greek philosopher Theophrastus foreshadowed the modern construct of a psychopath, describing such an individual as a *man without moral feeling*, a characterization that has been validated and expanded upon by empirical research. The contemporary understanding of psychopathy, as greatly established by Hervey Cleckley and Robert Hare, is a constellation of pathological traits and behaviors that appear on a continuum in the general population. Clinically diagnosable psychopathy is found in about 1% of the general population and 15–30% of offenders in North American correctional settings. Research

indicates that the traits characterizing psychopathic individuals, including anomalous thought processes, affective processes, language, and behaviors, render them predatory, sometimes dangerous, people. Yet there is no known truly effective *treatment* for this condition. This analysis of one of the most researched pathological personality conditions explores life-span criminal patterns associated with psychopathy through a scientific lens. Furthermore, although the current state of research has allowed psychologists and criminologists to paint a detailed picture of a psychopathic offender, this entry highlights where there is room for further investigation.

Identifying Psychopathy

Psychopathy is associated with a selfish orientation and profound emotional deficit (lack of remorse and empathy), as evidenced from studies of psychophysiology, neurology, and behavior. In lay terms, psychopathy is associated with little or no *conscience*. The psychopath's fearlessness and diminished capacity for morality appear to have biological underpinnings; neuroimaging research indicates reliable structural and functional abnormalities, including gray matter reductions in frontal and temporal areas and anomalies in the prefrontal cortex, corpus callosum, and hippocampus. However, psychopathy is not associated with cognitive deficits. In fact, psychopaths typically are adept conversationalists, emotional chameleons, and skilled at charming, using, and lying to others for material gain, drugs, sex, or power. Psychopathic offenders, for example, are 2½ times more likely than other offenders to be successful in their applications for parole, despite a much higher rate of reoffending. Some use their penchant for conning others to become cult leaders (e.g., David Koresh), powerful politicians (e.g., Joseph Stalin), or corrupt corporate leaders (e.g., Bernard Madoff).

Because of the negative implications of the label *psychopath*, it is not one that should be applied lightly; individuals classified in this manner have scored highly (typically more than 30/40) on Hare's Psychopathy Checklist-Revised, considered the gold standard for measuring the construct. These scores incorporate two key factors characteristic of psychopathy: interpersonal/affective propensities (e.g., grandiosity) and antisocial

or socially deviant behaviors (e.g., proneness to boredom). However, these two factors have been expanded to four *facets* as a result of refined research since the late 1990s: interpersonal (e.g., cunning/manipulative), affective (e.g., callousness), lifestyle (e.g., irresponsible behavior), and antisocial (e.g., criminal diversity) features.

Psychopathy Across the Life Span

Psychopathy is not unique to a particular age or gender demographic. Callous and unemotional (CU) traits, such as lack of remorse and engaging in premeditated aggression that precede adult psychopathy, have been documented in children as young as 3 years of age. CU traits appear to represent one foundation to a lifelong pattern of antisocial and sometimes predatory behavior. For example, juvenile offenders with such features perpetrate more severe violence on their victims and victimize more targets relative to other youth offenders. Youth typically are assessed for psychopathy using the Childhood Psychopathy Scale or the Psychopathy Checklist-Youth Version. Heightened scores on the Psychopathy Checklist-Youth Version have been found to be predictive of psychopathic traits into adulthood and violent recidivism. It has been established that a psychopath is likely to desist in overt, antisocial behavior with older age while the core callousness is unremitting. However, the identification of optimal diagnostic tools and how well such measures predict problematic future behavior is an ongoing research focus.

Psychopathic Offenders

Clinically diagnosable psychopaths are overrepresented in North American prisons. Both juvenile and adult psychopathic offenders commit more crimes, more severe crimes, and are more likely to reoffend relative to other offenders. The unusual motivations for violent and nonviolent crimes that set psychopathic offenders apart from their counterparts are boredom, a need for stimulation, and thrill-seeking.

Violent Offenders

A psychopathic individual often shows a pattern of high sensation-seeking drive and low self-control,

such that violence and predation in general can be an exhilarating adrenaline rush. Furthermore, psychopaths lack *brakes*, so to speak; their lack of concern for the welfare of others, fearlessness, and impaired ability to identify fear responses in others leave no mechanism to inhibit their urges. A psychopath will act aggressively if it will achieve short-term internal or external goals.

Research indicates that psychopathic offenders readily engage in both reactive and instrumental violence. Also known as *cold-blooded violence*, instrumental violent crimes are associated with premeditation and a clear external goal. This type of violence is more rare among violent offenders than *reactive* aggression, which is impulsive and results from provocation by threat or antagonism. In a 2007 analysis of homicides committed by both psychopathic and nonpsychopathic individuals, 88.9% of homicides committed by psychopaths were instrumental in nature, more than double that of their nonpsychopathic counterparts. However, such individuals are able to convincingly justify their crimes as having been reactive in nature, to the extent that they often receive convictions for lesser categories of homicide (such as manslaughter) and are treated more leniently throughout the criminal justice system.

Research has demonstrated that the psychopath's affinity for violence of a predatory nature persists across time and a variety of violent offenses. For example, children with CU traits use more premeditated aggression against their peers. Adult psychopaths are disproportionately more likely to commit instrumental domestic homicides (e.g., for insurance money) in an emotionally detached fashion. Among adult offenders, criminals with psychopathic traits not only offend quicker upon release but also commit more serious violations of conditional release.

The Sexual Psychopath

Throughout the 1970s, Ted Bundy perpetrated the violent, sadistic murders of numerous women and girls of varied ages. In Canada, Paul Bernardo and wife Karla Homolka abducted, raped, and murdered teenage girls, documenting the crimes on camera. While these offenders are notorious psychopaths, their crimes suggest a specific focus of

thrill-seeking that is sexual in nature and has been designated as *sexual psychopathy*. Sexual psychopaths are defined by extreme thrill-seeking motivations in combination with sexually deviant activities. They are not necessarily sexually deviant in terms of a paraphilia but rather focus their sensation-seeking by sexually victimizing others. Such offenders are dissimilar to other psychopathic offenders and sex offenders in terms of victim selection, violent behavior, and patterns of recidivism.

In great part due to a pervasive need for stimulation when prone to boredom, sexual psychopaths do not usually fixate on an exclusive victim type (e.g., adults or children) but rather vary their victims' demographics. While the majority of psychopaths who commit sexual assaults appear to prefer adult victims, as many as 16.8% offend against both children and adults. These individuals are known as *mixed offenders*, a group with one of the highest base rates (about two thirds) of psychopathy ever identified in a criminal typology. Furthermore, higher psychopathy scores are indicative of more severe and varied violence in sexual offenses for both adult and adolescent offenders. For example, one such offender was documented explaining that his repetitive cycles of sexual attacks on children followed by adult female victims occurred because *I just got bored*.

In addition to this sexual thrill-seeking motivation, sexual sadism, or a pattern of sexual arousal derived from sexual violence, is found to be elevated in psychopathic offenders; as a general rule, such offenders tend to incorporate unnecessary and sadistic violence in their attacks, including sexual homicides. In fact, psychopathic traits are found in the vast majority of sexual homicide perpetrators, and as many as 82% of psychopaths have been found to engage in sadistic violence (torture, overkill) during these crimes.

Psychopathy is associated with a higher rate of recidivism for sexual violence. A combination of high psychopathy scores and sexual deviance seems to be particularly dangerous, greatly increasing the likelihood and speed of recidivism. Among sexual offenders specifically, those high in psychopathy fail faster upon release compared to those low in psychopathy. Furthermore, mixed offenders tend to reoffend faster than other sexual offenders; they are 2–10 times more likely to do so.

Treatment of Psychopathy

The current state of research regarding the treatment of psychopathy remains contentious. Given the early presentation of psychopathic and CU traits, researchers hope to prevent deviant behavior through the treatment of children and youth. As such, the foremost research question is: Can successful treatments be applied when early red flags are identified? One sample of juvenile offenders high in psychopathic traits exposed to intensive treatment took longer to commit a new offense and showed a significant reduction in the likelihood of violent reoffending. However, such outcomes are not consistent. Few individuals have shown a reduction of such traits through intervention at an early age. Rather, psychopathic traits have been shown to remain relatively stable into adulthood despite treatment. This raises the question of whether youth should be designated as psychopathic via clinical testing; diagnoses may produce stigma-associated problems but may also lead to timely treatment when the individual may be most impressionable.

It appears that a common barrier to successful treatment is poor compliance and motivation. However, research also has found that psychopathic offenders who engage in therapy have a greater chance of violently reoffending compared to nonpsychopathic participants. It is likely that psychopaths apply the tools acquired in therapy, such as social skills and an understanding of others' emotions, to gain skill in exploiting new victims. For example, sexual offenders high in psychopathic traits who actively partake in therapy (e.g., completed homework) are significantly more likely to reoffend with a serious crime. Given that psychopathy not only prevails across the life span but also is associated with violent nonsexual and sexual crimes, identifying the optimal path of treatment has and will continue to be a priority of research endeavors.

Future of Scientific Research

Given the powerful implications of psychopathy in decision-making throughout the criminal justice system, improving the scientific understanding of

this condition should be a priority. As of 2018, the state of research for psychopathic offenders is promising. Thanks to the legacy of Robert Hare and an ongoing international effort focusing on psychopathy (including the scholars comprising the Society for the Scientific Study of Psychopathy), the understanding of criminal psychopathy in terms of life-span development, language, physiology, neuroscience, emotional (including fear) deficits, predatory behavior, and patterns of recidivism has advanced significantly. The construct of sexual psychopathy and a primary thrill-seeking motivation is increasingly supported in research. However, the basis of this thrill-seeking motivation is still poorly understood. Why do children with CU traits enjoy being mean to others? Why are psychopathic offenders so driven by sensation-seeking?

As mentioned, research aimed at developing optimal treatment strategies to use with psychopathic offenders will continue. However, since the turn of the 21st century, research questions have become increasingly focused on *everyday* or *successful* psychopathy—seemingly likable individuals who may prey on others in nonviolent but destructive ways. Some researchers suggest that there is a growing population of psychopaths in the corporate sector who are highly motivated by financial gain and cunning enough to become masterminds of white-collar crime. This persona is in sharp contrast to the type of psychopathy on which most current research is based—incarcerated and sometimes violent criminals. As a result of this latest revelation, future research should strive to understand how psychopaths select and manipulate their victims. Avenues of research should include assessing the Internet and the workplace as hunting grounds for predatory psychopaths. Results may clarify what potential victims can do to avoid being pulled in by the charming psychopath. As such, it stands to be that identifying the *everyday* psychopath and understanding how to protect his or her *everyday* potential victims is the research of the future.

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See also Criminal Justice Correlates of Psychopathy; Criminal Risk Assessment, Psychopathy; Psychopathic Offenders, Treatment of

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PSYCHOPATHIC OFFENDERS: INEFFECTIVE TREATMENT PROGRAMS

Although treatment methods are intended to be helpful, sometimes even with the best of intentions, certain treatment methods can fail. This highlights the need to evaluate treatment practices to help establish what does and does not work for rehabilitating offenders and decreasing their criminal behavior. Research reviews have identified what are likely unsuitable programs, such as electroconvulsive shock therapy or some therapeutic community programs, which generated weaker treatment effects or even had iatrogenic effects (i.e., they made clients worse). Certain ineffective and inappropriate programs such as these only contributed to the prevailing belief that *nothing works* with this population. As such, this entry discusses treatment methods attempted with psychopathic offenders, which were demonstrated through research to be ineffective, offers possible explanations as to why these approaches did not work, and discusses positive steps forward for more effective approaches.

Ineffective Programs: A Case Illustration of the Penetanguishene Mental Health Centre Therapeutic Community

A classic psychopathy treatment outcome study was conducted out of the Penetanguishene Mental Health Centre in Ontario, Canada, in the late 1980s. The institution was a maximum security psychiatric facility that housed mentally ill offenders, many of whom had often committed violent crimes and were found not criminally responsible on account of mental disorder. Others were held temporarily on remand, awaiting trial or sentencing. The evaluation featured a program developed in the 1960s by Canadian psychiatrists Elliot Barker and Barry Boyd, who sought to create an environment or milieu within the institution that would be conducive to self-understanding and behavioral change. The program was a variant of the therapeutic community approach to treatment first developed by Maxwell Jones at the Henderson Hospital in England but differed in several important respects.

The treatment was intensive and involuntary, with the men placed in a group in close quarters, at times handcuffed together or locked in a room with padding on the lower walls, often for hours on end. There, the men were left to engage in discussion and to confront and challenge each other on their behaviors. Because the treatment program often was peer operated, the men had little contact with professional staff and were essentially tasked with running their own treatment. Group pressures were combined with sleep deprivation, fasting, and often the use of hallucinogenic substances or sedatives (e.g., scopolamine, sodium amytal) to lessen defenses and reduce inhibitions. Patients could even make recommendations for others to receive injections to achieve therapeutic gains. Patient testimonials after the group attested to the psychological toll of the therapy. Not uncommonly, lower risk men were placed in a group with high-risk, mentally ill men who had committed serious violent offenses, and assaults on copatients occurred. Patients would also often labor under the effects of the injections, sometimes experiencing terrifying hallucinations that were far from therapeutic.

The evaluation of this program compared 176 men who had participated in this therapeutic community to a sample of 146 men who did not. The men were also rated on the Hare Psychopathy Checklist–Revised on the basis of their institutional file information. This permitted the creation of four comparison groups on the basis of treatment status and psychopathy diagnosis: psychopathic offenders who did or did not attend the therapeutic community and nonpsychopathic offenders who either attended or did not attend the therapeutic community. The men were matched on age, criminal history, and index offense as a means of controlling for baseline risk given that such characteristics can impact the outcome variable. The men were followed up for more than 10 years postrelease, and rates of violent reconviction were compared among the four treatment and no treatment groups. Among the nonpsychopathic men, those who attended the therapeutic community had lower rates of violent recidivism in the community (22%) than those who did not (39%). Among the psychopaths, however, the men who attended the program demonstrated significantly higher rates of violent recidivism (77%) than psychopathic individuals who did not (55%). With an approximate one-third increase in observed rates of posttreatment violence in the community, the therapeutic community appeared to make psychopathic individuals worse. The researchers concluded that this program was clearly the wrong type of therapeutic community for psychopathic offenders.

An unfortunate consequence of this evaluation was that it was widely influential in a number of unanticipated ways, with several scholars and service providers generalizing the finding to all treatment programs and even concluding that psychopaths were either untreatable or that treatment should not be provided for them. The Penetanguishene psychopathy therapeutic community study was a thorough evaluation of a clearly inappropriate program that appeared to be iatrogenic for high-risk men. Although it was an excellent illustration about what not to do therapeutically with psychopathic men, it was hardly illustrative of all programs. It would be inappropriate to generalize its findings to programs that operated according to different methods and had different treatment foci.

Characteristics of Ineffective Programs

So what exactly made this program ineffective? What does it have in common with other programs that may have had iatrogenic effects or simply null results? Are most therapeutic communities operated in this manner? Aside from some of the more obvious harmful elements (e.g., forced administration of powerful psychoactive substances), there are a number of important qualities that characterize ineffective programs such as this.

Overtreating Offenders

One significant concern was that the men were simply overtreated. Humans have limits in their ability to encode, retain, and process information, and after a period of time will reach their saturation point. Offenders are no different, and the ordinary frailties of human information processing ability and retention are ever present, if not more pronounced, in this population. Experts suggest that high-intensity programs should not exceed 10–15 hours of focused treatment intervention per week; moderate- and low-intensity programs involve considerably lower dosages. Beyond this, it becomes extremely challenging for people to retain, and to be able to effectively use, any skills or strategies delivered in treatment. By contrast, the Penetanguishene therapeutic community involved around 80 hours of therapy per week. This far exceeds the threshold of benefit that an individual is likely to receive from any treatment.

Mixing Low- and High-Risk Offenders

The men were indiscriminately routed into the treatment program with little consideration for their risk level or degree of dangerousness, the severity of their presenting concerns, the dosage of treatment they may require, or the potential dynamics that may result from integrating low- and high-risk offenders. As it turns out, the low-risk men, and those who were nonpsychopathic specifically, did not demonstrate higher rates of recidivism but could have been vulnerable to being victimized by higher risk, psychopathic, and sometimes dangerous men, in addition to being exposed to antisocial role modeling and attitudes.

Failure to Target Criminogenic Need

These programs were loosely structured and did not target essential dynamic or changeable risk factors demonstrated to predict recidivism (e.g., criminal attitudes, negative peers, employment and education deficits) and which may have causal relevance to criminal behavior. Granted, in the 1960s, the program's developers did not enjoy the benefits of these relevant research findings. The program instead focused on breaking down defenses and developing personal insights using what is now considered unethical and draconian means. The men, at best, would walk away perhaps learning more about themselves and others but would still have many of the skill deficits and attitude problems that contributed to their criminal and antisocial behaviors initially.

Inappropriate Therapeutic Foci

Early programs often had inappropriate treatment emphases. A common treatment focus was the character structure of the psychopath, that is, attempting to help individuals develop greater empathy and compassion, experience emotional states, display sensitivity to the interests and feelings of others, and to develop the capacity for remorse or guilt. Playing on the conscience of psychopaths was not particularly effective given the stability of these personality traits. Research also shows that there may be a neurobiological component to callous and unemotional features, which would also naturally point to a high level of stability. In addition, attempts to engender greater compassion and emotional sensitivity in psychopathic offenders led to the possibility that any skills gained in treatment could be misused, for instance, to become more effective at manipulating and exploiting others.

Unresponsive Interventions

The interventions used in this program were clearly ineffective, and, in many instances, they could have a deleterious impact. There is no evidence that group pressure; use of sedatives, hypnotics, or hallucinogens; and deprivation of food, sleep, or water (essentially drugs or more intensive punishments) bring about constructive or positive

change. When delivered to a group of individuals with fragile mental health or histories of violence, such high-handed pressure techniques could simply backfire (as they did). Many of the interventions involved unguided, free-flowing discussion, without any formal and structured delivery of skills to target antisocial modes of thinking, aggressive behavior, or difficulties with emotional control. Staff also had little contact with patients or supervision of them, and thus there was limited opportunity for staff to role model prosocial behavior skills or to monitor and reinforce positive behavioral changes in the patients.

A Way Forward

The Penetanguishene therapeutic community served an important lesson for researchers and clinicians about how not to treat psychopaths. To avoid repeating previous mistakes, it is essential to beware of the characteristics of ineffective programs. At best, such programs simply have no impact and clients do not improve; however, more troubling is that such programs can be iatrogenic and run the risk of making clients worse. In turn, knowing what does not work can help inform a way forward toward identifying what might work.

A common thread among inappropriate programs is that they failed to respond to the principles of effective correctional intervention. These principles are the

- (1) risk principle, that is, matching program dosage to client risk level;
- (2) need principle, that is, prioritizing criminogenic needs linked to recidivism in treatment; and
- (3) responsivity principle, that is, adjusting treatment services to the unique characteristics and challenges of clientele, such as motivation, culture, learning style, or personality, all to promote engagement and retention.

Adherence to the Risk-Need-Responsivity principles translates into a respect for client dignity and provides the conditions conducive to changing destructive behavior patterns. Many ineffective programs also predated the development of Risk, Need, and Responsivity. Lacking the

knowledge about what works in correctional treatment led to many failed attempts before more effective programs would be established.

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See also Criminal Risk Assessment, Psychopathy; Psychopathic Offenders, Treatment of; Psychopathic Offenders: Current State of the Research; Psychopathic Offenders: Promising Treatment Programs; Psychopathic Offenders: Treatment Challenges and Controversies; Psychopathic Traits, Structure of; Psychopathy; Psychopathy, Etiology of

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PSYCHOPATHIC OFFENDERS: PROMISING TREATMENT PROGRAMS

Psychopathy refers to a serious personality disorder characterized by a host of problematic interpersonal, emotional, and behavior features. Interpersonally, psychopaths are charming, deceitful and manipulative, and inflated in their self-appraisals. Emotionally, psychopaths are devoid of the normal emotional range of human experience; they lack a sense of guilt or remorse for wrongdoing, have a callous disregard for the feelings of others, and externalize the blame for negative behavior. Finally, behaviorally, psychopathy has destructive social consequences, as psychopaths lead an impulsive, irresponsible, chronically antisocial lifestyle that is frequently fraught with a miscellany of reckless norm and rule defying behavior that often brings them in conflict with

the justice system. This entry describes a contemporary model of psychopathy treatment, followed by an illustration of its implementation and a review of the empirical research of treatment outcome studies. A number of other promising treatment programs are also outlined.

A Two-Component Model for the Treatment of Psychopathic Offenders

Developed by Stephen Wong, this treatment model for offenders with psychopathy was based on the integration of the research on psychopathy assessment, treatment of personality disorder, and offender rehabilitation. The model's overarching treatment goal is to reduce violent or other criminal behaviors of the individual with psychopathy.

Component 1, or the interpersonal component, is associated with the interpersonal and affective personality features of psychopathy captured by Factor 1 (F1) of the Psychopathy Checklist–Revised. These features include presentations of being glib and superficially charming, egocentric, manipulative, callous, lacking in remorse or guilt, and lack of empathy—in other words, generally what a layperson often considers characteristics of psychopathy. Component 2, or the criminogenic component, is associated with features of antisociality and dysfunction lifestyle captured by Factor 2 (F2) of the Psychopathy Checklist–Revised. Features such as impulsivity, irresponsibility, lacking in realistic life goals, emotional and behavioral problems, and criminality are some of the defining features. These criminogenic features are essentially the risk and need domains of the Risk-Need-Responsivity principles, and treatment to reduce reoffending must be directed at these features. F1 characterizes the psychopathy personality, but F1 is not predictive of violence and reoffending; F2 features consistently and strongly predictive reoffending. Though counterintuitive, treatment of the psychopathic personality disorder to reduce violence and criminality needs to focus on changing F2 antisocial and offending problems rather than changing the core F1 psychopathic personality features.

The F1 personality features have been shown to be stable across the life span, while the F2 criminality features decrease with age and, therefore,

are potentially changeable. Changing F1 would be tantamount to attempting to change those with psychopathy into warm, empathic, honest, and caring beings. Not only are such attempts difficult and likely to fail, but F1 personality features are also not very relevant to predicting risk. While individuals with such features often behave in ways that are unpleasant and vile, such behavior is not illegal. Although Component 1 is not of central relevance to risk reduction treatment, individuals with F1 characteristics are challenging to work with in treatment programs: They tend to lie, manipulate, not accept responsibility for their actions, and be uncooperative; it is difficult for them to form working relationships (i.e., therapeutic alliances or bonds) with staff. Staff require special clinical skills to work with such individuals to retain them in treatment, to reduce treatment attrition, and to maintain treatment integrity, that is, to ensure that treatment is provided as designed. Staff needs to manage the interpersonal and emotional features of psychopathy as a responsivity issue.

Implementing Component 1

Implementing Component 1 involves the following:

- Managing treatment-interfering behaviors—Staff needs to expect, understand, and carefully manage these treatment-challenging behaviors that are a part of the pathology and are reasons for treating those with psychopathy rather than reasons for discharging them from treatment. Exercising a great deal of patience, understanding, and compassion, while being firm but fair, is required when working with these clients in order to maintain program integrity and to ensure the progress of other patients is not jeopardized.
- Working as a cohesive team with open lines of communication—Teamwork with mutual support, shared goals, and clear and open communication with one another and with the individual with psychopathy are necessary to ensure all are working together in treatment delivery. Problems need to be resolved promptly, and staff members should support each other through challenges to keep morale high.
- Using motivational interventions—Most individuals with psychopathy are likely resistant to change. A clinical strategy termed *motivational interviewing* can be very helpful. In short, this involves (a) expressing empathy (i.e., providing validation of the client's struggles), (b) developing discrepancy (i.e., showing how their behaviors get in the way of achieving their goals), (c) rolling with resistance (i.e., creatively using their resistance as momentum for change), (d) supporting self-efficacy (i.e., reward and support clients' positive changes to build confidence in their ability to change), and (e) avoiding argumentation (i.e., avoiding unhelpful power struggles).
- Maintaining clear boundaries—Respect and maintain professional boundaries in terms of information sharing and respectful interaction with one another and with clients. Model the very behaviors, such as good boundaries, staff wish clients to display. Offenders testing limits and pushing boundaries are to be expected, while staff need to develop strategies to deflect and manage boundary intrusions.
- Managing one's own reactions—Staff need to be aware of their own positive or negative emotional reactions while working with clients with psychopathy. They need to manage these reactions so that they can continue to interact with clients in a professional, helpful, and effective manner so as to assist them in their journey to make changes to their behaviors.
- Adapting the working alliance—The client's F1 interpersonal and affective personality feature can seriously impede the forming of emotional connection or therapeutic alliance between therapist and client. Instead, therapists can focus on setting shared tasks and goals of treatment that will help clients learn new skills to reduce their recidivism risk.

Implementing Component 2

Considerations in implementing Component 2 include the following:

- Targeting criminogenic needs—Treatment should target risk factors linked to violent and antisocial behaviors or criminogenic needs that have led to and maintain criminal behavior.

The Central Eight model of criminal behavior identifies criminal history, procriminal attitudes, criminal peers, antisocial personality pattern, employment/education concerns, family/marital concerns, drug and alcohol problems, and poor use of leisure time. For other client groups such as sexual offenders, reducing sexual deviance (e.g., atypical or illegal sexual interests, compulsive sexual behavior) is often necessary, while violence-prone offenders may need to improve anger control. Risk assessment tools with dynamic, or changeable, risk factors such as the Level of Service/Case Management Inventory or the Violence Risk Scale can be used to identify criminogenic needs.

- Using cognitive behavioral approaches—The primary treatment approach for Component 2 is cognitive behavioral treatment (CBT), that is, offenders learn to change their ways of thinking leading to or in conjunction with positive changes in their behaviors. With CBT, offenders also learn skills and strategies to change feelings (e.g., anger) and behaviors linked to criminal behavior.
- Helping clients develop prosocial behavior skills—Treatment involves teaching offenders a new repertoire of skills and strategies (i.e., new ways of thinking, feeling, and behaving) or strengthening existing positive skills to replace offense-related modes of functioning. This involves recognizing examples of less serious but still negative behaviors to avoid punishment, for example, using verbal instead of physical aggression to intimidate others. Such negative behaviors (what have been called *offense analogue behaviors*) signal some criminogenic needs that are active, and the individual needs to develop new prosocial behaviors (what have been called *offense replacement behaviors*) to replace the negative behaviors.

For instance, under stress, an individual may have reacted aggressively (e.g., swearing, breaking objects, or even physically assaulting someone). Replacing negative with positive thinking (e.g., “being aggressive won’t make the situation any better”), substituting counterproductive feelings with constructive skills (e.g., distraction or deep breathing to reduce bodily arousal associated with

anger), and replacing aggressive with assertive behaviors (e.g., assertively and respectfully standing up for one’s rights) are the treatment goals to resolve problems (e.g., walk away to cool off before addressing the issue). The goal is to reinforce and encourage offense replacement behaviors, while reducing the frequency of offense analogue behaviors.

Treatment Outcome Research of Promising Programs

An updated systematic review of treatment outcome studies of offenders with psychopathy completed by Randall Salekin and colleagues showed overall better quality studies, treatment programs, and outcome evaluation approaches that paralleled many advancements made in the field. Most programs identified in the review use CBT or similar therapeutic approaches. Therapeutic communities when used are more structured and supplemented by other useful adjunctive interventions. Outcome evaluation usually includes a period of follow-up, with a control or comparison group using reduction in postprogram recidivism or other objective markers of success. Psychopathy and risk, almost without exception, were assessed by validated tools such as the Psychopathy Checklist–Revised.

More specifically, two high-intensity sex offender treatment programs in mental health facilities operated by correctional services in Canada have generated promising results based on CBT treatment approaches. The Clearwater Program, based in the province of Saskatchewan, found that decreases in risk of violence or sexual violence, measured between pretreatment and posttreatment on a clinical rating scale, were significantly associated with decreased sexual and violent recidivism in the community. That is, the more treatment change men made in resolving problems identified by dynamic risk factors, the less likely they were to be convicted for new violent offenses or sex offenses after their release, even after accounting for psychopathy. The second program based at the Regional Treatment Centre in Ontario also found that individuals with psychopathy who were assessed as having reduced their risk at the end of treatment had lower rates of violent recidivism than those assessed as not having lowered their risk. Moreover, in a large sample

of sex offenders treated at the Warkworth Sexual Behavior Clinic in Ontario, it was found that offenders with psychopathy showing positive behavior in treatment had significantly lower rates of sexual reoffending than their counterparts with negative behavior in treatment.

A group of male nonsexual offenders who were high risk and high psychopathy were treated at the Aggressive Behavior Control Program, also located in the same mental health facility as the Clearwater Program in Saskatchewan; they showed risk reduction associated with reduced violent recidivism after release to the community. In a separate study, a similar smaller group of treated clients with high risk and high psychopathy was compared to matched untreated controls in their recidivism in the community. The treated group showed significant reduction in the severity of recidivism.

In a number of treatment facilities in the Netherlands, schema therapy was used to treat patients with personality disorder, some with significant psychopathic features. Schema therapy therapists focus on remediating the patient's early unmet developmental needs to foster a secure attachment as well as more adaptive coping and emotional states. Short-term outcomes showed promise, but no long-term recidivism reduction outcomes have been reported.

The Chromis program, developed for offenders with psychopathy in early 2000 by the National Offender Management Service in the United Kingdom, also uses schema therapy-based approaches, together with teaching problem-solving and conflict resolution skills, to reduce problem and criminal behaviors. Staff are carefully selected and trained to work with this offender group. Short-term outcomes with relatively small sample sizes are encouraging, but no long-term recidivism outcome evaluation has been reported.

In 1998, the New Zealand Department of Corrections developed a treatment program for high-risk offenders, many of whom have significant psychopathic features. Treatment is guided by the Risk-Need-Responsivity model and uses CBT and social learning approaches to help offenders change their problem behaviors. The program accommodates the special needs of the indigenous (Māori) participants although the program is not based on an indigenous model. Short- and

long-term treatment outcome evaluations showed statistically significant reductions in reconviction for violence and breach of parole conditions.

Final Thoughts

What has been described in this entry is a treatment model for psychopathy developed based on contemporary research on psychopathy, treatment of personality disorder, and offender rehabilitation together with key considerations on how to implement the model. The research evidence suggests that the Risk-Need-Responsivity principles of offender assessment and treatment can be generalized and applied to offenders with psychopathy. In providing treatment to them, it is paramount that clinicians provide close observation and carefully manage treatment-interfering behaviors. The other challenge is to deliver evidence-based treatment interventions so that they target criminogenic needs to reduce antisocial or negative behaviors, while encouraging the development of prosocial skills and strategies to meet the offenders' needs in positive ways. Although the evaluation of promising treatment programs is in its early stages, the research suggests that cautious optimism is warranted.

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See also Psychopathic Offenders, Treatment of; Psychopathic Offenders: Current State of the Research; Psychopathic Offenders: Ineffective Treatment Programs; Psychopathic Offenders: Treatment Challenges and Controversies; Psychopathy; Psychopathy Checklist-Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL:SV)

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PSYCHOPATHIC OFFENDERS: TREATMENT CHALLENGES AND CONTROVERSIES

The very nature of the interpersonal, emotional, and behavioral features that characterize psychopathy, and its destructive social consequences, would seem to lower optimism about the response of psychopaths to treatment. The process of treatment is challenging, requiring honest self-reflection, receptiveness to often critical feedback, and the motivation to make important behavioral changes to prevent the same problems in life from resurfacing. The therapeutic pessimism associated with treating offenders with psychopathy is naturally due in large part to the many challenges they present in therapy and their resistance to therapeutic efforts to bring about change. This entry reviews the treatment challenges and controversies of treating offenders with psychopathy; although the challenges are many, the task is not insurmountable, especially when psychopathy is given a realistic context.

Putting Psychopathy Into Context

One important source of context is the media. The media has extremely negative portrayals of individuals who commit serious crimes, such as sexual assault and murder, and understandably so. Many such individuals (e.g., Ted Bundy, Jeffrey Dahmer, and Charles Manson) probably were psychopaths. In the cinema, villainous characters who commit ghastly crimes and inflict murder and mayhem in films such as *Silence of the Lambs* and *Cape Fear* are depictions of probable

psychopathic characters. But one wonders if such individuals are common in the real world if they are typical of all psychopaths.

Research demonstrates that although psychopaths are more likely to be found in prison settings, they tend to be among a minority, accounting for at most 15–25% of incarcerated men in custody. Psychopathy occurs along a continuum in which individuals, including offenders, vary from possessing few or no psychopathic characteristics to having many such features. Even among men who commit serious crimes, most of them are not actually psychopaths. Some high-intensity violence reduction programs will have base rates of psychopathy as high as 50% among their treatment attendees, while for sex offenders, approximately one third of rapists will have some psychopathic features, and typically, a much smaller proportion for men who molest children (generally around 5–10%) will be psychopathic. Most men in offender treatment programs, however, will not be psychopathic; thus, psychopaths attending treatment will be routinely interacting and engaging with nonpsychopaths.

Media portrayals, both fact and fiction, present psychopaths as violent, sadistic, high-risk individuals who are destined to reoffend. It must be asked whether this reflects reality. Research from meta-analyses has demonstrated that high scores on the Hare Psychopathy Checklist–Revised (PCL-R), or a diagnosis of psychopathy more specifically, are good predictors of violent reoffending and any reoffending in general, although the PCL-R tends to be a somewhat weaker predictor of sexual reoffending. What this means, interestingly, is that not all psychopaths reoffend sexually, violently, or even in general. Routinely, approximately one quarter of men with psychopathy are not convicted of a new serious offense, what some have termed the *nonrecidivating psychopath*. What these findings reveal further is that not all men with psychopathy are at high risk of violence or sexual violence, and there will be a nontrivial number who do not go on to commit new serious offenses. However, these empirical findings are often overlooked or not considered, and the specter remains about the psychopath's notorious unresponsiveness to intervention.

Therapeutic Challenges With Offenders With Psychopathy

It is generally accepted that psychopaths are hard to treat, and they pose a significant challenge for service providers to engage clinically. What follows are a number of the therapeutic obstacles that could prevent psychopaths from making fuller gains in treatment.

Experience Higher Rates of Dropout

A large-scale meta-analysis of predictors of offender treatment attrition found high scores on the PCL-R, or diagnosis of psychopathy based on the PCL-R, to be one of the strongest predictors of treatment dropout. On average, men with psychopathy had a 30% higher rate of dropout from offender treatment programs than men without psychopathy. Scrutiny of the individual studies behind these findings revealed some interesting trends. First, although men with psychopathy had higher rates of noncompletion, most men would successfully complete the treatment programs they were enrolled in. Treatment research conducted on a Canadian high-intensity sex offender program operated through the Correctional Service of Canada found that more than three quarters of men with high PCL-R scores actually successfully completed the program. One of the strongest predictors of noncompletion was high PCL-R Factor 1 scores, and more specifically, the callous and unemotional features (i.e., the Affective facet) of psychopathy. Men who were simply high risk but who did not possess an abundance of these psychopathic emotional features were not at any further risk of dropping out of the program.

Derive Less Therapeutic Benefit

The available research on the topic has demonstrated that offenders with psychopathy tend to derive less benefit from therapy. Research from Correctional Service of Canada violent offender and sex offender programs has also found that PCL-R scores are inversely related to positive treatment changes made in these programs; that is, as levels of psychopathy increase, the amount of change made decreases. While Factor 1 and 2 scores were both associated with decreased therapeutic progress, as with dropout research cited

previously, it was the Affective facet (i.e., the callous–unemotional features of psychopathy) that had the strongest association. In fact, after accounting for the callous–unemotional traits, the other facets of the PCL-R were not significantly associated with decreased treatment progress.

Pose a Challenge to Treatment Engagement

Psychopaths are also challenging to engage therapeutically. Additional research from the same Canadian high-intensity sex offender program referenced previously has found that men with psychopathy tend to have weaker therapeutic working alliances with their treatment providers than men without psychopathy. Some aspects of the working alliance also appear to be affected differently by the characteristics of psychopathy. For instance, scores on the Working Alliance Inventory therapeutic bond scale, which measures the emotional connection between client and therapist, were negatively associated with PCL-R Affective facet scores; that is, a high level of callous–unemotional features was associated with weaker therapeutic bonds. This makes sense, given that a shallow emotional style and lack of empathy would seem to preclude the ability to form a caring and emotional connection with the therapist. This difficulty in forming an emotional therapeutic bond could serve as a source of frustration and discouragement for therapists, who naturally may wish to connect affectively with their clients and who view the quality of their relationship as a marker of treatment progress.

Exhibit Low Treatment Motivation and Poor Therapeutic Work Ethic

In addition, the Lifestyle facet of the PCL-R (i.e., a pattern of impulsive and reckless behaviors) had particularly strong associations with the task scale of the Working Alliance Inventory, which measures the engagement of therapeutically relevant tasks in a session (e.g., working on changing criminal attitudes). Given that the characteristics of the Lifestyle facet include irresponsibility, lack of goals, impulsivity, and parasitic qualities, it is possible that the association with task scores reflected low motivation and poor therapeutic work ethic. For instance, psychopaths who score

high on the Lifestyle facet may have less willingness to complete homework assignments or engage in meaningful therapeutic interventions.

Often Disruptive in Treatment

Research and clinical experience on this topic demonstrate that psychopaths are often disruptive in treatment: They may crack jokes, heckle, interrupt, or argue with the group facilitator or may incite conflict with group members. This can have the effect of derailing the session. Some psychopaths can also have abrasive interpersonal styles, which can cause conflict with staff and other treatment participants, sometimes even creating safety concerns for themselves or increasing their risk of being expelled from the treatment program; hence, the increase in dropout rate.

Display Manipulative and Deceitful Behavior

Psychopaths can display manipulative behavior in treatment, trying to con or request special favors or privileges, in some cases colluding with staff in illegal acts such as bringing in contraband. Perhaps most destructive, a clever psychopath can engage in staff splitting in which they pit one staff or a group of staff against another. For example, one staff may serve as a mouthpiece or advocate for the offender, while another staff may see through the offender's manipulative tactics and could get into a row with the other staff member. Some psychopaths can tear apart an entire treatment team that becomes embroiled in conflict and disagreement over a single patient.

Exhibit Inappropriate Behavior and Strain Boundaries

Psychopaths, with their superficial charm and charisma, can be flirtatious, engage in sexualized or inappropriate comments or gestures toward staff or patients, and in some instances, even become involved in sexual intimacies with staff or patients. They may pry personal details out of staff members about their lives and then use this information for blackmail or to try to develop a personal and nontherapeutic relationship with the staff member.

Use Abusive and Intimidating Interactions to Control Others

Psychopaths can be hostile, belligerent, and verbally and emotionally abusive in their interactions. This is often a long-held strategy that has yielded payoffs for them in the past, as people kowtow to their demands or walk on eggshells around them out of fear of provoking them. This can happen with staff and patients. As a result, psychopaths are not held accountable for their behavior, and they are given little incentive to change. These and other behaviors from the psychopath can trigger countertransference reactions (i.e., the therapist's feelings and reactions toward the patient) in staff members, where they may retaliate and become angry and abusive toward the patient, respond in a fearful and submissive manner, or develop romantic or sexualized feelings—all of which run counter to the purposes of treatment and can have dire consequences for staff member and patient.

Final Thoughts

With the many therapeutic pitfalls and challenges that come with working clinically with offenders with psychopathy, one may wonder what a therapist can do to overcome these challenges. Critical to responding to such challenges is for staff to manage the treatment-interfering behaviors of psychopaths, so that they can be retained in treatment in order to realize the maximum benefits from the treatment. What this review demonstrates is that there is the potential for a lot to go wrong very quickly if staff are not appropriately trained, do not carefully monitor treatment-interfering behaviors, and do not openly communicate their observations among all treatment team members to prevent minor problems from escalating. Armed with appropriate knowledge, skills, and strategies to manage the treatment challenges that individuals with psychopathy bring, many potential problems can be averted to the benefit to the staff, the patient, and the program.

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See also Psychopathic Offenders, Treatment of;
Psychopathic Offenders: Current State of the
Research; Psychopathic Offenders: Ineffective

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PSYCHOPATHIC PERSONALITY INVENTORY–REVISED

The Psychopathic Personality Inventory–Revised (PPI-R) is the revised version of the Psychopathic Personality Inventory (PPI), a widely used self-report measure of psychopathic personality (psychopathy). The PPI-R, like its predecessor, is designed to detect the core personality traits of psychopathy, including superficial charm, fearlessness, guiltlessness, manipulativeness, dishonesty, grandiosity, callousness, externalization of blame, and poor impulse control. It excludes items explicitly assessing overt antisocial and criminal behaviors to permit investigators and clinicians to focus on psychopathic personality traits per se. As a consequence, compared with many other psychopathy indices, the PPI-R may better distinguish psychopathy from the conceptually and empirically overlapping construct of antisocial personality disorder (ASPD) in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. ASPD, in contrast to the largely personality-based condition of psychopathy, is operationalized in terms of

a long-standing antisocial and criminal behavior and is virtually by definition maladaptive.

Prior to the development of the PPI, most research on psychopathy was limited to offenders, largely because most extant measures of this condition required access to detailed corroborative (e.g., file) information. Perhaps partly as a consequence of the field's focus on criminal samples, most psychopathy measures were largely maladaptive in content. In contrast, the PPI-R helps to detect both the largely adaptive (e.g., superficial charm, social poise, adventure seeking), and largely maladaptive (e.g., poor impulse control, callousness, dishonesty) features of psychopathy. Although initially intended to identify psychopathic individuals in noncriminal settings, such as those in student, community, and business samples, the PPI-R has since been used extensively in a variety of forensic contexts. This entry reviews the construction and structure of the PPI-R and then discusses its reliability and validity.

Construction of the PPI and PPI-R

The PPI consisted of 187 self-report items arrayed in 1–4 Likert-type format (1 = *false*, 2 = *mostly false*, 3 = *mostly true*, and 4 = *true*). It was developed over the span of several years in the late 1980s. The initial focal constructs considered for inclusion in the PPI were derived from a comprehensive review of the clinical and research literatures on psychopathy, including the seminal writings of Hervey Cleckley, Benjamin Karpman, David Lykken, Robert Hare, Joan and William McCord, Marvin Zuckerman, and Herbert Quay.

PPI items were written to be accessible and understandable by a broad range of respondents. To enhance the likelihood that psychopathic respondents would be willing to endorse trait-relevant items, most PPI items were phrased to be socially normative. For example, a PPI item written to assess dishonesty (retained in the PPI-R) is “I tell a lot of ‘white lies,’” which assesses a dishonest action that is both mild and common in the general population. A PPI-R item written to assess grandiosity is “People are impressed with me after they first meet me,” which ostensibly assesses a feature of narcissism that is positively valued. In

the initial version of the PPI, approximately an equivalent number of items were keyed in the true and false directions to minimize acquiescence (“yea-saying”) and counter-acquiescence (“nay-saying”) response biases.

The PPI and PPI-R contain three validity scales designed to detect response biases that may be especially problematic among psychopathic individuals: Deviant Responding, Virtuous Responding, and Inconsistent Responding. Deviant Responding, intended to detect malingering and otherwise aberrant responding, consists of questions that assess largely or entirely nonexistent signs and symptoms of psychopathology (e.g., “I look down at the ground whenever I hear an airplane flying above my head”). Virtuous Responding (called *Unlikely Virtues* in the PPI), intended to assess positive impression management, consists of questions that assess denial of common frailties (e.g., “Every once in a while, I nod my head when people speak to me even though I’m not paying attention to them,” keyed in the false direction). Inconsistent Responding (called *Variable Response Inconsistency* in the PPI), intended to detect random or careless responding, consists of item pairs in which the items are moderately to highly correlated; numerous inconsistent responses to the items within each pair generate a high score. For example, 2 PPI-R items ask about fears of parachute jumping in slightly different ways, and respondents who provide markedly different answers to these items gain a point on the Inconsistent Responding Scale.

The PPI items and constructs were progressively refined by means of factor analyses on three successive undergraduate samples, with a total sample size of 1,156 participants. The eight lower order factors comprising the PPI emerged across three rounds of test development and provide a broad, although by no means comprehensive, portrait of the key affective and interpersonal features of psychopathy. These eight subscales are now termed *Social Influence* (formerly *Social Potency*), *Fearlessness*, *Stress Immunity*, *Machiavellian Egocentricity*, *Blame Externalization* (formerly *Alienation*), *Rebellious Nonconformity* (formerly *Impulsive Nonconformity*), *Carefree Nonplanfulness*, and *Coldheartedness* (see Table 1 for descriptions of each subscale).

Table 1 Description of PPI-R Scales

<i>Scale</i>	<i>Description</i>
<i>Fearless Dominance</i>	
Social Influence (previously <i>Social Potency</i>)	Perceived ability to influence and manipulate others
Fearlessness	Absence of anticipatory anxiety concerning harm and a willingness to participate in risky activities
Stress Immunity	Absence of marked reactions to anxiety-provoking events
<i>Self-Centered Impulsivity</i>	
Machiavellian Egocentricity	Narcissistic and ruthless attitudes in interpersonal functioning
Rebellious Nonconformity (previously <i>Impulsive Nonconformity</i>)	Reckless lack of concern regarding social norms
Blame Externalization	Tendency to blame others for one’s problems and to rationalize one’s misbehavior
Carefree Nonplanfulness	Attitude of indifference in planning one’s actions
Coldheartedness	Propensity toward callousness, guiltlessness, and lack of sentimentality
<i>Validity Scales</i>	
Virtuous Responding (previously <i>Unlikely Virtues</i>)	Positive impression management
Deviant Responding	Tendency to admit bizarre symptoms not indicative of known psychopathology
Inconsistent Responding	Tendency to answer related pairs of items in an inconsistent manner

The PPI was revised (to the PPI-R) in 2005 to reduce its length, decrease its reading level to make it more applicable to forensic (e.g., prison) samples, and eliminate items that were psychometrically suboptimal or that contained culturally specific idioms. Based on factor analyses of large

student/community and offender samples, a number of inadequately functioning PPI items were eliminated or revised. In addition, the PPI-R manual provided age- and gender-specific norms for general population (student and community) and offender samples. The PPI-R consists of 154 items divided into the same subscales and three validity scales as the PPI.

Higher Order Factor Structure of the PPI-R

Factor analyses of the PPI-R subscales have often yielded a coherent three-factor structure. Nevertheless, because the PPI and PPI-R were not developed to yield a clear higher order factor structure, this structure does not emerge unambiguously in all samples. In contrast to the factors of most psychopathy measures, those of the PPI-R are largely orthogonal (uncorrelated).

One higher order dimension, termed *Fearless Dominance*, consists of scores on the Social Influence, Fearlessness, and Stress Immunity subscales. This dimension appears to assess a broad trait that Florida State University psychologist Christopher Patrick and his colleagues term *boldness* that encompasses social and physical risk-taking, interpersonal poise, emotional resilience, and calmness in the face of stressors. More generally, Fearless Dominance may assess the largely adaptive features of psychopathy that sometimes predispose individuals to success in business, politics, high-risk sports, and other life domains.

A second higher order dimension, termed *Self-Centered Impulsivity*, consists of scores on the Machiavellian Egocentricity, Blame Externalization, Rebellious Nonconformity, and Carefree Nonplanfulness. This dimension appears to assess a broad trait that Patrick and his collaborators term *disinhibition* that encompasses poor impulse control, recklessness, narcissistic ruthlessness, and perception of oneself as a victim. In contrast to Fearless Dominance, Self-Centered Impulsivity appears to assess the largely maladaptive features of psychopathy, placing certain individuals at risk of externalizing psychopathology, including criminal behavior and substance abuse. Not surprisingly, this dimension—in contrast to Fearless Dominance—tends to be highly correlated with measures of ASPD.

The PPI-R Coldheartedness does not load highly on either the Fearless Dominance or Self-Centered Impulsivity dimensions and is increasingly treated as a stand-alone dimension in analyses. This dimension appears to assess a trait similar to what Patrick and colleagues term *meanness*, although Coldheartedness tends to reflect passive emotional detachment rather than active antagonism. More than the other two PPI-R higher order dimensions, Coldheartedness tends to relate (negatively) to measures of affective empathy and guilt.

Reliability

The test–retest reliability of the PPI-R total score (across an average 20-day interval) in a general population sample is .93, which is very high; the test–retest reliabilities of the subscales are similarly high, ranging from .82 to .95. The internal consistency (Cronbach's alpha) of the PPI-R total score in the general population is also high (.92), and the internal consistencies of its subscales range from .78 to .87. Nevertheless, the high Cronbach's alpha for the total score conceals the fact that the average inter-item correlations for the PPI-R total score tend to be low (below $r = .10$), consistent with the substantial heterogeneity of PPI-R-assessed psychopathy.

Validity

A large body of literature across numerous samples, including college, community, and forensic samples, offers support for the construct validity of the PPI-R. For example, PPI-R total scores correlate moderately to highly with self-report, observer-based (e.g., peer ratings of psychopathy), and interview-based indices of psychopathy, as well as with indices of conditions that overlap with psychopathy, such as narcissistic and histrionic personality disorders. PPI-R total scores are also positively associated with measures of ASPD, although this association is sufficiently modest in magnitude to indicate that the PPI-R distinguishes psychopathy from ASPD. Like most other psychopathy measures, PPI-R total scores relate in theoretically meaningful ways with several traits of the well-accepted five-factor model of personality, especially Agreeableness and Conscientiousness (both

negatively). In addition, PPI-R total scores are positively correlated with a broad spectrum of personality traits theoretically tied to psychopathy, such as sensation seeking, interpersonal dominance, grandiose narcissism, impulsivity, and Machiavellianism. Just as important, PPI-R total scores display discriminant validity from measures of constructs that are theoretically separable from psychopathy, such as indices of schizophrenia spectrum disorders, depression, and social desirability.

The PPI-R higher order dimensions display encouraging validity as well. For example, Fearless Dominance tends to be modestly and negatively associated with laboratory measures of fear processing, such as fear-potentiated startle and amygdala activation in response to fear-provoking stimuli, and Self-Centered Impulsivity tends to be positively associated with ventral striatum activation in response to reward-related cues. In addition, Fearless Dominance differentiates psychopathy from ASPD, consistent with the view that the former condition tends to be associated with somewhat more psychologically adaptive traits than the latter.

Nevertheless, the role of Fearless Dominance within the psychopathy construct is controversial. Some authors contend that Fearless Dominance is largely or entirely irrelevant to psychopathy given that it is seemingly adaptive in content and only weakly associated with measures of antisocial and criminal behavior. Along these lines, some authors have questioned or rejected the possibility that certain psychopathic traits can predispose to adaptive outcomes in certain contexts, such as the business or political worlds. In contrast, other authors, ourselves included, regard Fearless Dominance as a key feature of psychopathy given that it accounts largely for the superficial charm, poise, and venturesomeness captured in classic clinical descriptions of the condition, such as those of Cleckley. Interestingly, Fearless Dominance correlates moderately to highly with scores on some psychopathy measures but not others, suggesting that different psychopathy measures differ sharply in their conceptualization and operationalization of this condition. Specifically, some psychopathy measures may be slanted largely toward successful variants of psychopathy, whereas others may be slanted largely toward unsuccessful variants, such as those linked to ASPD.

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See also Psychopathy; Psychopathy Checklist–Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL:SV); Self-Report Measures of Psychopathy; Self-Report Psychopathy (SRP)

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PSYCHOPATHIC TRAITS, STRUCTURE OF

Psychopathy is a disorder conceptualized as a constellation of inherently dissocial personality and behavioral characteristics. Early thinkers have been instrumental in initial conceptualizations of psychopathy, particularly Hervey Cleckley, who has played a large role in shaping the understanding of this construct. However, despite providing an influential clinical profile, Cleckley's contribution was based on case studies and did not offer an empirical assessment method or a parsimonious conceptualization. To address the diagnostic confusion pervading the field, Robert D. Hare developed the Psychopathy Checklist (PCL) and subsequently the PCL–Revised (PCL-R), a standardized interview to assess psychopathy in a manner consistent with Cleckley, other theorists, and Hare's own research.

The PCL-R is a 20-item construct rating scale that conceptualizes psychopathy as a dimensional, superordinate construct consisting of four dimensions (or factors). These dimensions are

- *interpersonal* (superficial charm, grandiose sense of self-worth, pathological deception, and manipulative),
- *affective* (lack of remorse or guilt, shallow affect, callousness and lack of empathy, and failure to accept responsibility),
- *lifestyle* (need for stimulation, parasitic lifestyle, lack of realistic long-term goals, impulsivity, and irresponsibility), and
- *antisocial* (poor behavioral controls, early behavior problems, juvenile delinquency, revocation of conditional release, and criminal versatility).

Each PCL-R item is rated on a 3-point scale (0 = *absent* to 2 = *present*) with a 20-item total score of 30 or above used as a diagnostic indicator for psychopathy. However, as psychopathy varies continuously, the cutoff is used primarily for research purposes or forensic decisions. Derivatives of the PCL-R (e.g., PCL: Screening Version, PCL: Youth Version) are anchored in the same theoretical network and are collectively referred to as the *PCL scales*. Once the PCL provided a common metric for the field, psychopathy research has accumulated at a rapid pace. This entry provides an overview of the structure of psychopathy in the PCL scales.

Studying the Structure of Unobservable Variables

The idea that understanding a phenomenon's form gives insight into its function is a line of scientific inquiry found in psychological science as well as other disciplines (e.g., genetics, physics). In psychology, the phenomena studied are hypothetical constructs, because they are not directly observable. For instance, when individuals engage in adaptive behavior, it may be suggestive of intelligence. Their actions serve as indicators of their underlying unobservable intellectual potential. With the advent of structural equation modeling and item response theory, researchers could mathematically represent unobservable (latent) constructs. Observed (manifest) variables (e.g., behavioral observations, self-reported personality traits) are assessed across large samples, and the variance and associations among the manifest variables are accounted for by underlying latent variables (factors). These statistical methods allow

researchers to propose and statistically test structural model specifications (e.g., variable-to-factor and factor-to-factor relations) that correspond to the theoretical nature of a phenomenon.

Although latent variable models may demonstrate good statistical fit, the models and observed measures used to represent the structural features of psychological constructs should not be confused with the hypothetical constructs. However, as the models involve testable hypotheses, good model fit can serve as supportive evidence. Additionally, if a latent variable model is independently replicated using diverse samples and assessment methods, the model's veracity increases as a viable representation of the construct. Two overarching goals of latent variable modeling are to provide viable mathematical models of psychological constructs aligned with theory and to provide models that offer a parsimonious accounting of a larger set of variables. Therefore, if a model does not represent a vital aspect of a construct, or is as complex as the data it proposes to account for, then such models have little utility in advancing the understanding of psychological constructs. Using these methods, Hare, Craig Neumann, and their colleagues have worked to uncover the structure of psychopathy.

Two-Factor Model of Psychopathy

Initially, a two-factor model of psychopathy was heavily utilized in studies employing PCL-derived scales. Validated using exploratory factor analysis in a large sample of criminal offenders and forensic inpatients, the two-factor model integrates the personality and behavioral characteristics of psychopathy. Factor 1 (F1) encapsulates the interpersonal and affective characteristics of psychopathy, whereas Factor 2 captures the lifestyle and antisocial features. However, this model has limitations. The inability of this model to be replicated using confirmatory factor analysis, a specific application of structural equation modeling and a more stringent hypothesis-based statistical procedure, and the identification of differential relationships between the four dimensions and external variables (e.g., intelligence, violence) indicated that the two-factor model needed refinement. Another issue of the two-factor model raised by investigators is the role of overt antisociality. Some

researchers suggested that the PCL-R focus on antisocial feature (e.g., juvenile delinquency, criminal versatility) drifts from Cleckley's conceptualization of psychopathy. Scott Lilienfeld proposed another two-factor model of psychopathy in his measure, the Psychopathic Personality Inventory, to address this drift. However, in addition to being developed in a population with very low prevalence of psychopathy (college students), the Psychopathic Personality Inventory, when subjected to latent variable modeling, shows very poor fit and no evidence for a two-factor model.

Three-Factor Model of Psychopathy

As a proposed refinement of the construct, some researchers attempted to model the PCL scales in terms of three factors. In this model, F1 is broken into two factors, arrogant and deceitful interpersonal style and deficient affective experience. A third factor, impulsive and irresponsible lifestyle, captures the lifestyle traits associated with psychopathy. These three factors are nested under a superordinate psychopathy factor. Further, all antisocial items were removed, reducing the PCL-R to 13 items. However, this model technically involves more than three factors and results in fundamental modeling errors. Specifically, instead of modeling the 13 items directly onto three factors, the researchers specified testlets (groupings of theoretically similar items) in terms of their own respective (first-order) factors. In this model, one begins by modeling the 13 PCL-R items onto one of six testlets (factors), which serve as indicators for three (second-order) factors, which are accounted for by a superordinate (third-order) psychopathy factor. Thus, it is a 10-factor model, which is nearly as complex as the 13 items the model attempts to account for. Although this model appears to demonstrate good fit, it is actually a misspecified model, which results in impossible model parameters (negative variances) due to overfactoring.

Another critical limitation of the three-factor model involves the subjective decision to omit certain items from the PCL. Specifically, it is questionable whether omitting antisocial items represented a more pure distillation of psychopathy, given findings from behavioral genetics, developmental studies, and modeling research.

Furthermore, it can be argued that the interpersonal and affective features of psychopathy are antisocial in nature, albeit covertly, as opposed to the overt antisociality that the three-factor model proponents attempted to disregard.

Four-Factor Model of Psychopathy

Although three-factor model proponents claimed that the PCL-R antisocial items are not consistent with traditional conceptions of psychopathy, Cleckley and other theorists (e.g., Silvano Arieti, Benjamin Karpman) have highlighted overt antisociality in clinical profiles of psychopathy. In critiques of the three-factor model, Hare, Neumann, and colleagues cited longitudinal and behavioral genetic studies that documented that antisocial behavior has a fundamental and bidirectional relationship with core psychopathic features (i.e., F1), due to the fact that it is a component of a general genetic factor that also accounts for other psychopathic traits. Further, Hare and colleagues demonstrated that the discarded items could be modeled as an overt antisocial factor with the three other factors, creating a four-factor model. In contrast to the two-factor model, the four-factor model specifies each underlying dimension as a separate factor. Unlike the three-factor model, which requires 10 factors, the four-factor model uses 18 of the 20 PCL-R items, and they load directly onto one of the four psychopathy factors. The four-factor model is a mathematically riskier model to test because it uses relatively fewer model parameters to account for more observed data. Moreover, strong intercorrelations among the four factors are accounted for by the presence of a superordinate psychopathy factor, which demonstrates that all four factors provide a comprehensive representation of the syndrome of psychopathy.

The four-factor model has good model fit across a variety of samples (e.g., forensic and civil psychiatric patients, adult and adolescent offenders, and large community and workplace samples). Additionally, the four-factor model has been found for self-report measures derived from the PCL scales such as the Hare Self-Report Measure of Psychopathy and the B-Scan 360, self-report measures of psychopathy for community and corporate settings, respectively. Further, using a

mega-sample of 33,000 participants from 11 major world regions, as well as an aggregate sample of over 52,000 individuals, the four-factor model had excellent fit across cultures and gender, irrespective of the nature of the PCL-derived scale being used (e.g., interview, self-report). In essence, the model holds up well across diverse samples of individuals and assessment methods, providing support for the verisimilitude of the four-factor model.

Although the three- and four-factor models cannot be directly compared because they use different numbers of items from the PCL scales, researchers have examined how well they predict important external correlates. When compared to the two- and three-factor models, the four-factor model did better in predicting instrumental aggression and violence, with the interpersonal, affective, and antisocial factors playing significant respective roles. These findings illustrate that both the covert and overt antisocial features of the construct are critical and illustrate the importance of viewing psychopathy as a disorder of both personality and behavior imbued with fundamental dissociality. Additionally, as the four-factor model parses psychopathy in terms of four correlated (first-order) factors under a superordinate psychopathy factor, it provides a model for understanding how psychopathic personality can be manifested in a variety of different profiles of the four factors. This represents a person-centered approach, which is being pursued in new research by Neumann and Hare.

Other Potential Structural Models

One final structural model to briefly mention is the bifactor model, which involves bifurcating the variance of items in terms of a general factor (which accounts for the variance of all items) and several specific factors (which are set to be uncorrelated with the general factor) that account for the variance of subsets of items. It is an easy model to fit to the data, given it requires a large number of factors. However, the challenging aspect of this model involves the interpretation of the specific factors. In this model, all of the PCL-R items are accounted for in terms of a broad general factor, which may represent the syndrome of psychopathy. However, since the specific factors are set to be uncorrelated with the general factor, it remains

unclear as to how one interprets the specific factors which in theory reflect aspects of psychopathy but are not related to the broad syndrome (i.e., the general factor) of psychopathy.

Implications and Future Directions

Latent variable modeling has allowed researchers to develop and test models about the underlying structure of psychopathy. Although the two-factor model provided an equal emphasis on personality and behavior, the lack of sophistication and statistical integrity led researchers to propose refinements. The three-factor model of psychopathy indicated that there was value in dividing F1 into factors reflecting interpersonal and affective features of psychopathy. However, the omission of antisocial items in the three-factor model led to substantial limitations. The four-factor model is the only model that has been replicated across large diverse samples with a variety of PCL-based scales. Moreover, the four-factor model has shown efficacy in predicting important external correlates associated with psychopathy, better than competing models.

All mathematical models are tools, however, and thus should not be confused with the construct they attempt to represent. Additionally, the majority of the research described is cross-sectional, and causality cannot be inferred from the models. Future research should incorporate longitudinal designs in examining the structure of psychopathy. Furthermore, future research should compare the utility of the models in predicting external correlates of psychopathy (i.e., recidivism, cognition) and how psychopathy can be manifested in terms of a variety of personality profiles.

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See also Psychopathy; Psychopathy Checklist (PCL); Psychopathy Checklist-Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL:SV); Psychopathy Checklist: Youth Version (PCL:YV)

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PSYCHOPATHY

Psychopathy is a concept that carries strong connotations of *evilness* and *dangerousness*. In media and popular science, *the psychopath* is commonly portrayed either as a brutal mass murderer or as a vicious boss. Descriptions of individuals with clear psychopathic traits can be found in ancient literature, and clinical descriptions of psychopathic inpatients trace back to the 18th century. Psychopathy is an important personality construct in the forensic field, and psychopathy assessments are extensively used to inform legal decisions in North America and throughout Europe.

This entry describes the leading definitions and assessments of psychopathic traits, in both criminal and noncriminal settings. Psychopathic traits in childhood and adolescence are discussed with reference to causal theories. Also included are sections on the use of psychopathy assessments for legal decision-making purposes and on past and recent approaches to treatment of psychopathic offenders.

Conceptualization and Assessment of Psychopathy

Historical Overview

In the early 19th century, French psychiatrist Philippe Pinel described inpatients who repeatedly

engaged in violent and reckless behavior, despite appearing rational and mentally sound. According to Pinel, this peculiar psychiatric condition was characterized by *insanity without delirium*. Toward the end of the century, in the era of early psychiatric classifications, German psychiatrist Julius Ludwig August Koch proposed the term *psychopathic personalities* to characterize a relatively broad spectrum of conditions (e.g., mental retardation, neurotic conditions, so-called character disorders) that he believed had a biological basis. Although these early clinical accounts are less specific than contemporary definitions of psychopathy, they provide an illustration of how psychopathic individuals were seen to differ from other psychiatric inpatients.

American psychiatrist Hervey Cleckley's book *The Mask of Sanity*, first published in 1941, marks the first milestone in the modern conceptualization of psychopathy. The book contains 15 detailed case descriptions drawn from hundreds of patients seen by Cleckley at the University of Georgia's Medical Hospital. Based on salient features evident in these various cases, Cleckley formulated 16 clinical criteria for psychopathy, which encompassed not only features of emotional disturbance (e.g., shallow affect, lack of insight, deceitfulness) and behavioral deviance (e.g., failure to learn by experience, irresponsibility, promiscuity) but also some ostensibly adaptive features (e.g., superficial charm, absence of irrational thinking and nervousness, low propensity for suicidal behavior). In essence, Cleckley viewed psychopathy as a contradictory condition in which afflicted individuals appear rational and well functioning on the surface; however, over time, the *mask* of normality cleaves to reveal a deep-seated emotional disturbance and irresponsible, self-centered, and *aimless behavioral deviancy* (e.g., lying, stealing, forging checks). In contrast with accounts of criminal psychopathy from Cleckley's time to the present, it is worth noting that few of the psychopathic patients that he described were overtly aggressive or violent.

Cleckley's clinical criteria influenced the diagnostic descriptions of personality disorders in the first and second editions of the American Psychiatric Association's reference book for psychopathological conditions: the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-I and DSM-II).

In line with Cleckley's conceptualization, the diagnostic criteria for conditions labeled *sociopathic personality disturbance antisocial reaction* and *antisocial personality* in these early editions of the *DSM* included distinct personality features (e.g., callousness, selfishness, absence of remorse or shame). In the third edition of the *DSM* (*DSM-III*), however, the corresponding diagnosis of antisocial personality disorder (ASPD) was largely based on observable deviant behaviors including destructive and delinquent acts (e.g., physical cruelty, vandalism), while excluding several of the personality-oriented criteria identified by Cleckley (e.g., superficial charm, lack of anxiety).

These revisions to the diagnostic criteria within the *DSM-III* were influenced by two factors in particular. One is that personality features were considered difficult to score in a reliable manner at that time. A second factor was the strong emphasis placed on behavioral indicators of antisociality in the highly influential work of psychiatric epidemiologist Lee Robins in the 1970s, focusing on developmental aspects of *sociopathy* in delinquent youths. The ASPD diagnosis as formulated in the *DSM-III* has remained essentially the same in subsequent editions of the manual (i.e., *DSM-IV* and *DSM-5*).

In the *DSM-5*, criterion-based definitions of ASPD and other personality disorders, equivalent to those in the *DSM-IV*, are included in Section II ("Diagnostic Criteria and Codes"). An alternative dimensional-trait system for personality disorders appears in Section III ("Emerging Measures and Models"). In this alternative system, ASPD is defined by high levels of disinhibitory and antagonistic traits and includes a *psychopathy specifier* for denoting the presence of distinct traits indicative of low-anxious, socially dominant (primary psychopathic) variant of ASPD. As such, the *DSM-5* Section III definition captures key features of psychopathy that have been emphasized both in historic writings and in contemporary research work (as described next), but absent from ASPD as defined in the *DSM-III* and the *DSM-IV*.

Contemporary Conceptualizations of Psychopathy

In contrast to ASPD, psychopathy encompasses interpersonal-affective (i.e., charming-manipulative

and callous-exploitative) traits along with impulsive-antisocial (i.e., disinhibitory-externalizing) tendencies. The most widely used rating scale for assessing psychopathy is the Psychopathy Checklist-Revised (PCL-R). The PCL-R was developed for use with correctional and forensic populations and has been used with both male and female offenders.

The PCL-R assesses psychopathy in terms of 20 items, each scored 0–2 on the basis of information derived from a face-to-face interview and institutional file records. The suggested cutoff for psychopathy is a PCL-R total score of 30 in the North American context, with slightly lower thresholds in some European countries. The predecessor to the PCL-R, the 22-item PCL, was formulated partly based on a global rating protocol that reflected Cleckley's clinical conceptualization. However, in the process of selecting and refining items for the PCL, adaptive features in Cleckley's conceptualization (e.g., absence of nervousness) were omitted. Consequently, the PCL-R items strongly emphasize deviant and criminal behavior. The PCL-R has several alternative versions, including the Psychopathy Checklist Screening Version, a briefer screening protocol suited for assessment contexts in which file information is lacking (e.g., psychiatric inpatients, community groups).

There is an asymmetric overlap between ASPD as defined in the *DSM-5* Section II and psychopathy as assessed by the PCL-R: Most individuals who qualify for a PCL-R diagnosis of psychopathy also meet criteria for ASPD; however, the reverse is not true (i.e., only a portion of individuals with ASPD also meet criteria for psychopathy). Highlighting this, the estimated prevalence of ASPD in correctional populations is 50–80%, with the corresponding figure for psychopathy being 15–25%. The PCL-R encompasses two broad factors that show contrasting correlates with various external criteria (e.g., trait-dispositional, behavioral, physiological, clinical). The affective-interpersonal Factor 1 (F1) demonstrates positive associations not only with maladaptive tendencies of certain types (e.g., narcissism, thrill seeking, instrumental aggression) but also with some adaptive criterion measures (e.g., verbal ability, social assertiveness, emotional resiliency). The lifestyle-antisocial Factor 2 (F2), however, is predominantly associated with adverse outcomes (e.g., stimulation seeking, impulsivity,

aggressiveness, alcohol and drug problems). The two PCL-R factors can be further subdivided into narrower facets (interpersonal, affective, impulsive-irresponsible, antisocial) that show distinctive correlates.

The Comprehensive Assessment of Psychopathic Personality–Institutional Rating Scale was developed as an alternative interview-based measure for use in correctional and clinical settings. The scale indexes psychopathy in terms of trait tendencies within six domains: *Attachment, Behavioral, Cognitive, Dominance, Emotional, and Self*. The Comprehensive Assessment of Psychopathic Personality symptoms can be assessed over differing time frames, ranging from past 6 months to lifetime.

Dimensional Psychopathic Traits and Self-Report Measures

In early clinical accounts and in previous editions of the *DSM*, psychopathy and ASPD have been conceptualized as discrete clinical *syndromes*. Psychopathy assessments are commonly used in current applied and legal contexts to generate statements regarding whether an individual meets criteria for psychopathy or not. During the 2000s, however, researchers have increasingly moved away from the position that psychopathy represents a discrete category. There is now strong consensus that psychopathic traits are dimensional (i.e., that individuals can have psychopathic traits to different degrees) and can be assessed in the population at large. Even though psychopathy was mainly investigated in criminal groups up until the 1990s, research on psychopathic traits in clinical and community groups has increased substantially. Investigating psychopathic traits in dimensional terms provides opportunities to gain improved understanding of how differing constellations of traits develop, manifest, and progress over time. Such research can provide insight in how different configurations of psychopathic traits are associated with behavioral (e.g., impulsivity, decision-making) and physiological variables (e.g., reactivity to fear cues and punishment).

Different self-report measures have been developed for assessing psychopathy as a dimensional construct outside of criminal settings, including the Levenson Self-Report Psychopathy Scale, the

Hare Self-Report Psychopathy Scale, the Psychopathic Personality Inventory–Revised (PPI-R), the Triarchic Psychopathy Measure (TriPM), and the Elemental Psychopathy Assessment.

The different instruments for assessing psychopathic traits are based on theories of psychopathy that converge to a substantial extent; however, they also diverge to some degree. For example, in contrast to the Hare Self-Report Psychopathy Scale, the PPI-R does not include items directly referencing antisocial behavior, and it includes some *semi-adaptive* traits (e.g., fearlessness, stress immunity) emphasized in Cleckley's description. A common or definite conceptualization of psychopathy is still lacking, and several points are still debated, including the following: (a) whether psychopathy encompasses semi-adaptive features, (b) whether antisocial and criminal behavior should be included in the mere definition of psychopathy or rather be considered potential consequences of psychopathic traits, (c) whether lack of anxiety is inherent to psychopathy, and (d) whether there are different subtypes of psychopathy.

Psychopathic Traits in Childhood and Adolescence

In line with theoretical models for psychopathy in adults, research has demonstrated that psychopathic traits in children and adolescents encompass three distinct components: affective, and interpersonal, features (e.g., callousness, remorselessness, grandiosity, manipulative behavior) along with impulsive-behavioral tendencies (e.g., irresponsibility, impulsiveness, thrill seeking). Elevated psychopathic traits in youths have been associated with various adverse outcomes (e.g., cruelty, substance misuse, aggressive and violent behavior). Different instruments exist for assessing psychopathic traits in youth, including the interview-based Psychopathy Checklist: Youth Version, which is a direct counterpart to the PCL-R, and the informant- (i.e., parent- or teacher-) rated Antisocial Process Screening Device and Child Psychopathy Scale. Self-report instruments also exist for assessing psychopathic traits in older children and adolescents, including questionnaire versions of the Antisocial Process Screening Device, Child Psychopathy Scale, the Youth

Psychopathy Traits Inventory, and the Inventory of Callous-Unemotional Traits. There has been extensive interest since the mid-1990s in investigating callous-unemotional (CU) traits as a childhood precursor to core psychopathic traits in adulthood. Research has demonstrated that youths with conduct disorder (CD) who exhibit CU traits have distinct cognitive and affective impairments relative to those lacking in CU traits, and they present with elevated levels of aggression and more severe antisocial-delinquent behavior. For example, high levels of CU traits are associated with aberrant processing of fear- and punishment-related cues and also pain and distress in other people. This deviant affective processing is theorized to hinder the development of prosocial behavior and hence operates as a precursor to deficient lack of empathy and guilt. Research evidence indicates that CD with and without CU traits may have different etiological underpinnings and prognostic implications. CU traits appear to be moderately to strongly heritable, and it has been suggested that this symptom component is more stable over time than the impulsive-antisocial component and thus constitutes a key vulnerability factor for psychopathy in adulthood.

Associations between psychopathic traits in youth and adult psychopathy remain unclear, however. The stability of psychopathic traits in general, and CU traits specifically, over longer time periods remains unclear. Advanced research designs are needed to clarify developmental trajectories of early psychopathic tendencies and how genetic factors relate to and interact with differing environmental factors (e.g., family influences, peer influences, socioeconomic status, neighborhood factors). Improved understanding in these areas may have important implications for treatment and intervention. In this regard, it is notable that the diagnostic criteria for child CD were revised in the *DSM-5* to include a *limited prosocial emotions* specifier for designating a *psychopathic* variant of CD entailing the presence of salient CU traits. This change sets the stage for increased research along lines needed to advance what is known about the expression and stability of CU traits.

Etiology of Psychopathy

Considerable research has been devoted over many years to investigating causal factors in psychopathy.

Existing theories are of two types: (1) theories emphasizing core deficits in emotional sensitivity or responsiveness (e.g., low fear) and (2) theories positing impairments in cognitive-attentional processing (e.g., impaired set shifting). Differing neurobiological correlates of psychopathy have been reported as support for these alternative theories. One of the most consistent involves a lack of normal enhancement of the startle blink reflex to acoustic probes presented during viewing of aversive foreground stimuli (e.g., scary or disturbing pictorial images) as compared with neutral or pleasant stimuli. This result, akin to a failure to *jump* upon hearing an unexpected noise while walking alone in a dark alley, has been interpreted as reflecting a lack of normal defensive (fear) reactivity. Another consistent finding involves reduced amplitude of cortical brain response to intermittent target stimuli, or following incorrect responses, in cognitive performance tasks—indicative of reduced cortical-attentional processing or impaired action monitoring. Yet other research using functional neuroimaging has demonstrated deficits in basic subcortical (amygdala) reactivity to interpersonal distress cues (e.g., fearful human faces) in individuals high on psychopathy.

As noted earlier, psychopathy encompasses differing symptomatic facets, and these facets show contrasting associations with physiological response indicators. For example, affective-interpersonal symptoms are associated with lack of aversive startle potentiation, and impulsive-antisocial symptoms are associated with reduced cognitive brain response. Dating back to work by David T. Lykken in the 1950s, there is also evidence for distinct subgroups of individuals high on psychopathy who differ in emotional reactivity: *primary psychopaths*, who show antisocial tendencies in conjunction with *deficient emotion* (in particular, lack of fear), and *secondary psychopaths*, who show antisocial tendencies in conjunction with *emotional dysregulation* (i.e., intense hostility and negative affect). Consistent with this perspective, research during the 2000s with both correctional samples and community groups has yielded evidence for two distinct subtypes of individuals high in overall psychopathy, distinguished in particular by low versus high scores on measures of negative emotionality (e.g., anxiety, depression, somatization). It is hypothesized that different etiological pathways might underpin these subgroups.

Weaknesses in emotional response systems appear to contribute especially to core affective-interpersonal features of psychopathy and perhaps to the *primary* subtype of psychopathic individual. Deficits in cognitive processing systems appear to contribute more to impulsive-antisocial features of psychopathy and perhaps to the *secondary* psychopathic type. A formal theoretic conceptualization that has been proposed to account for differing symptomatic (phenotypic) expressions of psychopathy, and causal sources contributing to these differing expressions, is the triarchic model.

Triarchic Model of Psychopathy

The triarchic model conceives of psychopathy as encompassing three separable symptomatic components—disinhibition, boldness, and meanness—that can be viewed as thematic building blocks for differing conceptions of psychopathy. *Disinhibition* encompasses tendencies toward impulsiveness, weak behavioral restraint, hostility and mistrust, and difficulties in regulating emotion. *Meanness* entails deficient empathy, lack of affiliative capacity, contempt toward others, predatory exploitativeness, and empowerment through cruelty and destructiveness. Referents for disinhibition and meanness include the finding of distinct Impulsive/Conduct Problems and CU symptom components in the child psychopathy literature and corresponding evidence for distinct disinhibitory and callous-aggression factors underlying impulse control (externalizing) problems in adults. The third triarchic construct, *boldness*, encompasses dominance, social assurance, emotional resiliency, and venturesomeness. Referents for boldness include the *mask* elements of Cleckley's conception, the low fear theory of psychopathy, the affective-interpersonal factor of the PPI-R, and developmental research on fearless temperament as a possible precursor to psychopathy.

From the perspective of the triarchic model, Cleckley's conception of psychopathy emphasized boldness and disinhibition, whereas criminally oriented conceptions (and affiliated measures, including the PCL-R and Antisocial Process Screening Device) emphasize meanness and disinhibition more so. According to the model, individuals high in disinhibitory tendencies would warrant a diagnosis of psychopathy if also high in

boldness or meanness (or both), but individuals high on only one of these dimensions would not. Individuals with differing relative elevations on these three symptomatic dimensions would account for contrasting variants (subtypes) of psychopathy as discussed earlier.

A self-report instrument designed specifically to index the constructs of this conceptual model is the 58-item TriPM. The TriPM includes Disinhibition and Meanness scales derived from the Externalizing Spectrum Inventory, a questionnaire measure of problems and traits associated with externalizing psychopathology. The TriPM also includes a Boldness scale that indexes fearless tendencies in social-interpersonal, affective-experiential, and activity-preference domains. Although the TriPM is relatively new, promising evidence for its convergent and discriminant validity has begun to appear. In addition, considerable work has been done to establish scale measures of the triarchic model constructs using items from other existing psychopathy inventories including the PPI-R and the YPI.

The triarchic model may prove useful for reconciling alternative causal theories of psychopathy that have been proposed based on differing neurobiological and behavioral findings. For example, lack of startle enhancement during aversive cueing has been tied specifically to the interpersonal-affective factor of the PCL-R and the counterpart Fearless Dominance factor of the PPI-R—suggesting a link to the boldness component of psychopathy; by contrast, reduced brain potential responses in cognitive tasks appear more related to impulsive-externalizing tendencies associated with the disinhibition component of psychopathy. On the other hand, the finding of reduced subcortical response to affective facial cues has been tied to the CU traits factor of child/adolescent psychopathy, a referent for meanness in the triarchic model. However, further research is needed to determine whether this finding reflects fear deficits common to meanness and boldness or deficits in affiliative capacity or empathy specific to meanness.

Psychopathy and Applied Criminology

Legal Decision-Making

In North America and throughout Europe, psychopathy assessments are commonly used to

inform legal proceedings (e.g., regarding sentencing, parole) and decisions regarding institutional placement and surveillance. In the vast majority of cases, these assessments are conducted using the PCL-R or the PCL-Screening Version/Youth Version. The use of PCL-based psychopathy assessments in legal procedures regarding adult offenders in the United States has increased steadily since the 1990s and has also become relatively common in juvenile risk evaluations. Based on the well-established association between psychopathy and deviant behaviors, PCL-based psychopathy assessments are used to infer whether an individual has an elevated risk of criminal relapse or institutional misconduct. In some cases, PCL-based assessments are also used to exclude individuals from therapeutic intervention, based on preconceptions that psychopathy is untreatable. In some jurisdictions in North America, psychopathy assessments are specifically used to evaluate risk of sexual recidivism in so-called sexually violent predator cases or to inform decisions about indeterminate incarceration of *dangerous offenders*. Given this widespread use, increased information is needed regarding applied implications of PCL-R assessments (e.g., what cutoff levels are used and how total and factor scores are interpreted).

In risk evaluations, PCL-based psychopathy assessments have either been used individually or incorporated into instruments specifically designed to assess risk (e.g., the Historical-Clinical-Risk Management 20, the Violence Risk Appraisal Guide, and the Sex Offenders Risk Appraisal Guide)—although the PCL-R has been omitted as a requirement in the newest editions of some of these instruments (e.g., version 3 of the Historical-Clinical-Risk Management 20). In contrast with broader risk assessment protocols, the PCL-R itself does not encompass features that are empirically related to violence risk (e.g., substance abuse, psychiatric comorbidity). Moreover, the PCL-R items are scored based on lifetime occurrence; thus, the instrument is not suited to assessing changes following from interventions. Meta-analytic work has demonstrated comparable predictive validity for the PCL-R for future violence in comparison to risk-assessment instruments but lower predictive ability for sexual recidivism. Furthermore, accumulated research evidence indicates

that the predictive validity of the PCL-R is mainly due to its antisocial facet (reflecting past delinquent/criminal behaviors), with limited additional predictive value of its other facets.

Another issue that is important to consider is the interrater reliability of the PCL-R in clinical field settings (i.e., consistency of scores across raters when the same individual is assessed repeatedly). Field research conducted in different jurisdictions (i.e., United States, Canada, Sweden) has demonstrated acceptable interrater reliability for the largely objective criteria in the PCL-R's antisocial facet (e.g., number of previous offenses); however, markedly lower reliabilities have been found for the remaining facets reflecting interpersonal, affective, and impulsive-irresponsible traits. These findings highlight the need for caution in the use of PCL-R assessments in legal decision-making contexts and point to a need for research into ways for increasing the interrater reliability of PCL-R ratings in field and clinical settings.

In addition to the aforementioned shortcomings, the PCL-R assessments are labor-intensive, and their use is limited to institutionalized populations. Alternative self-report measures are often brief, easy to administer, and do not require additional training. Self-report measures have been criticized, however, on the grounds that psychopathic individuals lack insight into the nature and extent of their psychopathology and are prone to deceive and manipulate others. In particular, the vulnerability of such measures to response distortion and especially to faking good (i.e., the exaggeration of positive features and/or the minimization of negative features) raises concerns about the potential for false negatives (i.e., failures to detect psychopathy when present). This concern has been reinforced by research findings indicating that individuals high on psychopathy can successfully lower their scores on self-report psychopathy measures and that social desirability/faking good is negatively correlated with scores on various psychopathy scales. Even the use of validity scales, designed to detect dissimulation in responding, does not provide for adequate detection of deception on report-based psychopathy scales. Although such response biases do not necessarily compromise the validity of self-report psychopathy measures in research settings, and psychopathic individuals may not be as skilled in deceiving as

often assumed, caution is still warranted in using self-report measures of psychopathy in settings (e.g., legal contexts) where respondents might have clear incentives to fake good.

Forensic Treatment

A long-standing view among both clinicians and researchers has been that psychopathic individuals are unchangeable and hence untreatable. This pessimistic view dates back at least to Cleckley, who argued that no treatment program could achieve fundamental changes in a psychopathic individual. Some empirical studies conducted in the 1990s on treatment of psychopathic offenders drastically fueled this pessimistic view. One of these studies examined the impact of an intensive therapeutic program on incidents of criminal and violent recidivism assessed over an average follow-up period of 10 years. The results indicated that psychopathic offenders—in contrast with nonpsychopathic offenders who showed reductions in violent and overall recidivism following treatment compared to matched untreated controls—showed relative *increases* in reoffense rates. The authors interpreted these results as indicating that the treatment program led psychopaths to become more skilled in their ability to manipulate and exploit others.

A subsequent study corroborated this finding—demonstrating that forensic patients with elevated PCL-R scores who exhibited positive responsiveness to treatment (e.g., motivation to participate, in-session compliance, positive change ratings) were more likely to reoffend following release than patients with lower PCL-R scores who received treatment or untreated patients. Other studies have indicated that PCL-R scores are related to disruptive behavior in treatment, higher dropout rates, and negative therapist perceptions of motivation and progress in treatment.

Understandably, the main findings from these empirical studies perpetuated the belief among clinicians and researchers that psychopathy is essentially untreatable. However, important criticisms have been leveled against these investigations. The study examining outcomes of the intensive therapeutic program, for example, has been criticized for the radical, punitive, intrusive, and unethical nature of the treatment program

that was used. A subsequent reanalysis that evaluated reoffending during a longer follow-up period using an improved method for quantifying recidivism rates concluded that there was in fact no evidence that offenders high on psychopathy who exhibited positive treatment behavior reoffended at greater rates than other offenders.

Although research conducted during the 2000s suggests that psychopathic individuals typically do not respond positively to standard treatment interventions administered in mental health or justice settings, there are indications that intensive treatment interventions tailored to the emotional, cognitive, and motivational styles of individuals with psychopathic traits can be effective. Three types of treatment programs can be distinguished, each focusing on a different outcome: (1) reducing criminal behavior, (2) targeting underlying mechanisms of psychopathy, and (3) reducing level of psychopathic traits.

Treatment programs that focus on reduction of risk of future violence and other criminal behaviors have shown evidence of effectiveness with adult and juvenile offenders high on psychopathy. For example, published studies suggest that psychopathic offenders who complete an intensive specialized treatment program are less likely to be reconvicted for sexual or other violent offenses and that in cases where recidivism occurs, it tends to involve less serious offenses compared to pretreatment.

Treatment programs focusing on the core deficits of psychopathy have the potential benefit of being tailored to the unique needs of both youth and adults with psychopathic traits. For example, a study focusing on children and adolescents randomly assigned either to a typical parental training intervention or an emotional-recognition training group demonstrated that children with elevated CU traits who received training in accurate perception and interpretation of emotions of others showed greater improvements in affective responding compared to those in the typical parent training group. Other recent work has examined whether affective-attentional impairments in adult offenders high on psychopathy could be altered through cognitive remediation training. Specifically, offenders scoring high in psychopathy were offered a training to remedy their lack of attention to contextual information. Following

this training, the participants improved both on attention to contextual-specific trained tasks and on untrained tasks. Although findings from these studies are promising, it remains to be determined whether remediation of processing impairments such as these will lead to actual harm reduction (e.g., decrease of violent behavior).

A third treatment approach is to focus on reducing the level of psychopathic tendencies exhibited. However, research on the changeability of psychopathy traits remains scarce. Although prominent writers have argued that the personality structure of psychopathic individuals is largely unalterable, there are some indirect and direct indications that this position may be inaccurate. First, empirical work has challenged the idea that personality disorders in general are enduring and stable. For example, treatment has been shown to attenuate symptoms of severe disorders such as borderline personality. Second, some work has shown that interventions have the potential to alter core dispositions associated with psychopathy in youth (i.e., callous-unemotional, narcissistic, and impulsive traits).

Replication studies in larger samples, with the use of randomized controlled trials, will be needed to corroborate these more positive findings pertaining to treatment of psychopathic individuals.

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See also Juvenile Delinquents, Callous Unemotional Traits of; Psychopathic Offenders, Treatment of; Psychopathic Offenders: Treatment Challenges and Controversies; Psychopathy, Etiology of; Psychopathy Checklist (PCL); Psychopathy Checklist-Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL:SV); Psychopathy Versus Antisocial Personality Disorder; Self-Report Measures of Psychopathy

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PSYCHOPATHY, ETIOLOGY OF

Psychopathy is a clinical condition marked by interpersonal-affective characteristics (charm, manipulativeness, callous-exploitativeness) along with impulsive-irresponsible tendencies and persistent antisocial behavior. According to the triarchic model of psychopathy, the interpersonal-affective features are expressions of more basic dispositions termed *boldness* and *meanness*, whereas the impulsive-irresponsible tendencies reflect general proneness toward externalizing problems (*disinhibition*). Persistent engagement in antisocial activities is seen to arise from these basic dispositional tendencies operating jointly.

This entry covers what is known about causal influences contributing to psychopathy, using the triarchic model as a reference point. A synopsis of historical perspectives on etiology and evolutionary models is first provided, followed by a discussion of the genetic and environmental bases of psychopathy, the biological mechanisms contributing to it, and the developmental precursors of adult psychopathy.

Historical Ideas About Etiology

In 1976, American psychiatrist Hervey Cleckley theorized that the root cause of psychopathy is a general deficit in the capacity for emotional experience. Being unaware of this deficit on their part, psychopathic individuals learn to mimic the normal responses of others (including emotional reactions) in order to *blend in* and achieve desired goals, resulting in an outward *mask of sanity*. Benjamin Karpman, a contemporary of Cleckley, highlighted the importance of diagnostic subtypes in seeking to understand the causal bases of psychopathy. He distinguished between a *primary* subtype, presumed to be largely constitutional (heritable) in origin and entailing a core deficit in emotional sensitivity as hypothesized by Cleckley, and a *secondary* subtype, believed to arise more from adverse environmental influences and marked by excessive negative affect (anxiousness and hostility).

A 1957 study by David Lykken, considered the first empirical-laboratory investigation of psychopathy, tested the hypothesis that primary

psychopathic delinquents meeting Cleckley's criteria differed in emotional (specifically, anxiety or fear) reactivity from secondary psychopathic delinquents exhibiting impulsive-antisocial behavior but lacking in Cleckley's core features. More recent cluster analytic studies have confirmed the existence of subgroups of psychopathic offenders that differ markedly in negative affectivity.

Evolutionary Models

Three main evolutionary models have been proposed to account for the persistence of genes contributing to psychopathy. The *balancing-selection model* proposes that within the totality of genes contributing to psychopathy, there is a subset that promotes certain adaptive qualities that offset the negative selection pressure conferred by the maladaptive aspects of the condition—that is, Cleckley's *mask* features (superficial charm, low anxiousness and immunity to internalizing problems, disinclination toward suicide). A second evolutionary model is the *antagonistic-pleiotropy model*, which posits that certain genes contributing to the expression of psychopathy have both evolutionarily beneficial and detrimental effects. However, the genes that are beneficial—in particular, those that promote precocious and unbridled sexual activity—exert their effects earlier in life than those that are detrimental, resulting in a net gain in reproductive effectiveness. The third model, termed the *frequency-dependent model*, hypothesizes that genes associated with psychopathy will contribute maximally to adaptive fitness in societies where they are uncommon. Specifically, in societies where most people are trusting and accommodating, manipulative-exploitative individuals will be especially successful at surviving and reproducing. However, as the proportion of such individuals increases and awareness of their adverse impact on society grows, the survival advantage will diminish due to increased caution and societal protections against such behavior.

Although helpful for thinking about the origins and maintenance of psychopathic behavior in society, evolutionary theories are limited in important respects. For one thing, these models assume that variations in psychopathic tendencies are driven by natural selection, but direct evidence for this is lacking and potentially unattainable. In

addition, evolutionary models generally conceive of psychopathy as a unitary condition rather than a configuration of dispositional tendencies (i.e., boldness, disinhibition, and meanness, in triarchic model terms) that may have differing selective advantages and disadvantages.

Genetic and Environmental Influences

A growing literature has emerged on the role of genetic and environmental factors in psychopathy based on studies of monozygotic and dizygotic twins, who are presumed to share 100% and 50% of their genes, respectively—allowing for statistical estimation of sources of genetic and nongenetic influence in psychological characteristics. Twin research up through the 1990s focused on delinquent/antisocial behavior without consideration of core interpersonal-affective symptoms, yielding a limited picture of the etiology of psychopathy. Studies since the early 2000s focusing on psychopathic tendencies as a whole, assessed through self-report, have indicated heritability to be around 50%, with the remainder of variance attributable to nonshared (nonfamilial) environmental influences.

Other research has generated estimates for more specific subdimensions (facets) of psychopathy as described in the triarchic model. Studies focusing on the disinhibitory facet have yielded heritability estimates of around 80%. Initial work on the heritability of callous-unemotional traits (i.e., meanness) in young children suggested comparable heritability (~80%) for this facet of psychopathy. However, subsequent work indicates that this high heritability may characterize callous-unemotionality when accompanied by salient conduct problems (i.e., meanness plus disinhibition), with heritability lower for callous-unemotional traits per se (50–60%). Other twin work focusing on the boldness facet of psychopathy as assessed by self-report indicates heritability of around 50%.

In sum, available data point to moderate heritability for psychopathy scores as a whole, with distinctive facets of psychopathy exhibiting moderate to high heritability when examined separately. Of note, evidence for the high heritability of the disinhibitory facet challenges the notion that impulsive-antisocial behavior unaccompanied by salient affective-interpersonal features (i.e.,

so-called secondary psychopathy) is predominantly environmental in origin. Rather, it appears that there is a substantial heritability component to differing variants (subtypes) of psychopathy.

Biological Mechanisms

A number of theories have been advanced regarding biological mechanisms accounting for the observable symptoms of psychopathy. These can be grouped into two broad categories. One consists of theories that posit some underlying deficit in emotional reactivity, as suggested originally by Cleckley. Lykken presented the first experimental evidence that individuals meeting Cleckley's criteria were deficient in anxiety responses and later postulated that the various symptoms of psychopathy arise from a core deficit in fear reactivity. Other researchers have proposed that psychopathy entails an abnormally steep gradient of fear arousal or a weak behavioral inhibition (anxiety) system. Some have hypothesized that psychopathy results specifically from dysfunction in the amygdala, a subcortical brain structure involved in aversive learning and fear responding.

The other category consists of theories that postulate some sort of higher cognitive processing deviation. For example, Joseph Newman and his colleagues proposed during the 1990s that psychopathy involves a basic impairment in *response modulation*, defined as the ability to switch from an ongoing (dominant) action set to an alternative mode of responding when environmental cues signal the need for a shift. Similarly, other cognitive theorists have postulated a deficit in the ability to detect and respond to peripheral stimuli when attention is directed toward a high-priority ongoing task. Yet another view is that psychopathy involves a dissociation between semantic-denotative and affective-connotative aspects of language—such that high-psychopathic individuals are adept at saying the right things but without normal conviction or follow-through. This linguistic dissociation model of psychopathy intersects with affective-deficit theories.

An alternative to theories positing a single core deficit accounting for all symptoms of psychopathy is the possibility that different mechanisms contribute to its distinguishable subdimensions. Evidence for this comes from research demonstrating contrasting biological correlates for the

interpersonal-affective and impulsive-antisocial components of psychopathy and newer work documenting differential correlates for its boldness, meanness, and disinhibition facets. For example, a well-established correlate of the interpersonal-affective component is a lack of normal enhancement of the startle blink reflex to sudden noises presented during viewing of aversive visual images (e.g., frightening pictures) relative to neutral or pleasant images. This result indicates a lack of normal fear reactivity. Research with adults has shown this deficit to be associated specifically with the boldness facet of psychopathy.

Other work has shown that reduced brain potential response to target stimuli within cognitive performance tasks relates to the impulsive-disinhibitory component of psychopathy. This finding converges with a larger literature indicating impaired cortical-attentional responding in individuals with impulse-control problems more generally. Yet other research using functional neuroimaging has demonstrated deficits in amygdala reactivity to social distress cues (i.e., fearful human faces) in individuals scoring high on the callous-unemotionality (meanness) facet of psychopathy.

Taken together, these lines of evidence point to a role for more than just one type of biologically based processing deviation in psychopathy. Deficits in fear reactivity and impaired sensitivity to others' distress appear to be associated with the affective-interpersonal features of psychopathy (i.e., boldness and meanness, as described in the triarchic model), whereas reduced cortical-attentional processing appears to be associated more with its impulsive-disinhibitory features.

Developmental Processes

Child psychopathology research has identified distinct risk factors that are predictive of psychopathic tendencies across the life span. One important category of risk factors is subsumed by the notion of child temperament, referring to early emerging affective-behavioral tendencies presumed to have a strong basis in biology. The constructs of difficult temperament and fearless temperament are particularly relevant to psychopathy. Children exhibiting difficult temperaments tend to be irritable and easily distressed, high in activity, have problems adapting to novelty and change, and perform poorly in contexts requiring

sustained attention. This temperament profile is associated with increased risk of early conduct problems and conflictual interactions with caretakers and peers—and as such, can be seen as inherently related to the impulsive-disinhibitory facet of psychopathy.

Fearless temperament, marked by venturesomeness and low reactivity to unexpected events or stressors, has been described both as a dispositional substrate for boldness and an early risk factor for callous-unemotional traits. On one hand, a lack of normal fearfulness could operate to smooth social interactions and facilitate adaptive coping and thus contribute to successful outcomes. On the other hand, weak fear conditioning and affiliated deficits in behavioral inhibition could result in the impairments in conscience and punishment sensitivity observed in callous-unemotional children and psychopathic adults. As noted earlier, evidence for reduced sensitivity to aversive stimuli has been reported in relation to the affective-interpersonal features of psychopathy—both in terms of a lack of aversive startle potentiation (associated with bold tendencies in particular) and in terms of diminished reactivity to fearful face expressions (related to callous-unemotional [mean] tendencies especially).

However, deficits in early social attachment appear relevant to the interpersonal-affective features of psychopathy as well. For example, secure parent-child attachment, characterized by a developmentally appropriate balance of protectiveness and independence, has been shown to be predictive of positive outcomes across the life span. By contrast, insecure attachment can give rise to a defective internal working model of relationships, as evidenced by work showing insecure attachment to be more common in psychopathic offenders than other offenders. In particular, disrupted bonding—resulting from prolonged early separation from parents or deficits in parental care—is associated with higher psychopathy scores in adulthood. Other work indicates that child perceptions of parental relationship quality predict variations in callous-unemotionality, reflecting the importance of children's schematic understanding of interpersonal relationships. Importantly, child temperament may contribute in part to attachment strength. For example, children with difficult or fearless temperaments may pose greater rearing challenges that contribute to impaired parental relationships.

These lines of evidence highlight the importance of developmental processes and the complexity of forces that likely contribute to the emergence of psychopathic behavior across time. As opposed to one cause producing all symptoms, or separate specific causes accounting for distinct symptom facets, it seems likely that different causal factors contribute in interweaving ways to the observable symptoms of psychopathy—with alternative variants (subtypes) of psychopathy reflecting varying contributions of particular causal influences relative to others.

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See also Juvenile Delinquents, Callous Unemotional Traits of; Psychopathic Offenders, Treatment of; Psychopathic Traits, Structure of; Psychopathy

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PSYCHOPATHY CHECKLIST (PCL)

The Psychopathy Checklist (PCL) is a research rating scale developed by Robert Hare and his colleagues for the assessment of the clinical construct of psychopathy in criminal populations. Before

the development of the PCL, the construct of psychopathy was well known to many mental health professionals, but determining what specific traits and behaviors contributed to a diagnosis was not easily established or agreed upon, making research into the construct difficult. The PCL, largely influenced by the clinical observations of American psychiatrist Hervey Cleckley, provides a list of personality and behavioral characteristics that are rated on presence and severity in the offender being assessed. Research was thus made possible into the construct of psychopathy. The PCL gave a quantifiable score and formed a common assessment measure that enabled research into psychopathy and its associated features. This entry discusses the historical context and rationale for developing the scale, details the components of the scale and how it is administered and scored, describes how the original PCL scale has evolved into a family of assessment measures for psychopathy, and then explores some of the early research studies that used the scale and influenced the course of psychopathy research. Lastly, some issues with the scale are explored, and how the PCL contributed to research and understanding of psychopathy is discussed.

Historical Context and Rationale for Developing the PCL

Individuals with psychopathic features have been observed in most societies over time. For example, Cleckley described the Athenian general Alcibiades from the 5th century as a psychopath who displayed reckless, treacherous, impulsive, and violent behaviors. Across different cultures, syndromes similar to psychopathy have been described. For example, the Yoruba, a rural tribe in Nigeria, use the term *Aranakan* to describe individuals who refuse to cooperate with others, who are bullheaded, and who are full of malice. The Alaskan Inuit use the term *Kunlangeta* to describe a man who refuses to go out hunting, who lies, who takes sexual advantage of women, and who does not respond to reprimands by elders.

Individuals with psychopathic traits are disproportionately represented in the criminal justice system. Those considered psychopaths (i.e., individuals who would score very high on the PCL)

represent approximately 1% of the general population, but in male offender populations, estimates range from 10% to 25%. Because individuals with psychopathic features have a significant influence on criminal justice system resources, the PCL has become an important assessment tool for this applied area of research.

Two observations largely influenced the development of the PCL as a research scale to assess psychopathy. First, theory and research on psychopathy were limited since no reliable and valid measure to assess the construct existed at the time. One measure of psychopathy that was often used was a global rating scale scored from 0 to 7. This scale was used to rate offenders on how much they represented the construct of psychopathy that was developed by Cleckley. Although this scale enjoyed good interrater reliability, the score was a single measure arrived at using clinical inference across all available information about the offender. Without clinical training, the global rating scale would be challenging for nonclinical raters to compile all the information of an offender into a single global score of psychopathy. A central purpose of the PCL then was to identify the features (i.e., traits and behaviors) that went into making the global ratings from the clinical inference and making a more objective measure that could assess the presence of those features. Thus, the PCL was a solution that could provide a common and more objective measurement accessible to clinical and nonclinical investigators researching and reporting on psychopathy.

The second observation that led to the PCL's development was a concern that clinical decisions about the assessment and diagnosis of psychopathy were being made with a limited focus on the offender's life. Diagnoses about psychopathy were often made based on the offender's current state without regard for the offender's past states. This may have created issues for the reliability and validity of a psychopathy diagnosis since the current state of an offender can change rapidly. The PCL attempted to address this issue by including a more extensive scoring system that would consider assessing how entrenched, chronic, and persistent the traits and behaviors were for each offender across many time points in each offender's life.

Development of the Scale

The PCL was developed using construct validity and statistical analysis. Using Cleckley's clinical construct of psychopathy, Hare and his colleagues listed all the traits, behaviors, and other related features of psychopathy, which resulted in a list of over 100 potential features. Statistical analyses were then conducted using these features to identify redundancy between them, whether they could be scored adequately and reliably, and which ones were effective at discriminating between offenders rated high and those rated low on the global rating scale of psychopathy. These analyses reduced the list to 22 features that were identified to best capture psychopathy and thus formed the structure of the PCL.

Scoring and Administration

The PCL consists of 22 items, each scored on a 3-point ordinal scale (0, 1, or 2). The items represent traits and behaviors that underlie the psychopathy construct. For instance, some items evaluate the emotional processing differences in psychopathy (e.g., lack of remorse or guilt, lack of affect, and emotional depth), and other items assess the behavioral aspects of psychopathy (e.g., short-tempered/poor behavioral controls, many types of offense). Information to score the items is obtained from reviewing the offender's institutional file and conducting a semi-structured interview lasting approximately 1 hour. The PCL was designed for use in criminal populations, and so institutional files are often readily available. The interview portion of the assessment was designed to provide a glimpse of the offender's interpersonal style (e.g., impression management tactics, attitudes) and to elaborate on different areas of the offender's life including education, occupations, family life, marital status, present and past offenses, drug and alcohol use, and health problems. The interview also provides a means to explore the offender's perception and attitudes of his or her offenses and other past behavior. The PCL was designed to incorporate both the interview and file review when assessing for psychopathy.

After reviewing the institutional file and conducting the interview, the items are scored either

a 0 (*definitely not present*) or 2 (*definitely present*) unless there is not enough information or inconsistent information is present to score the item, in which case the item is scored a 1. A completed PCL assessment provides a single total score, which is obtained by summing all the items. This score can range from 0 to 44, where higher scores more closely match the prototypical description of psychopathy. More reliable scores are obtained by taking scores from at least two independent raters and then averaging those scores. The practice of using at least two independent raters also promoted investigations into the interrater reliability of the PCL, demonstrating that its reliability was good, even for non-clinically trained individuals.

PCL Scales

Although the PCL was the original scale developed for the assessment of psychopathy, it was only validated in White incarcerated adult males. Psychopathic traits, though more prevalent in offender populations, are also present in nonoffender adult populations and other populations such as youth. In adult offenders, use of the PCL has been replaced by the updated and revised PCL–Revised (PCL-R) for research and clinical purposes. The PCL-R has retained the structure of the original PCL with some modifications to its scoring and reduction to 20 items.

The PCL has also given form to two other PCL family scales: the PCL: Screening Version (PCL:SV) and PCL: Youth Version (PCL:YV). The PCL:SV is a shorter 12-item rating scale to screen for psychopathic traits and behaviors in offenders and for use in nonoffender populations including forensic psychiatric settings and community samples. The PCL:YV is a 20-item modified version of the PCL-R that is designed for assessing psychopathic traits and behaviors in youth aged 12–18 years. Thus, although not used as a rating scale any longer, the PCL represents the original scale that provided an empirical and conceptual framework for other PCL family scales that are widely used to assess for psychopathy. The development of the PCL and its contribution as the first systematic effort to assess psychopathy in pursuing research underscores its importance and relevance as a research scale.

Use of the PCL in Research and Validation

An initial priority was to validate the PCL as a measure that captured a similar construct as Cleckley's criteria and the global ratings of psychopathy. The first sample to validate the scale consisted of 143 White incarcerated male offenders from a prison in British Columbia, Canada. Analyses showed that PCL total scores significantly predicted global ratings of psychopathy, which indicated that the items that formed the PCL consisted of similar features that clinicians were using when making a clinical decision on the global rating of psychopathy. Another set of analyses found that offenders who were independently scored on Cleckley's criteria and the 22 items of the PCL could be grouped in a similar way, suggesting that both the 22-item PCL and Cleckley's 16 criteria of psychopathy were measuring a similar construct. Early validation analysis, thus, suggested that the PCL was accurately capturing the same or similar construct of psychopathy that clinicians were assessing with global rating scales of psychopathy and Cleckley's criteria, placing confidence in the ability of the PCL to measure psychopathy even without extensive clinical training. Reliability of the scale items and ratings from this initial study also indicated that it could be used confidently as a reliable measure.

As a validated and reliable measure in offender populations, the PCL was subsequently used in research settings to explore the features of psychopathy. One of the first avenues of research examined the relation between the PCL and violence. Some of the early studies reported that offenders with many psychopathic features engaged in frequent and indiscriminate violence. For example, one study found that criminals with higher PCL scores were more likely to commit violent and aggressive criminal acts than those lower in PCL scores. The study also reported that lower IQ was not a reason for this effect. Researchers also examined whether the PCL could predict which offenders would violate the conditions of their community release. Those offenders with high PCL scores received more suspensions and were more likely to commit another crime while on release as compared to those with medium or low PCL scores. Although the PCL was not

designed as a risk assessment measure, there is a substantive amount of research that elevated PCL-R scores are associated with general and violent reoffending. This has made the scale an important part of risk assessment evaluations in correctional settings.

Researchers have also examined the association between the PCL and other mental disorders in forensic psychiatric patients. PCL scores were positively correlated with antisocial, histrionic, and narcissistic personality features and with substance abuse disorders. PCL scores were negatively associated with avoidant personality disorder features. The results of this study led to many other studies examining the overlap between psychopathic traits and other mental disorders.

Other research also found that offenders with high PCL scores were less likely to learn from punishment when there was the prospect of receiving a monetary reward. This finding led researchers to propose that offenders with psychopathic features have a difficult time modulating their responses in the presence of enticing stimuli. These findings laid the groundwork for subsequent research that would corroborate and extend these features and many others into a greater understanding of psychopathy.

Issues and Changes to the Original PCL

The PCL initiated the development of a research scale for the assessment of psychopathy. However, several issues were identified with the scale's validity and reliability. The first issue involved some of the items. The PCL contained 22 items, but 2 items had relatively low correlations with the overall PCL score. These 2 items were Item 2 (previous diagnosis as psychopath [or similar]) and Item 22 (drug or alcohol abuse not direct cause of antisocial behavior). These 2 items were subsequently removed when developing the revised scale, resulting in a total of 20 items (with scores ranging from 0 to 40). In addition, Item 16 (irresponsible behavior as parent) was modified to represent irresponsible behavior across many contexts instead of just parenting.

A second issue was deciding what information about the individual should be used to score each item. Addressing this issue, a more comprehensive guideline and clearer item descriptions were

provided for the revised version of the PCL. This would lead to a clearer expectation of the rater for what information was relevant when scoring each item and would improve the reliability of the scale. A third issue that arose was the consequence of scoring items when little to no information was available for an item. In these circumstances, raters would often lean toward scoring that item a 1 since there may be a chance that the offender shows the features of that item that was not identified from the file review or interview. This approach, however, may have artificially inflated scores since the offender may truly not show the features of that item. To correct this issue, the ability of a rater to omit items and provide prorated scores was suggested and implemented in the revised scale.

Lastly, some of the factors from the factor analysis in the preliminary study did not have underlying content that could meaningfully be communicated. However, refinements of the PCL would later produce the replicable and content-meaningful two-factor structure also found in the PCL-R, PCL:SV, and PCL:YV. This two-factor structure includes a core personality factor (e.g., pathological lying, manipulation, and attenuated emotional features) and an antisocial lifestyle factor (e.g., impulsive, parasitic orientation, and criminal features).

Contribution of the PCL to Understanding and Researching Psychopathy

The primary contribution of the PCL was providing the first assessment scale enabling systematic research into the clinical construct of psychopathy. Before its development, psychopathy was largely a clinical diagnosis, arrived at by interviewing the offender and using clinical judgment to make the diagnosis. The PCL provided a rating scale that combined many of the traits and behaviors of psychopathy using conceptual and statistical methods to provide a more objective assessment of psychopathy.

Another contribution that the PCL provided to research in psychopathy was providing a quantifiable score of psychopathy that could be more easily replicated with various raters. Providing a quantifiable score of psychopathy also enabled research to

examine the dimensional nature of psychopathy and its related features. For example, increasing levels of psychopathy as measured on the PCL indicate an increasing likelihood of violent recidivism. Because the PCL provided a dimensional score (from 0 to 44), research could examine correlations between the PCL and other variables such as recidivism.

Research examining the structure of the PCL also produced a two-factor conceptualization, which has influenced understanding the components of psychopathy. Although the two factors are moderately associated with each other ($r = .50$), they also have distinct properties and associations with the different features of psychopathy. For instance, the antisocial lifestyle factor (i.e., Factor 2) has larger associations with criminal recidivism, drug and alcohol abuse, and psychiatric disorders. The core personality factor (i.e., Factor 1) shows larger associations with instrumental violence and noncompliance with treatment. The two-factor solution first observed in the PCL has also been found in the PCL-R, PCL:SV, and PCL:YV and continues to influence research and understanding of psychopathy.

Another contribution of the PCL was structuring the many features of psychopathy into one scale, where each feature (i.e., item) had the same influence as all the other features (or items) in determining the overall score. Amalgamating the features that form the construct of psychopathy into one scale had the benefit of preventing some salient traits or behaviors from having an undue influence on an offender's score. For example, especially heinous crimes or extensive use of deception may have a dramatic influence when providing a global assessment of psychopathy, but adherence to the PCL scoring would require consideration of the many other features of psychopathy when providing a total psychopathy score. In this way, the PCL provided a balanced, reliable, and accurate way to assess an offender on psychopathic traits for research and clinical purposes and paved the way for not only the PCL family measures of psychopathy but also other assessments that examine the construct of psychopathy and its associated features.

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See also Psychopathy; Psychopathy Checklist–Revised (PCL-R) and the Psychopathy Checklist Screening

Version (PCL:SV); Psychopathy Checklist Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL:SV); Psychopathy Checklist: Youth Version (PCL:YV)

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PSYCHOPATHY CHECKLIST–REVISED (PCL-R) AND THE PSYCHOPATHY CHECKLIST SCREENING VERSION (PCL:SV)

Robert Hare's Psychopathy Checklist–Revised (PCL-R) and the briefer screening version (PCL:SV) are the predominant tools for assessing psychopathic traits in adult forensic and correctional

settings. Psychopathy is a multidimensional personality disorder characterized by an arrogant and manipulative interpersonal style, poverty in major affective reactions, an impulsive and irresponsible lifestyle, and persistent and inadequately motivated antisocial behavior. Contemporary conceptualizations of psychopathy derive from Hervey Cleckley's seminal work in the 1940s in which he provided comprehensive descriptions of institutionalized psychiatric case studies. Cleckley defined psychopathy primarily in terms of interpersonal and affective deficits under a surface of outwardly *normal* behavior, which he termed a *mask of sanity*. Considerable research has demonstrated that adults presenting with psychopathic traits embark on a chronic, proactively (i.e., without provocation, for instrumental gain) aggressive, violent, and criminal lifestyle, and as such are highly overrepresented in the criminal justice system.

The PCL and its derivatives are often used by clinicians and forensic professionals for violence risk assessment, although not originally intended for this purpose. In fact, in his case descriptions, Cleckley did not characterize psychopaths as explosively violent, predatory, or cruel; rather, he suggested that the harm that they caused was secondary to their shallow affect. Modern perception of psychopathy's association with criminal antisocial behavior stems from William and Joan McCord's work with incarcerated offenders, rather than psychiatric patients. Many current measures of psychopathy assess law-breaking behaviors in addition to the core affective and interpersonal features, which some scholars view as tangential to the construct, constituting a matter of contention. This is due in part to the fact that most existing measures of psychopathy are based on the PCL, which weighs antisocial and criminal externalizing features as strongly as the traits of emotional detachment and interpersonal exploitation. Research finds that the predictive utility of PCL assessments is largely derived from its assessment of antisocial and disinhibitory tendencies rather than interpersonal and affective features.

Psychometric Properties and Factor Structure

Hare's initial efforts toward developing this clinical diagnostic instrument consisted of a global

ratings system that was based on Cleckley's institutional description, in which a diagnostic rating from 1 to 7 was assigned to indicate an individual's likeness to a prototypical psychopath (1 = *clearly nonpsychopathic*, 7 = *definitely psychopathic*). However, this original rating system required considerable experience and knowledge of Cleckley's conceptualization and was not easy to disseminate to other researchers or clinicians. Hare's original checklist consisted of 22 items that were chosen from a larger item pool on the basis of how effectively they discriminated, as a set, between high and low scores on the global ratings system. Individuals' likeness to a prototypical psychopath was rated on a 3-point scale (0 = *item does not apply*; 1 = *item applies somewhat*; 2 = *item definitely applies*). The subsequent revised version (PCL-R) dropped two items ("previous diagnosis of psychopathy or similar" and "antisocial behavior not due to alcohol intoxication") from the original checklist with poor factor loadings and included clarified scoring criteria for ease of use for evaluators.

PCL assessments are to be conducted by trained professionals with semi-standardized administration procedures. The PCL-R involves a 60- to 90-minute semi-structured clinical interview supplemented with an extensive case history institutional file review, providing a fairly objective assessment of adult psychopathy. The individual is rated on 20 psychopathic traits that define psychopathy across two dimensions: an interpersonal-affective dimension (Factor 1; divisible into affective and interpersonal facets) and a lifestyle-behavioral dimension (Factor 2; divisible into impulsive-irresponsible lifestyle and antisocial behavior facets). PCL manuals provide a description of each item and information to be used in decision-making when rating an individual. The standard interview covers a range of topics including education, employment history, family and home life background, relationships and children, drug and alcohol use, and criminal history. Item ratings are summed to yield a global score representing the degree to which the individual embodies the prototypical psychopath with a maximum score of 40. Individuals scoring equal or greater than 30 have traditionally been designated as psychopathic and at high risk of violent, antisocial behavior.

The PCL:SV was developed as a briefer version of the PCL-R to screen for psychopathy and to determine whether more comprehensive assessment is warranted. This abbreviated version includes 12 items that are thought to be representative of Factor 1 and Factor 2 from the PCL-R (labeled Part 1 and Part 2) and has been used with civil psychiatric patients, community samples, and in personnel selection. Items removed include pathological lying, shallow affect, need for stimulation, parasitic lifestyle, promiscuous sexual behavior, many short marital relationships, early behavior problems, and criminal versatility. PCL:SV scores correlate strongly with the PCL-R (weighted $r \sim 0.80$). Similar to the PCL-R, each item is rated on a 3-point Likert-type scale by trained professionals based on a clinical interview and file review. While factor analyses were not completed in the original development of the PCL:SV, some factor analytic studies conducted since support the same two-factor structure as the PCL-R. Others have found support for a three-factor model across PCL measures tapping moderately correlated ($r \sim 0.50$) but separable affective (e.g., callousness/lack of empathy), interpersonal (e.g., glibness and superficial charm), and antisocial-behavioral deviance (e.g., chronic impulsive and irresponsible behavior, life-span antisocial behavior) dimensions.

Convergent and Discriminant Validity

PCL scores correlate more strongly with the McCord's definition of criminal psychopathy rather than Cleckley's masked disturbance of attenuated affect. High PCL-R and PCL:SV scores are positively associated with measures of impulsivity, aggression, and criminal behavior (i.e., convergent validity—measures that should be related are related) and inversely associated with measures of empathy and affiliation (i.e., discriminant validity—measures that should not be related are not related). Specifically, research indicates that high scores on the interpersonal-affective dimension are associated with narcissism, social dominance and potency, and low empathy and negatively related to measures of negative emotionality (i.e., anxiety and depression). Those scoring high on the interpersonal-affective dimension also show reduced fear-potentiated startle in the

presence of threat. Conversely, the lifestyle-behavioral factor is associated with alienation and externalizing maladaptive characteristics and behaviors, such as aggression, impulsivity, sensation seeking, drug and alcohol use, and criminal behavior.

Predictive Validity

PCL measures were not developed for the explicit purpose of risk assessment, for which many validated tools are available; however, they show clinical utility for predicting nonviolent and violent criminal recidivisms. As a consequence, they have increasingly been used in a variety of legal contexts, both criminal and civil, to assist risk assessment in cases regarding commitment pursuant to sexual predator laws, civil commitment, parole determinations, institutional placement, death penalty sentencing, and sentence enhancement/mitigation. Surveys of U.S. forensic practitioners suggest that the PCL-R, specifically, is among the most commonly used clinical instruments for assessing recidivism risk.

Meta-analytic studies examining whether PCL measures can predict recidivism consistently reveal a small to moderate association between PCL total scores and future offending, including institutional behavior problems and general and violent recidivism. This finding is observed among male and female offenders, juvenile offenders, forensic psychiatric inpatients, community samples, and European samples. Research examining the PCL's predictive validity has predominantly been conducted with White North American male samples; however, recent efforts have attempted to validate its use with other ethnicities, but further research is needed to determine the reliability of the measure with these samples. The predictive validity of PCL scores is generally stronger when longer follow-up intervals are used. The PCL does exhibit adequate predictive validity for general and violent recidivism among sexual offenders but is less useful in the prediction of sexual reoffending specifically. Thus, it is clear that the PCL measures demonstrate at least some degree of predictive validity with regard to future antisocial behavior.

As mentioned earlier, most of the PCL's predictive utility is attributable to its assessment of

antisocial deviance features of psychopathy rather than interpersonal traits reflecting emotional detachment. Several meta-analyses consistently demonstrate that the lifestyle and antisocial-behavioral features of the PCL, which assesses general externalizing psychopathology that is not specific to psychopathy, more strongly predict future antisocial conduct than the interpersonal and affective features. The relative superiority of the lifestyle-behavioral deviance dimension for predicting antisocial behavior holds true across various outcome measures, including institutional misconduct and general and violent recidivism. These findings challenge the assumption that the measures' association with violence is an indication that emotionally detached psychopaths use violence to prey upon others. However, some research has demonstrated that Factor 1 is more strongly associated with instrumental aggression relative to Factor 2 that is more strongly associated with reactive aggression. The PCL measures may tap trait aggression, externalizing features, or a chronic and versatile history of antisocial behavior that predicts future violence but are not specific to psychopathy. It has been further suggested that psychopathy dimensions may have an additive or interactive effect such that the prediction of recidivism or violence is substantially enhanced when they are considered together, although findings are inconsistent.

Recommendations for Use

The popularity of PCL measures in forensic risk assessment appears to transcend tools developed specifically for the purpose of evaluating risk of future offending; however, some important considerations are worth mentioning. First, Hare recommended that PCL measures are not appropriate for use as a stand-alone risk assessment tool. Rather, PCL measures may be best utilized as a complement to other risk assessment tools that have been designed to predict specific outcomes. Second, while both the PCL-R and the PCL:SV have recommended cutoff scores (>30 and >18 , respectively) constituting a psychopathy *diagnosis*, this is founded on little research support. There is still surmountable debate in the field on an accurate psychopathy definition; however, researchers support that psychopathic traits are

continuous (i.e., dimensional) rather than taxonic (i.e., categorical). Third, in the tool's development, Hare excluded Cleckley's positive adjustment indicators regarding these items as irrelevant to the psychopathy construct. Other researchers have disagreed with this exclusion, suggesting that characteristics of fearlessness and stress immunity are essential elements of psychopathy. Cleckley described individuals with such paradoxical positive adjustment and maladaptive features, a combination of traits often observed among individuals in certain professions, such as, politicians or investment bankers—a subgroup some in the field have termed *successful* psychopaths. In contrast, some individuals designated as psychopathic according to the PCL and its derivatives present with high anxiety levels or other emotional maladjustment and are typically described as secondary psychopathy variants in the literature.

Although phenotypically indistinguishable from primary psychopathy variants with regard to both Factor 1 and Factor 2 traits, experiences of social and environmental adversity (i.e., childhood trauma or maltreatment) are instead central to theories of secondary psychopathy. Several studies have also found that secondary psychopathy variants show a more reactively aggressive and violent profile than primary variants. Since “an absence of anxiety or other ‘neurotic’ symptoms” was dropped as an indicator between Cleckley's psychopathy criteria and PCL assessments, some researchers include measures of negative emotionality (i.e., anxiety) to distinguish secondary psychopathy variants.

Finally, several researchers and clinicians believe that psychopathic individuals are resistant to treatment, and consequently, PCL assessments have been used to exclude those scoring in the psychopathic range from receiving treatment. However, accumulating research by Stephen Wong and colleagues finds that psychopathic offenders receiving comprehensive and intensive intervention focused on targeting criminogenic behaviors and individual interpersonal personality features, in line with the Risk-Need-Responsivity principles, commit less serious offenses than matched controls receiving standard correctional programs. Also, in light of the aforementioned research supporting heterogeneity among those with psychopathic traits, a one-size-fits-all approach to intervention may not be

capturing the unique treatment needs of psychopathy variants that show distinct correlates and putative etiological factors.

In conclusion, there is still disagreement in the field as to how best to operationalize the prototypical psychopath. However, with the development of the well-validated PCL assessment and its derivatives, including a youth version, scientific research on psychopathic traits is abundant. The PCL was not designed to be used as a risk assessment tool; however, it is commonly used in judicial settings to identify those individuals at greatest risk of persistent, violent, antisocial behavior. In the United States, specifically, the use of PCL measures in the courtroom is increasingly introduced by prosecution in capital punishment cases and as a determinant in treatment allocation. Yet, research has found that adult psychiatric patients scoring high on the PCL-R and receiving targeted, intensive intervention were less likely to behave violently and committed less serious offenses than those who attended fewer treatment sessions or received standard treatment. Continued research efforts to elucidate how the various dimensions of psychopathy, alone and in combination with anxiety measures, designate a subgroup of antisocial individuals at greatest risk of persistent violence and lawbreaking behavior hold promise toward informing theory and practice.

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See also Psychopathic Offenders, Treatment of; Psychopathic Offenders: Current State of the Research; Psychopathic Traits, Structure of; Psychopathy; Psychopathy Checklist (PCL)

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PSYCHOPATHY CHECKLIST: YOUTH VERSION (PCL:YV)

The PCL:YV is an assessment that measures psychopathic traits and behaviors in youth aged 12–18 years. The construct of psychopathy has been studied in adults with structured assessment measures developed by Robert Hare since the 1970s using the Psychopathy Checklist (PCL), which later became the PCL-Revised (PCL-R), a measure of psychopathy widely used in research, clinical, and forensic settings. The PCL:YV was adapted from the PCL-R and published in 2003. It has the shared goal among researchers and clinicians of identifying psychopathic traits and their consequences in youth, with the potential to shed light on the developmental precursors of adult psychopathy. Furthermore, it provides a means to discover the persistence of these traits from adolescence to adulthood and to assess the effectiveness of early intervention. Adult psychopathy is related to many negative social and individual outcomes, including violent reoffending, instrumental aggression, substance abuse, and treatment dropout. The PCL:YV was constructed to learn the developmental history of psychopathy and its early manifestation with the goal of ameliorating these negative outcomes. This entry describes the structure and administration of the PCL:YV, special considerations when assessing adolescents, its psychometric properties, and its application for understanding the construct of psychopathy in youth.

Structure and Administration

The PCL:YV is a 20-item rating scale completed on the basis of a semi-structured interview and a collateral file review. The rater scores each item on a 3-point scale from 0 to 2, where 2 is *definitely present*, 1 is *somewhat present*, and 0 is *not present*, resulting in a total score ranging from 0 to 40, with higher scores representing more psychopathic traits and behaviors. The file review is typically conducted first to gather and organize information and to help prepare questions for the interview. A rater who typically has an advanced professional or university degree (e.g., MD, MA, PhD) conducts the interview with the youth, which takes approximately 120 minutes. The interview probes different aspects of the youth's life, including the youth's history and current functioning, school, work, family background, relationships, substance use, attitudes, emotions, and antisocial behaviors. As a semi-structured interview, its trajectory may change depending on the flow of conversation, cooperation, and types of information shared by the youth. Although not preferable, when an interview is not possible (e.g., youth or parents withhold consent), a PCL:YV assessment can still be conducted with just a file review. File review-only assessments, however, should contain multiple sources of information from varied contexts, should be noted in the assessment report, and its results interpreted cautiously.

The PCL:YV manual provides a detailed description of each item for assessors to minimize rater differences when scoring. In addition to detailed descriptions of each item, the manual provides information on where to find the source of information. These are details and illustrations that give the assessor an indication of what information during the interview and/or file review is relevant and helpful for scoring each item.

PCL:YV items can be grouped according to factor analysis into four clusters of traits and behaviors. Four items comprise an *interpersonal* traits factor, which include items such as manipulation and impression management. Four items make up an *affective* traits factor, including items such as lack of remorse or guilt and callousness/lack of empathy. Five items form the *behavioral* traits factor, including irresponsibility and impulsivity, among others. Five items also comprise an

antisocial traits factor, with items such as criminal versatility and poor anger control. The two additional items are stand-alone items that do not load onto one of the four factors. Item scores are summed to produce a PCL:YV total score, with higher scores indicating more psychopathic traits and behaviors.

Considerations for Measuring Psychopathy in Youth

Any measurement of young individuals needs to take into consideration that youth are developmentally unique compared to adults. The PCL:YV incorporated the following age-related considerations into its development.

Nonnormative Behavior

Assessing with the PCL:YV requires a consideration that the degree of normal or average behavior in adolescence is different from that in adults. For instance, risk-taking behavior is more common in youth compared to adults. Therefore, scores on the PCL:YV items must reflect levels of traits and behaviors that are nonnormative for youth.

Age-Appropriate Items

Items should be considered in light of the different expectations, responsibilities, and developmental stages of youth compared to adults. For example, most youth in modern society are not expected to have an extensive work history or have dependents, and they typically have different psychological and emotional concerns compared to adults. Based on this criterion, assessors are expected to be familiar with what is normal adolescent development.

Stable Characteristics

When assessing youth with the PCL:YV, it is essential to consider a range of ages from childhood to the time of the assessment when scoring items. This will prevent the undue influence of any transitory problems in a youth's life on the youth's score. For example, an adolescent whose parents have recently divorced may be acting more antisocially since the divorce. It is also important to

consider many contexts (e.g., school, home, community) over the youth's lifetime when assessing stability of a characteristic.

Multiple Sources

The file review must contain multiple sources of information about the youth to avoid undue influence of one or a few perspectives that may have limited social interaction with the youth. Having many sources allows for a comparison between observers of the youth and the youth's perspective during the interview. Sources may include parent and teacher reports, mental health records, and criminal and court records.

Labeling

As an offender in the criminal justice system, the label *psychopath* can have negative consequences on severity of sentencing, probability of parole, and access to institutional programming and treatment. Therefore, the PCL:YV developers stress that anyone using the PCL:YV must not interpret any score as evidence that the youth is a *psychopath*. Furthermore, they stress that the PCL:YV should not be the sole assessment used in clinical and forensic decision-making.

Psychometric Properties

Overall, the PCL:YV demonstrates strong psychometric properties. The interrater reliability of PCL:YV Total scores is high within research settings (single-rater intraclass correlation coefficients of .90–.96). However, it is not clear if the same interrater reliability is evident within real-world contexts. The internal consistency of PCL:YV Total scores is also high, with α coefficients ranging from .85 to .94. The factor scores have more variable reliabilities, with interrater reliability ranging from acceptable to excellent (.70–.90) and internal consistency ranging from questionable to excellent (.22–.86).

Research has been conducted with institutionalized young offenders, young offenders on probation, psychiatric inpatient youth, and youth in the community. PCL:YV Total scores do not appear to be unduly influenced by youths' age, gender, or ethnicity. The PCL:YV is standardized on these

samples, with 2,438 youth from Canada, the United States, and the United Kingdom. After a PCL:YV assessment, the youth's score (Total and/or Factor) is compared to percentile and *T*-score tables, which compare the relative level of psychopathic traits of that individual to other youth in similar circumstances (institutionalized, probation, or community) and of the same gender. For example, youth scoring in the 90th percentile will have 90% of youth from the same circumstance and gender score less than them on the PCL:YV. This indicates a high level of psychopathic traits for that youth.

Applications and Uses

The PCL:YV is used in various research, clinical, and forensic settings to help determine the presence of psychopathic traits in youth, including the differences and similarities between youth and adult psychopathy and between youth with high compared to low psychopathic traits. Much of this research has confirmed the validity and utility of the PCL:YV as a measure that is similar to psychopathy in adults as assessed with the PCL-R.

The PCL:YV has been used to determine whether higher psychopathic traits exist more in adolescents who have experienced adverse childhood environments. Higher PCL:YV scores have been associated with separation from mothers or fathers at earlier ages, maternal criminality and number of nonviolent offenses, and lack of parental supervision. There has been no established relationship, however, between PCL:YV and parental substance abuse or whether the youth was adopted. Some researchers have found no relationship between higher PCL:YV scores and parental abuse generally, but others have reported a relationship between higher PCL:YV scores and physical abuse from the father specifically.

Another important use of the PCL:YV is to better understand developmental differences in social, neurocognitive, and intelligence traits of youth who are high compared to low in psychopathy. Higher PCL:YV scores are associated with a diminished empathic response and moral reasoning capabilities on neurocognitive tests. Higher scores are also associated with making more errors on a go/no-go task that is mediated by the orbitofrontal/ventromedial areas of the brain but

not with errors on tasks mediated by the frontal/dorsolateral areas of the brain. In addition, some evidence has shown that the volume of some brain areas is identifiably different based on PCL:YV Factor scores. Intelligence appears to manifest differently in youth scoring higher on the first factor of the PCL:YV (interpersonal traits) compared to youth with lower scores. Youth with higher PCL:YV interpersonal traits may have higher verbal IQ and show more creativity, practicality, and analytic thinking based on standardized measures. PCL:YV Total scores have been positively associated with performance IQ in some studies, but others have shown that youth scoring high on the PCL:YV have comparable IQ scores to those scoring low. Researchers and clinicians often consider these strengths and weaknesses when formulating intervention programs to promote effective change.

The PCL:YV is related to antisocial behavior in youth. There is a higher preponderance for violent antisocial behavior in both institutions and the community for youth with high PCL:YV scores. Youth in correctional institutions with high PCL:YV scores have more infractions and show more physical violence compared to those with lower scores. Other antisocial indications that distinguish high PCL:YV youth from low PCL:YV youth are a greater presence of instrumental motives for violence (using aggression toward others to get something) and victim injury (the severity and type of injury the victim sustained). Along with preponderance for antisocial behavior, those with higher PCL:YV scores also have an earlier onset of criminal activity, higher frequency of criminal activity, and more versatility in the types of crimes they engage in, even after removing the items within the PCL:YV, which are used to score criminal behavior. These patterns have also been found in some ethnic minorities assessed with the PCL:YV.

There is a well-established positive relationship between PCL:YV scores and violent reoffending, but this relationship has largely been found only with boys. A mean 10-year follow-up study into young adulthood of young offenders assessed with the PCL:YV found that it was a strong predictor of violent, nonviolent, and sexual reoffending, with approximately half the youth later receiving an adult conviction. The relationship between the

PCL:YV and sexual reoffending, however, is not well established. Although youth with elevated PCL:YV scores are more likely to reoffend, some researchers have demonstrated that an intensive treatment program for such youth has been successful at reducing violent reoffending rates compared to conventional detainment.

The PCL:YV has extensive research that has investigated psychopathic traits in youth and found that many similarities exist with research from the adult psychopathy literature. This supports the use of the PCL:YV as a valid measure of a similar construct of psychopathy as measured by the PCL-R for adults. There has not been, however, longitudinal studies investigating the concordance between PCL:YV scores and PCL-R scores in the same individual. Furthermore, despite there being a relationship, not all youth scoring high on the PCL:YV go on to have criminal involvement. There may, therefore, be mediating factors that contribute to the traits assessed with the PCL:YV and its association with future criminal behavior. Discovering these mediating factors is the goal of researchers and clinicians to assist with identifying potential variables that might be considered when implementing more effective interventions for youth with high psychopathic traits.

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See also Psychopathy; Psychopathy Checklist (PCL); Psychopathy Checklist-Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL:SV); Psychopathy Checklist: Youth Version (PCL: YV)

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PSYCHOPATHY VERSUS ANTISOCIAL PERSONALITY DISORDER

Psychopathy is often considered a severe personality disorder, and perhaps more accurately, a constellation of several maladaptive personality traits. More specifically, those who traditionally are viewed as *psychopaths* tend to be regarded as superficially charming, manipulative, pathological liars, egocentric, overly self-assured, callous, exploitative, insensitive, having shallow or no emotions, lacking in guilt and remorse for their actions, as well as being impulsive, irresponsible, and aggressive. Psychopathy expert Robert Hare has referred to them as *intraspecies predators* who, via the use of charm, manipulation, and intimidation, callously take what they want, and abuse or exploit whoever stands in their way to achieve their goals, without the slightest sense of regret or remorse.

While such psychopathic individuals are relatively rare, when one does encounter such a person, the effects usually include being victimized emotionally, sexually, and financially within the context of what may have begun as an intimate or friendly relationship. Furthermore, these individuals are responsible not only for a disproportionate amount of antisocial conduct in society, especially violent and sexual crime, but also for malfeasance in the workplace and other settings. A great deal of research has shown that criminals who have been assessed as being psychopathic are more likely to commit new crimes, including violent crimes such as sexual assault, than nonpsychopathic offenders. As such, psychopathy has become a very important construct in criminal and forensic psychology.

Interestingly, psychopathy per se is not listed as a diagnostic entity in the current version of the

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), published by the American Psychiatric Association in 2013. The DSM-5 does, however, provide a diagnosis of a personality disorder that includes many of the criteria of psychopathy as described earlier, namely, antisocial personality disorder (APD), and notes that terms such as *psychopathy*, *sociopathy*, and *dissocial personality disorder* have been used to indicate APD. The following paragraphs provide for a historical and contemporary account of the diagnosis of psychopathy and discuss the adequacy of the current diagnostic operationalization of this psychological construct.

Diagnosis of Psychopathy

Historical Accounts and Contemporary Conceptualizations

Psychopathy, as it is currently conceived, can be traced back to the 19th century. As early as 1801, the father of modern psychiatry, Philippe Pinel, wrote about a condition he labeled *manie sans delire*, which translates to “mania without delirium.” Individuals with this condition showed extreme behavioral dysfunction, including cruelty, exploitation, aggression, and impulsivity but otherwise appeared to be of rational mind. In 1835, James Pritchard, perhaps the first scholar to use the term *mental disorder*, described a group of patients as being morally deficient but having otherwise unremarkable intellect or ability to reason. Later in 1904, Richard von Krafft-Ebing, a psychiatrist who specialized in criminal behavior, and sexual deviance in particular, characterized these individuals as morally depraved and societal savages who were primarily motivated by needs for aggression and exploitation. In 1915, Emil Kraepelin, the father of contemporary descriptive nosology who wrote the precursor to the *DSM*, referred to a certain group of antisocial patients as *swindlers*—those who were born criminals and the most vicious of all offenders.

Hervey Cleckley, an American psychiatrist, is often referred to as the first scholar to provide the contemporary account of psychopathy. In his classic 1941 book, *The Mask of Sanity*, he described 15 case studies of patients who were quite different from the other patients in the hospital in

which he worked. Much like Pinel's early accounts, these patients were socially adept, manipulative, deceitful, self-centered, and generally guiltless/remorseless and engaged in impulsive and irresponsible behavior. However, they appeared generally free of the debilitating mental health problems (e.g., depression, anxiety, psychosis, suicidality) that characterized the other patients; hence the *mask* or appearance of psychiatric well-being in the light of their highly maladaptive and socially impaired conduct.

Cleckley's original account inspired many other scholars, and some accounts of the nature of psychopathy have varied since that time. In 1964, William McCord and Joan McCord wrote *Psychopathy: An Essay on the Criminal Mind*, which detailed their studies of psychopathy among prison inmates. Their account of the psychopathic personality generally converged with that of Cleckley's on many points, but their description diverged on the motivational aspects of the disorder. McCord and McCord argued that psychopathic individuals were emotionally cold, socially detached, dangerous/aggressive, and motivated by rage rather than fear or anxiety. In essence, they were cold, vicious, and predatory.

Hare, a Canadian psychologist often credited with being the most prolific writer on the subject of psychopathy, developed the Psychopathy Checklist in an effort to unify the operationalization of this construct, although it was largely based on Cleckley's model of psychopathy with some modifications. The revised version, Psychopathy Checklist-Revised (PCL-R), which was published in 1991, was made available for psychological practice and has been cast as the only method to *diagnose* psychopathy. The use of (PCL-R) involves conducting a semi-structured interview with the client that, combined with a thorough review of the individual's institutional (e.g., prison, hospital) records, allows a clinical psychologist (or similarly trained mental health professional) to rate a person on 20 specific traits/behaviors (e.g., superficial charm, grandiose sense of self, cunning and manipulative, lack of remorse, callous/lack of empathy, impulsivity, irresponsibility, criminal versatility) that are definitional of psychopathy. It is important to note, however, that the PCL-R is just one of many instruments that measure the psychopathic personality. There is nothing

inherently diagnostic about the tool, but offenders who score above a prescribed cutoff have been found to be at a much higher risk of recidivistic antisocial behavior.

Formal Diagnostic Operationalization

As mentioned earlier, the only formal diagnosis that is meant to target *psychopathic personality disorder* in the *DSM-5* is APD. Some experts on the topic have argued that this is an inadequate diagnostic operationalization of psychopathy, and others have argued that psychopathy and APD are different disorders. However, when examining the evolution of the APD construct throughout the various versions of the *DSM*, it becomes evident that APD has been intended to capture the psychopathic personality.

DSM-I, which was published in 1952, referenced an *antisocial reaction* type of sociopathic personality disturbance, entailing not only a deviation from traditional societal values and norms, but features including failure to learn from experience, disloyalty, callousness, excitement seeking, showing marked emotional immaturity, and a lack of sense of responsibility. The *DSM-I* even noted that individuals assigned this diagnosis would have previously been described as exhibiting a psychopathic personality. *DSM-II*, which was published in 1968, settled on the term *antisocial personality*, but the description was again in line with earlier conceptions of psychopathy, describing individuals with this disorder as self-centered, callous, irresponsible, lacking in guilt/remorse, and failure to learn from punishment and other experiences. Moreover, *DSM-II* noted that merely possessing an extensive history of criminal conduct was insufficient to warrant the diagnosis. Whereas these two early definitions of antisocial personality were closer to Cleckley's and McCord and McCord's classic descriptions of psychopathy than more recent versions of the *DSM*, they lacked sufficient diagnostic reliability, due to their reliance on prototype matching rather than on explicit diagnostic criteria.

Owing to the goal of increasing diagnostic reliability in *DSM-III* (published in 1980) through the use of explicit descriptive criteria, APD was operationalized through various behavioral criteria representative of irresponsibility, aggression, unlawful

behavior, recklessness, and impulsivity. Some of the changes in *DSM-III* APD reflected the work of Lee Robbins, who noted that traits were more inferential and subjective, whereas behaviors were more reliable. Moreover, the presence of conduct problems prior to age 15 years was included to indicate the permanency of the behavioral disturbance. Published in 1987, a revised version of the *DSM-III* maintained the behavioral criteria from *DSM-III* but added an additional criterion of lacking in remorse for one's behavior. The *DSM-IV* and *DSM-IV, Text Revision*, published in 1994 and 2000, respectively, operationalized APD in a manner similar to that of its revised version of the *DSM-III* counterpart in its coverage of various social deviance behaviors. Although the text in the manual noted that the diagnosis of APD was synonymous with psychopathy by describing its associated features as glib, superficially charming, callous, and lacking in empathy (among others), none of these features were included in the actual diagnostic criteria. Finally, the *DSM-5* retained the text from *DSM-IV, Text Revision*, almost verbatim.

Convergence and Divergence Among Operationalizations

It is important to note that the *DSM* and instruments such as the PCL-R are merely operationalizations, or measurements, of a theoretical construct, here, psychopathy. Such operationalizations are very much dependent on theory, which in the field of psychopathy continues to be somewhat controversial. The most common perspective in the field is the one held by Hare (which was heavily influenced by Cleckley as noted earlier but likely came to resemble that of the McCords' to a greater degree) which guided his development of the PCL-R. The *DSM-5* operationalization of APD and the PCL-R operationalization of psychopathy have several similarities: Both emphasize interpersonal deceitfulness, lack of remorse, impulsivity, irresponsibility, aggressiveness, and general social deviance throughout the life span. The PCL-R also contains the assessment of superficial charm, grandiose sense of self, callousness/lack of empathy, lacking in emotional depth, failure to accept responsibility, and need for stimulation/excitement. Many of these latter characteristics tend to be common across many theoretical formulations of

psychopathy, making the *DSM-5* operationalization incomplete or inadequate. Furthermore, only three of seven criteria (along with evidence for conduct problems prior to age 15 years) are necessary for a diagnosis of APD; as such, many so-called career criminals who are impulsive and irresponsible would meet criteria for APD, which appears to be inadequate in light of theoretical formulations that emphasize the specificity of the more emotional (e.g., lack of empathy, remorse, and emotional depth) and interpersonal (pathological lying, superficial charm) characteristics and central to the disorder.

This very broad and heterogeneous APD operationalization typically means that 50–75% of prison inmates meet diagnostic criteria for the disorder, which may not be particularly useful for offender management, including risk classification and intervention. It is not surprising that most individuals who meet the criteria for psychopathy (per the PCL-R) also meet most of the criteria for APD (including those of conduct disorder before age 15 years) plus many of the additional features unique to psychopathy. However, given that the percentage of prison inmates who meet the criteria for psychopathy is more restricted (only 15–20% of those who meet the criteria for APD), a finding of psychopathy may be more informative in terms of offender management than a *DSM-5* diagnosis of APD.

A Look to the Future

Prior to the *DSM-5* publication in 2013, a working group on personality and personality disorders had proposed revising the personality disorder section of the *DSM* (to which APD belongs) and substituting it with a model that emphasized the individual differences that personality traits coupled with dysfunction. The proposed model was eventually placed in Section III (Emerging Models and Measures) of *DSM-5* for further scientific examination. Because the list of traits considered for *DSM-5* Section III APD include callousness, manipulateness, deceitfulness, hostility, impulsivity, irresponsibility, and risk-taking, it seems apparent that the Hare psychopath is approaching diagnostic reality. Also proposed was a *psychopathy specifier* that captures the low anxiety and social gregariousness typically attributed to the theoretical construct of psychopathy. Initial

scientific research indicates some validity to this alternative operationalization; however, more scientific work is needed. Nevertheless, the *DSM* appears to be moving toward mapping its operationalization of psychopathy onto the theories from which it was originally derived.

Martin Sellbom and Douglas P. Boer

See also Psychopathy

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PUBLIC OFFENDER REGISTRIES

The registration of criminal offenders in the United States is not a new approach to crime prevention, but since the 1990s, this effort to create and maintain systematic lists of lawbreakers has focused largely on convicted sex offenders and featured public offender registries (PORs). As repositories of information about convicted criminals, PORs are open to anyone who wishes to access such data and are often made available through the online web pages of government entities and other organizations. Upon criminal conviction, individuals subjected to PORs are typically required to provide law enforcement and correctional authorities with their names, photographs, addresses, birth dates, Social Security numbers, fingerprints, offense histories, and dates of convictions. However, the information provided to the public varies widely across jurisdictions. These offenders must also verify the accuracy of this information on a routine basis for the duration of their registration, which may range from a few years to the rest of their lives. This entry describes

the rationale behind PORs and early attempts at criminal registration in the United States. PORs are then considered in light of their effects on public safety and recidivism, ramifications for offenders and families, and other criticisms. Finally, the newest developments in PORs are discussed.

Rationale Behind PORs

The expressed goals of PORs are to promote public safety and reduce recidivism through deterrence. Proponents assert that PORs allow the public to recognize convicted offenders who may continue to pose a threat to communities. The idea is that PORs may prevent crimes by identifying people with proclivities toward offending (due to their criminal records) and allowing society to respond accordingly. Responses may include protective actions by citizens or barring identified offenders from employment, housing, community engagement, and other forms of social capital that may place other community members at risk of victimization. Thus, PORs allegedly increase awareness of potential danger and allow community members to be better prepared to avoid situations in which identified offenders living among them may reoffend. At the same time, the possibilities for participating in criminal activities again are believed to be restricted, as public identification and exposure of previous crimes supposedly make offenders feel more susceptible to the risks associated with repeating offenses.

Early Criminal Registration

Concerns about organized crime in the 1930s led to the establishment of the earliest criminal offender registries in the United States. In 1933, Los Angeles, CA, passed the first ordinance that mandated registration of individuals who were convicted of certain crimes. The goals of this law were to send a message to *gangsters* and other lawbreakers that the city was not a desirable place to conduct illegal activities and to provide the police with the ability to track convicted offenders to reduce recidivism. Shortly thereafter, criminal registries became realities in many U.S. jurisdictions, such as Miami, FL, and Seattle, WA, but these laws were anything but uniform. The types of offenders subjected to registration, the

information that was maintained, and penalties for failing to register differed. Florida, in 1937, was the first to successfully pass statewide legislation that obligated certain individuals to register as convicted criminals.

In the succeeding decades, several other states created and enforced criminal registration statutes. California implemented such registration in the late 1940s, whereas Arizona, Illinois, and New Jersey did so in the 1950s. Alabama, Nevada, and Ohio followed suit in the 1960s. The laws in California, Arizona, Alabama, Nevada, and Ohio focused solely on convicted sex offenders, and the laws in Illinois and New Jersey were aimed only at drug offenders. In the 1980s, however, Arkansas, Montana, Oklahoma, and Utah established registration procedures for convicted criminals, and these policies often centered on all felons, individuals who engaged in offenses against morality, or both. Although they were popular among lawmakers, early criminal registration efforts were largely undermined and often unenforced by the police and prosecutors who acknowledged their expensive nature, implementation challenges, and lack of effectiveness for stopping crime.

Creation of PORs

It was not until the high-profile sexual attacks on children and moral panic over sex offenders in the 1990s that U.S. criminal registration schemes allowed the public to access information about convicted offenders. The Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act (1994) was the first federal law that mandated registration of sex offenders in statewide databases. As a result of the Wetterling Act and subsequent legislation, each state now has a mandatory registration law that obligates sex offenders to provide their information to law enforcement officials and have this information provided to the public, most often through publicly available Internet registries. However, it was Megan's Law (1996) in New Jersey that created sex offender registration and notification (SORN) legislation that was ultimately replicated nationwide. Responsible for transforming sex offender registries into publicly available online domains, the federal version of this statute (Public Law 104-145) requires state police agencies to make

information about sex offenders accessible to the public. The Adam Walsh Child Protection and Safety Act became law in 2006 and created a comprehensive and national system for sex offender registration.

Effects on Public Safety and Recidivism

Because PORs have historically targeted convicted sex offenders, what is known in the research literature about their utility is limited to SORN. Nonetheless, it appears that PORs do not increase public safety or decrease recidivism. There is an assumption that PORs increase awareness of the presence of convicted offenders in communities. However, a large majority of the public does not actively utilize available information that is disseminated through online sex offender registries. Although residents commonly know that sex offender registries exist, they often do not use them. This may subsequently reduce community members' awareness of such offenders. Indeed, most residents are ignorant of the presence of sex offenders in their communities, even when they access sex offender registries or live directly adjacent to registered sex offenders. Thus, while community members are largely aware of publicly accessible sex offender registries, such mechanisms do not appear to raise actual public awareness of the presence of local sex offenders. When the public does utilize sex offender registries to become informed about convicted sex offenders in their neighborhoods, this strategy often leads to excessive precautionary behavior and fear of crime that may be harmful.

Placement on PORs generally does not influence the behavior of individuals who are listed on such databases. Whether or not convicted sex offenders were subjected to SORN failed to predict which sex offenders would sexually recidivate in Arkansas, Iowa, Massachusetts, New Jersey, New York, and Washington. This indicates that publicly identifying convicted offenders does not effectively deter them from repeating crimes. What is more, there is some evidence that SORN increased recidivism rates among convicted sex offenders. In short, research on convicted sex offenders across two decades and several U.S. jurisdictions indicates that PORs fail to improve public safety.

Ramifications for Offenders and Their Families

Once individuals are listed on PORs, they often report negative experiences that stem from their public exposure. As the targets of SORN laws, sex offenders often directly encounter harmful obstacles that prevent them from easily reintegrating into society after sex offense convictions. These collateral consequences are the unfavorable and often unintended outcomes that may exist in association with criminal penalties. Convicted sex offenders who are placed on PORs commonly encounter numerous forms of social damage. Specifically, many registered sex offenders experience stigmatization, which can lead to ostracism by community members. As a result of active demonstrations of contempt by community members, many publicly identified sex offenders report persistent feelings of vulnerability, undergo heightened levels of stress, and witness harm to their family members. It is common for individuals who are publicly identified as sex offenders to struggle with maintaining relationships and developing new associations. Once individuals are put on publicly accessible registries, many of their friendships are lost altogether, and the quality of the few relationships that persist may be greatly diminished. Registered sex offenders tend to internalize their spoiled identities as a result of their social exclusion and intentionally withdraw from community involvement, which further reduces their social support. Moreover, it is not uncommon for convicted sex offenders to lose their jobs when coworkers and employers discover their status from PORs. The loss of housing and need to locate to a new residence are also common experiences for sex offenders who have been discovered through PORs.

PORs may also negatively impact individuals other than convicted offenders who are placed on such databases. People who reside in neighborhoods where convicted sex offenders live can lose monetary value in their homes when PORs show that such offenders reside nearby. Police departments, probation and parole agencies, and other government entities may be deprived of time, money, energy, and other resources when they are responsible for implementing and maintaining PORs. In addition, family members of individuals

who are publicly identified as sex offenders may experience negative repercussions, including chronic hopelessness, depression, frustration, stress, shame and embarrassment that prevent them from participating in community activities, and deterioration and loss of social relationships. Children of convicted sex offenders on PORs may be treated differently by teachers and other children at school and frequently cannot have their POR parents attend school events.

Other Criticisms

Examinations of SORN laws also show other limitations of PORs. In theory, PORs are supposed to help stop victimizations by strangers through the release of their identities and whereabouts. However, individuals known to victims are generally most likely to commit offenses against them. As a result, PORs may give community members a false sense of confidence regarding their safety. At the same time, PORs may contain inaccurate or misleading information, due to errors, incomplete data, outdated records, or other issues. A significant number of profiles on the Florida Sexual Offenders and Predators Registry and Kentucky Sex Offender Registry were found to have contained incorrect or missing information. Such incomplete or invalid data make the identification of convicted offenders and their whereabouts nearly impossible. Furthermore, PORs are not comprehensive lists of criminal offenders. Many offenders are neither detected nor successfully prosecuted. Some may avoid public exposure through plea agreements or because their criminal offenses do not obligate them to register. Others simply may not adhere to registration requirements. Moreover, there is evidence that PORs may be incredibly expensive to establish, implement, and maintain.

Newest Developments

Although PORs in the past several decades almost exclusively centered on convicted sex offenders, they are becoming increasingly focused on additional types of lawbreakers. Suffolk County, New York, in 2010, enacted what is believed to be the first publicly accessible registry aimed at animal abuse offenders. In January 2016, Tennessee went

live with the first statewide animal abuser registry. In addition, the Drug Offender Registry Database in Tennessee and the Convicted Methamphetamine Manufacturer Registry in Illinois are recent examples of PORs that target convicted drug offenders. Despite their flawed premise, lack of effectiveness, and harmful nature, PORs will likely persist as the public and lawmakers continue to call for and perceive them as important ways to address criminal behavior.

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See also Adam Walsh Child Protection and Safety Act of 2006; Deterrence; Megan's Law; Punishment; Community Notification Policies; Sexual Offender Registries

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PUNISHING SMARTER PROGRAMS

The concept of *punishing smarter* is often used to describe deterrence-based initiatives. During the get-tough movement of the 1980s and 1990s, these included popular strategies such as boot camps, three strikes and you're out policies, and mandatory minimum sentences for drug offenders. Although the aforementioned sanctions and initiatives have been criticized for not having a

significant impact on crime rates, deterrence-based policies have not lost their favor. There are a number of reasons these initiatives endure, but it is partly attributed to the fact that they often rely on commonsense strategies that are politically popular. Regardless, their persistence is perplexing in light of the vast literature regarding the limits of punitive-based strategies and the promise of the Risk-Need-Responsivity (RNR) model as an alternative. This entry discusses the limits of punishing smarter programs and argues that they will likely continue to fail, if they do not utilize empirically driven strategies shown to be effective in changing offender behavior.

Managing Behavior Through Punishment

The get-tough movement of the 1980s ushered in a myriad of punishment-oriented strategies based on both retribution and deterrence. Popular strategies at the time included boot camps and tougher mandatory minimum sentencing laws, with the former focused on severity of punishment and the latter on certainty. The popularity of these strategies is not surprising given they relied on commonsense ideology. The boot camp, for example, relied on challenging offenders physically and providing them with the discipline they seemed to lack in their own lives. Although tremendously popular for a time, studies found that boot camps not only were ineffective, they produced worse outcomes for many of the individuals subjected to them.

In the 1980s, Congress enacted a variety of mandatory minimum sentences, most commonly directed at drug offenders. Mandatory minimum sentencing laws sought to remove much of the judicial discretion used at the point of sentencing and intended to increase the certainty of punishment. Critics, however, argue that these policies disproportionately impacted minorities, further disadvantaged communities, and simply shifted discretion into the hands of prosecutors. Perhaps most important, however, was the impact that these laws had on the incarceration rate, which was considered too costly and not sufficiently effective. By early 2000, states began passing legislation to repeal or amend these statutes. This shift has become part of a broader refocusing on community corrections as a reasonable, and cheaper, alternative to incarceration. The interest

in community corrections, however, has led to a number of initiatives around the best way to manage and supervise offenders. One such example is the Hawaii Opportunity Probation with Enforcement project.

Project Hawaii Opportunity Probation with Enforcement was conceived in 2004 as a means of increasing the certainty of punishment for probationers who violate their conditions of supervision. The project was conceived by a judge who felt that probationers were not always being held accountable for their behavior due to the procedures and processes required to invoke sanctions. As a result, he created a collaborative process that involved probation, law enforcement, and the prosecutor's and public defender's offices.

At the program's core is a graduated sanctions approach. Probationers are informed that violating conditions of their probation will result in immediate arrest, jail time, and possibly prison time if they continue to violate these conditions. The program targeted higher risk probationers and those who have struggled with traditional probation in the past. In his 2013 essay, "Smart on Crime," Mark Kleiman argues that these types of initiatives work because people commit crime due to poor decision-making. In a 2015 publication, Kleiman suggested that the solution must include deterrent-based strategies that will reduce crime among those who are impulsive and reckless. He continues by arguing that drug testing combined with swift and certain sanctioning could hold offenders accountable while delivering a similar effect to incarceration.

The notion of holding offenders accountable is not new. That basic message was pervasive during the get-tough movement of the 1980s and 1990s and persists today. Even countries less punitive than the United States have adopted some of these principles. For example, Paul Gendreau and colleagues note that Canada and England have argued for an *accountability agenda* in corrections. This contends that offenders can be motivated through a structured reward- and consequence-based approach. However, the use of certain and swift punishment utilized in the Hawaii Opportunity Probation with Enforcement model misses an important point. Sanctioning behavior, regardless of its certainty or swiftness, may teach the offender in the short term to avoid certain behaviors. This

has, however, little impact on long-term behavior since it does not address the person's criminogenic needs.

Managing Behavior Through Treatment

Alternatively, studies suggest that long-term change is achievable by focusing on the principles of risk, need, and responsivity (the RNR model). To illustrate, the RNR model was applied to community supervision officers to encourage their role in the offender change process. An analysis of audiotaped interactions between 62 Canadian probation officers and their clients found that officers did not follow the RNR principles. In response, Jim Bonta and colleagues created a training program for community supervision officers called *Strategic Training Initiative in Community Supervision*. The training program was designed to provide officers with a background in the RNR model and core correctional practices and to teach them skills they could use in their one-on-one sessions with clients. Using a randomized control design, they found that clients who were supervised by officers utilizing the Strategic Training Initiative in Community Supervision approach (particularly the cognitive techniques) were significantly less likely to recidivate compared to controls. Other studies support training community supervision officers and find that offenders supervised by officers trained in core correctional practices were less likely to recidivate.

Researchers at the University of Cincinnati developed a similar approach for both juvenile and adult probation/parole agencies referred to as the *Effective Practices in Community Supervision* model. As with the Strategic Training Initiative in Community Supervision protocol, officers are trained in core correctional practices and encouraged to provide brief skill-based interventions to probationers during their client meetings. Preliminary research findings of the Effective Practices in Community Supervision model are similar to those mentioned above with trained supervision officers performing better than untrained officers.

Therapeutic models that teach community supervision staff to provide therapeutic interventions over a sanctions-focused approach all have one thing in common: They advocate for an environment that supports offender change. Utilizing theoretically

informed and empirically supported treatment strategies, rather than deterrent-based ones, is a smart approach.

Shelley Johnson Listwan

See also Correctional Boot Camps; Psychology of Criminal Conduct; Risk-Need-Responsivity, Principles of

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PUNISHMENT

The words *crime* and *punishment* are inexorably associated in the common lexicon. It is considered a given that those men and women who transgress against the laws of the land, whatever that land may be, will be punished in keeping with local laws. A large slice of the public purse is spent to fund the agencies responsible for the apprehension, trial, and eventual punishment of those convicted of a crime. What might we, the taxpayers,

expect in return for this expenditure? In other words, why punish?

The textbooks of many disciplines, including criminology, economics, law, philosophy, psychology, and sociology, give accounts of theories that seek to explain why punishment is a justifiable response to criminal behavior. These justifications for punishment are taken to be *deterrence*, *retribution*, *rehabilitation*, and *incapacitation*, each with their own particular ways to consider their effectiveness.

Deterrence

General Deterrence

If punishment is a likely consequence of crime, it follows that the population at large should be deterred from committing crimes in order to avoid being punished. The effectiveness of this proposition is arguably reflected in national crime rates: If punishment is seen to be done, then the crime rate should remain reasonably constant. However, the rate at which crimes are committed are subject to many diverse influences, such as levels of employment and demographic fluctuations; so that in the main, the national crime rate is a blunt measure of criminal justice practice. The general deterrent hypothesis has been tested using the special case of the death penalty. A pre-post effect can be calculated for countries that abolish the death penalty or, as with New Zealand, where over a period of years the death penalty is abolished, brought back, and then finally abolished. The complexities of the analyses, necessarily spanning long periods of time, have produced conflicting findings regarding the presence and size of any deterrent effect of capital punishment.

A counterpoint to general deterrence is that people obey the law not out of fear of punishment but for entirely more positive reasons: We may agree to comply with a social contract in which we respect each other's property, we morally agree that violence against other people is not acceptable, and we hold that human life is sacrosanct.

Special Deterrence

In special deterrence, the focus shifts from the general population to the individual offender. The

theory holds that once punished, the individual criminal will be deterred from committing more crimes lest he or she receives further punishment. This hypothesis can be tested by looking at the rates of reoffending of known offenders. It is known that reconviction rates published by governments vary according to variables such as type of offense, age of offender, and drug use. Thus, for some property offenses, the reconviction rate may be as high as 80%, whereas for first-time juvenile offenders, the rate is considerably lower at around 25%. The elevated levels of reconviction for high-volume crimes such as burglary and some serious violent crimes against the person inevitably lead to calls for ever harsher punitive measures such as longer prison sentences, austere prison regimes, and the return of capital punishment.

Retribution

Sometimes referred to as *just deserts*, the delivery of retribution for the wrongly committed rests on the principle of *lex talionis*, an eye for an eye, a tooth for a tooth. For centuries, all crimes were met with the most severe of punishments including mutilation, deportation, and death by terrible means such as crucifixion and slowly being crushed. However, now it is understood that the severity of the punishment should not be cruel and that it should be in proportion to the crime. In its purest form, the argument for retribution seeks no other consequence than the delivery of the appropriate retributive measure, be it a fine or imprisonment. The effectiveness of retribution is gauged by the perceived degree of appropriateness between crime and punishment. The fit between a given punishment for a specific crime will always be a matter of debate influenced by the public values of the time and by exceptional individual cases. An example of the latter point is found in the 1993 UK case of the murder of a 2-year-old boy by two other young boys, both aged 10 years. This incident precipitated widespread discussion not just of the appropriate punishment for such young children but also wider questions about the type of society and the values it holds in which such an event can occur.

Those who favor retribution and wish to be tough on crime may argue for harsh punitive measures such as the death penalty for murders,

austere prison regimes, and military-style boot camps for persistent young offenders. The counterposition sets store by different values such as the sanctity of life, the possibility of wrongful executions, and the recognition that some of those who commit crimes need supportive, not punitive, criminal justice policies.

Rehabilitation

The great liberal reformers, typified by figures such as Elizabeth Fry (1780–1845) in the United Kingdom and Enoch Cobb Wines (1806–1979) in the United States, campaigned for humane prison conditions in order to reform prisoners and so help them return to society. This emphasis on positive change for prisoners, now called *corrections* in some parts of the world, led to the introduction of a range of measures intended to help offenders during their period of punishment. The nature of these rehabilitative measures has varied over time, partly as a result of changing beliefs and partly because of the findings of empirical research.

The early reformers held great store by the rehabilitative properties of education, particularly reading, and religion. The enduring nature of one of these pillars of rehabilitation is evident in a 2015 court case ruling, which followed the UK Justice Secretary banning books for prisoners as part of a crackdown on their *perks and privileges*. The ban was challenged in court and overturned with the judge remarking that “[a] book may not only be one which a prisoner may want to read but may be very useful or indeed necessary as part of a rehabilitation process.”

Alongside initiatives such as training for employment, rehabilitative efforts have also embraced a range of psychological interventions. Over the years, the *treatment approach* has followed the major psychological theories, ranging from psychotherapeutic to behavioral interventions. Large-scale rehabilitative initiatives—offending behavior programs—are evidence-based in that their design follows the findings of a series of meta-analyses which detailed *what works* in reducing offending. The evaluations of offending behavior programs are favorable in showing a reduction in reconviction when they are delivered to a high standard.

Incapacitation

The punishment of offenders through prolonged incapacitation, a contemporary echo of deportation, is based on the notion that if enough offenders are removed from society for lengthy periods of time, the public will be protected and the crime rate will fall. The burgeoning prison population in the United States, which the U.S. Bureau of Justice Statistics reported as 2,220,300 adults in 2016, is an inevitable consequence of laws such as *three-strikes laws* whereby offenders convicted under this law serve a mandatory life sentence. A prison population on scale noted is not only very expensive but poses a risk of overcrowded institutions as it continues to grow. An increase in numbers of prisoners leads to a deterioration in conditions, including overcrowding with attendant problems of prisoner riots. Yet further, a population of older adult prisoners place new demands both on the physical nature of the prison and the skill sets of prison staff. One solution is to build more prisons, so consuming more of the public purse, in order to incapacitate more and more criminals. Another solution is to use selective incapacitation targeted at, say, high-frequency offenders.

Does incapacitation reduce the crime rate? Given the usual caveats with analysis of national statistics, it appears that incapacitation does reduce the crime rate. The size of the reduction is contingent upon the country for which the crime rate is under investigation and in disentangling the effects of any rehabilitative measures used during imprisonment.

Populism

Elections to political office are not typically won by promises of being soft on crime. The inevitable rhetoric of parties standing for election, often reinforced by media surveys of popular opinion, is once in government they will be tough on crime. This toughness will be demonstrated by unfailingly using the government's power to punish and by promises to bring in new laws to enhance this punitive power. In contrast to this parochial position, in 1910, when he was Home Secretary in the UK government, Winston Churchill remarked that the public's views on the treatment of criminals is "one of the most unfailing tests of the civilization of any country."

A mark of a civilized state is found in the way in which it treats its less fortunate members, including those it chooses to punish. There are exceptions in who the state elects to punish.

Exceptions

The first group excluded from state punishment are those under the age of criminal responsibility. In jurisdictions that espouse the notion of *mens rea*, an individual cannot be said to be responsible for their actions until they have reached an age at which they have the mental capacity to know right from wrong. The age of criminal responsibility varies across countries; for example, in Scotland, it is 8 years whereas in Belgium it is 18 years.

The second group commonly excluded from punishment are those individuals who have a mental health disorder. The exact nature of a disorder that leads to exclusion from the criminal law, defined in a given country's mental health law, typically includes mental illness, personality disorder, and intellectual disability.

Effectiveness

Is punishment effective? If the aim is retribution, then punishment arguably achieves its aim: The debate is whether, in terms of quantity and quality, there is enough punishment and whether it is of sufficient severity. A similar position applies with incapacitation: Locking offenders away may serve a purpose, but are offenders being removed for long enough? While it is difficult to gauge the effectiveness of punishment as a general deterrent, it has little effect as a specific deterrent in motivating offenders to change their behavior. The paradox of attempting to bring about positive change in offenders while at the same time punishing them for their crime is probably not the optimum conditions for rehabilitation. The evidence is in favor of treatment in the community rather than in security.

The parameters of effective punishment in terms of changing behavior are well established in the research literature. To be effective in reducing criminal behavior, punishment would need to be *certain*, which it is not; delivered *close in time* to the offense, which does not happen; and delivered initially at *maximum intensity*, which it again is

not. It is also worth noting that once punished, the majority of offenders will return to the same communities—the same social and economic conditions, the same families, the same peer group, and the same availability of alcohol and drugs—in which their crimes were committed. Save for the immediate pains of retribution and incapacitation, arguably ends in themselves, it would be a powerful punishment that had any substantial long-term (specific) deterrent effect set against such environmental forces.

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See also Deterrence; International Approaches to Crime Punishment; Punishment, Effective Principles of; Rehabilitation

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PUNISHMENT, EFFECTIVE PRINCIPLES OF

Principles of punishment refer to the organizing philosophies that guide responses to deviant behavior. Traditionally, four dominant penological principles influence sentencing and sanctioning in the criminal justice system: retribution, deterrence, incapacitation, and rehabilitation. Each of these principles proposes different ideas regarding

why a person commits crime and what consequences it has for society; therefore, each principle recommends different mechanisms for responding to an offense. While occasionally correctional sanctions can retrospectively influence the understanding of these principles, it is more often the case that forensic practitioners and criminal justice agencies begin with a theory and then aim to manifest those ideas into practice and policy.

In estimating the effectiveness of these principles of punishment, it is important to note that the usefulness of any of these theories is dependent on the goal (which may in fact be specified by the principle itself). Thus, whether a punishment *works* is a matter of the principle's blueprint for punishment; is the punishment meant to get even with the criminal (retribution), discourage the decision to commit crime (deterrence), limit the ability to commit crime (incapacitation), or minimize the propensity to commit crime (rehabilitation)? Each of these leading principles of punishment is effective in some ways but not in others, as punishments are generally not designed to embody multiple penological ideals simultaneously. However, it is quite common for correctional practices (e.g., imprisonment) to exhibit some degree of overlap in these punishment principles, meeting different goals in different ways and at different times.

This entry describes the four central principles of punishment: retribution, deterrence, incapacitation, and rehabilitation. The section on each of these principles provides an overview of the foundational concepts, a brief description of any relevant theoretical advances, a few illustrations of how the principle is applied in the criminal justice system, and an overview of the research evidence that supports or moderates the use of that principle.

Retribution

Retribution simply proposes that committing a crime demands commensurate punishment. Based on the adage “an eye for an eye,” retribution requires that the harm caused by a crime must be weighted with adequate suffering of the offender in order to rebalance the scales of justice. Retribution is a nonutilitarian principle of punishment, meaning that it does not have concerns of

ensuring the greatest good for the greatest number of people (unlike the other three principles of punishment that have the higher level goal of utility or benefiting the majority). Crime control is not a concern of retribution, nor are understanding and accommodating the circumstances that lead to offenses. The only consideration of the theory is that the punishment fits the crime, ensuring that petty thieves are not sanctioned in the same way as rapists, for example. The theory of retribution has been adopted under the *just deserts* model, a simple approach to punishment that purports that all offenders are treated equally and will be punished in accordance with the recommended sentence attached to their unlawful action.

Determinate sentencing is a contemporary application of retribution. Sentences are specified in legislation and dictate the appropriate punishment corresponding to the crime. The aim here is that punishment is transparent and applied to offenders equally, without consideration of their circumstances. Sentencing guidelines are another manifestation of retribution, providing judges with a matrix to base the sentencing decision. Judges cannot go outside of sentencing guidelines except under extreme circumstances and then their reasons must be documented. Retribution opposes judicial discretion. While advocates of determinate sentencing suggest it provides simple and equal justice, it assumes the individual's free will to engage in criminal activity, an assumption not supported by research. Many risk factors for criminality are not chosen by the individual but are forced upon them, such as low IQ, abuse, unfavorable household circumstances, and neighborhood characteristics. Therefore, the free will to commit crime required to ensure retribution is a *just* form of punishment and is not supported by science. However, retributive policies remain popular, as these punishments satisfy a thirst for vengeance and promote equity.

Deterrence

Deterrence theory is based on the notion that people are inherently self-serving and seek to maximize pleasure and minimize pain. According to the principle, crime is committed when the

perceived benefits outweigh the potential costs. The purpose of punishment is therefore to increase the cost associated with crime in order to *scare straight* or deter the would-be offender. Efficacy of deterrence is dependent on the certainty, severity, and swiftness of punishment. Deterrence can be separated into general and specific forms. General deterrence refers to the effect punishment has on wider society when an example is made of an offender; seeing someone receive a sanction reinforces the consequence of crime and may convince others not to engage in similar behavior. Specific deterrence is limited to the individual offender being punished; the effect of punishment in this case is to discourage the offender from repeat offending.

The principle of deterrence is based on rational choice theory, which proposes that crime occurs when a cost-benefit analysis takes place prior to offending, and the benefit of offending is perceived to outweigh the cost. The theory assumes that crime is a choice, and people are capable and rational decision makers. Contemporary applications of deterrence are often based on increasing the severity of punishment, seen in the *get tough* movement, which aims to raise the cost associated with crime and therefore affect the decision-making process. Examples of such applications include boot camps, mandatory sentencing, zero tolerance policies, and three-strikes laws. There is anecdotal evidence of punishment having a general deterrent effect, given the fact that most people do not commit crime, and many cite fear of punishment as part of their reasoning. However, there is limited empirical support for severe sanctions (e.g., parole revocations, long imprisonment terms) reducing individual recidivism. Furthermore, punitive correctional interventions such as boot camps and harsh prison conditions have shown no evidence of decreasing recidivism and, in some cases, increase reoffending. Some studies suggest that sanction certainty is more influential in discouraging crime, that perceptions of risk may matter more than actual risk, and informal sanctions (e.g., shame) can deter as much as formal punishments (e.g., arrest). Yet collectively, research findings question the ability of punishment-oriented programs to reduce offending.

Incapacitation

The aim of incapacitation is to prevent crime by restricting the freedom of the offenders and therefore their ability to engage in further criminal activity. Incapacitation is future oriented, as it does not have concerns with correcting crimes already committed; it means only to prevent reoffending through *caging* but not *changing* offenders. There are two approaches to incapacitation: collective and selective. Collective incapacitation is broad in application and involves consistent sentencing of each offender who meets specific criteria, such as conviction of a certain crime or number of offenses (e.g., locking up all drug suppliers). In contrast, selective incapacitation aims to target only the most persistent or dangerous offenders for punishment. Offenders considered to present a high risk of recidivism are detained longer and in some cases indefinitely.

Contemporary incapacitation takes several forms. It can be achieved through electronic tagging, supervision orders, and home detention, all of which limit freedom of movement. Capital punishment is the most extreme illustration of incapacitation, while incarceration is the most commonly considered form of the principle. Mass imprisonment demonstrates a strong commitment to incapacitation as a penal policy across Western democracies. Selective incapacitation is utilized in the preventive detention of prolific sexual and violent offenders who are considered too dangerous to release back into the community. Anti-terrorism laws often also apply selective incapacitation as a means of preventing potential crime. Empirical support for incapacitation is dubious. Research illustrates that imprisoning offenders does prevent numerous crimes from taking place, yet these findings are misleading, since studies compare the result of imprisonment with taking no action at all. Although there does appear to be a small incapacitation effect, future research is needed to consider the effect of imprisonment versus alternative sanctions to provide a more reliable indication of efficacy. Empirical support for selective incapacitation is difficult to obtain given the impossibility of determining whether future

offenses would have taken place had the individual not been detained. Selective incapacitation is subsequently surrounded with issues of accurate risk prediction, ethical dilemmas, and human rights concerns.

Rehabilitation

Rehabilitation involves the administration of interventions with the aim of reducing recidivism by treating the offender. Interventions are designed to address the factors responsible for causing the offending and are delivered in a correctional setting. Rehabilitation is concerned with reducing crime in a socially conscious way, by correcting the individual offender while they are under the supervision of the criminal justice system. Rehabilitation is different from retribution, incapacitation, and deterrence in its pursuit of identifying the problem and then treating it. Principles for effective treatment programs have been discovered, resulting in the Risk-Need-Responsivity model being developed to guide interventions. The model stipulates that intervention will be most successful when administered to the highest risk offenders, targeting only empirically supported and changeable factors for criminality, and tailored to the individuals' learning style, abilities, and motivations.

Cognitive skills programs are widespread in rehabilitative interventions. Such programs enhance problem-solving, decision-making, self-control, and other interpersonal skills linked with offending behavior. Other contemporary interventions include programs specifically for sex and violent offenders or target domestic violence, anger management, drug and alcohol dependence, victim awareness, female offenders, and indigenous offenders. Research concludes that imprisonment without effective treatment does not reduce recidivism and, in many cases, increases recidivism. There is vast empirical data demonstrating that evidence-based interventions reduce recidivism when comparing treated to untreated offenders. Programs based on the Risk-Need-Responsivity model in particular show even greater effects in decreasing reoffending. However, there is no miracle treatment program that is one-size-fits-all, and there is often slippage

between well-designed rehabilitation programs and routine delivery of those interventions. Yet importantly, the literature concludes that the key to effective rehabilitation is no longer finding out what works but to determine what works best for whom and under what conditions.

Effective Punishment

Whether a punishment is *effective* is tied to the goal of that program or policy, and the goal is often embedded in the principle that motivated that punishment. A punishment can fulfill a number of principles at once, although each has a unique mechanism of action and desired outcomes. Indeed, correctional sanctions are often designed with one principle in mind (e.g., repay, discourage, disable, or treat), although the effects of that punishment may be interpreted differently depending on the preferred theory of the inquiring camp. Moreover, these principles do not operate in a vacuum but are constrained by culture, politics, economics, and humanitarian concerns; theories of punishment wax and wane in application and effectiveness in part as a reflection of social climate. Although there are some emerging penological philosophies (e.g., managerialism, therapeutic jurisprudence, restorative justice), the core punishment principles of retribution, deterrence, incapacitation, and rehabilitation have dominated

correctional practices for centuries and will likely continue to do so for some time. While each is effective in its own right by meeting the goals specified within the theory, a canon of research demonstrates that in regard to the universal goal of reducing crime, the most effective principle of punishment is rehabilitation.

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See also Cost-Effectiveness of Rehabilitation Versus Incarceration; International Approaches to Crime Punishment; “Nothing Works” Debate; Punishment, Effective Principles of; Risk-Need-Responsivity, Principles of

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R

RACIAL BIAS IN CRIME POLICIES AND PREVENTION

See Bias in Crime Policies and Prevention

RACIAL PROFILING

Racial profiling in law enforcement is the practice of stopping, searching, or arresting a suspect based on racial characteristics on the assumption that members of minority racial or ethnic groups are more likely to commit certain crimes. There is general agreement that race alone cannot be a basis for a stop or search but that race can be considered where one's race matches a description of a perpetrator. There is sharp division, however, on the question of whether limited use of race should be permitted in the assessment of cause to stop, search, or arrest, and on the appropriate benchmarks for determining whether statistical disparities are explainable by nonracial factors.

Historical Context

Racial profiling is a relatively recent formulation of race-based practices, of which there is a long history in the United States. Slavery, Jim Crow laws, and private acts of racial exclusion and violence, including lynchings, marked almost two centuries of the United States' history as a nation. Immigration laws have often excluded non-Whites and

avored those of European origin. The notorious Palmer Raids, conducted by the U.S. government following World War I in response to isolated acts of terrorism, subjected ethnic and religious minorities to deportation. Perhaps the most notorious act of racial profiling occurred during World War II with the internment of more than 100,000 persons of Japanese descent on the claim that they presented a national security threat. Now regarded as an indefensible policy, this program was upheld by the Supreme Court in *Korematsu v. United States* (1944).

With the successes of the civil rights movement in the 1960s and 1970s and the country's turn toward racial equality, there was a growing legal and political consensus that racial profiling was unconstitutional and counterproductive as a law enforcement tool. These practices were strongly criticized by President Bill Clinton, who condemned the practice as *morally reprehensible*, and by the candidates during the 2000 presidential election campaign. Racial profiling has also been an issue with respect to many other areas of social and economic relationships, including housing, employment, and lending practices; however, these issues are outside the scope of this entry.

The Data

The attention to racial profiling in the 1990s was sparked in part by studies that cited the pervasiveness of the phenomenon of *driving while Black* and related race-based police practices. For example, in New Jersey, litigation and a report by the state's Attorney General showed that drug

interdiction efforts on the New Jersey Turnpike were racially disproportionate. The data showed that 15% of all drivers on the turnpike were African American and that almost all drivers violated traffic laws. Yet 42% of all stops and 73% of all arrests on the turnpike were of African Americans. Significantly, radar stops for speeding (which are race blind) were consistent with the racial driver data, while discretionary stops by troopers were twice as frequent for African Americans. Traffic stop studies in Maryland, Florida, and Illinois found patterns of stops and arrests that were also disproportionate by race.

However, statistical evidence must be carefully analyzed to determine whether racial profiling or other nonracial factors explain any disparities. Factors such as crime rates, police deployment patterns, enforcement priorities, and social and economic factors may explain statistical disparities. Thus, some law enforcement officials and scholars have argued that racially disparate impacts of policing do not reflect intentional race discrimination; rather, they are the function of higher crime rates by African Americans, the legitimate placing of more police in high-crime minority neighborhoods, and the need for aggressive policing where criminal conduct (e.g., drug dealing) is done in public areas, as opposed to private residences or college dorms. Moreover, these tactics are credited by some for the large drop in crime over the past 20 years.

Are these views—that African Americans commit a disproportionate number of crime and therefore that race is a legitimate factor in deciding who of a large number of persons to stop or investigate—consistent with empirical evidence or constitutional doctrine? There is good reason to question both of these assertions. First, in the War on Drugs, studies that track drug possession and usage find scant differences based on race. Furthermore, there is no firm evidence that those who distribute or traffic in illegal drugs are more likely to be African American. The racially disparate stops on the New Jersey Turnpike and on Maryland highways yielded seizures of drugs that were comparable by race, yet far more Black drivers were stopped than White drivers. In some locations, Whites were more likely to be in possession of drugs. Yet 37% of those arrested, 55% of those

convicted, and 74% of those incarcerated for drug offenses were Blacks.

Second, there is now evidence of racial profiling in stop and frisk policing. In *Floyd v. City of New York*, a federal court ruled that the stop and frisk practices of the New York Police Department over the period 2004–2012 were intentionally racially discriminatory. The court found that of the over 4 million stops, minorities were stopped at a rate almost double their population while Whites were stopped at rates less than one third of their population share. Regression analysis that took into account crime rates by race, police deployment, and social and economic factors or differing neighborhoods failed to explain these highly disparate rates. Furthermore, the court cited training and supervision practices that urged officers to focus on Blacks. Similar studies of stop and frisk practices in Los Angeles, Philadelphia, Baltimore, and Chicago have found similar patterns of race-based policing.

The racial profiling debate has also focused on the issue of mass incarceration. As of 2017, with 5% of the world's population, the United States has 25% of the world's prisoners, with over 2.2 million inmates being held in U.S. prisons and jails and millions more under parole or probation supervision. This is an increase of over 7 times the number of prisoners as late as the 1970s and far more than any other industrialized country. Black males are 6% of the U.S. population but over 40% of prisoners in the United States; it is estimated that one in every three Black men can expect to serve some time in a jail or prison. Crime rates by race may explain part of the statistical disparities, but many argue that the large disparities are not fully explainable by nonracial factors.

Similarly, the number of Black men killed by police far exceeds their share of the population. The increasing number of video-recorded police shootings and the deadly attacks on police have ignited another racially charged debate on policing. As the governor of Minnesota, Mark Dayton, stated in 2016 after viewing a police shooting, "Would this have happened if the driver and passenger were white? I don't think it would have" (Swaine, Laughland, & Beckett, 2016). If race is a factor, is it a result of implicit bias, whereby police, like many other people of all races, process information, observations, and reactions through a

racial lens, often with some experiences or knowledge that influences their beliefs, with no intent to engage in discriminatory behavior?

Starting after the attacks of September 11, 2001, and with subsequent terrorist attacks in the United States, the debate on racial profiling has become a significant fault line in the U.S. politics and legal system. Those who advocate that special attention, surveillance, and other investigative methods should be focused on Muslims and Islamic communities assert that to do otherwise ignores the fact that so much terrorism is a product of religious and ethnic loyalties and beliefs. Race considerations are urged on the grounds that threats to national security are too great and the relationship between ethnicity and nationality is too strong to ignore. The relationship between terrorism and race and ethnicity is an especially contentious issue, especially in view of terrorist acts by persons of all races, religions, and ethnic backgrounds.

The 2014 U.S. Department of Justice Official Guidance for Federal Law Enforcement Agencies Regarding the Use of Race, Ethnicity, Gender, National Origin, Religion, Sexual Orientation, or Gender Identity provides the following metrics for terrorism and related investigations:

In making routine or spontaneous law enforcement decisions, such as ordinary traffic stops, Federal law enforcement officers *may not use race, ethnicity, gender, national origin, religion, sexual orientation, or gender identity to any degree*, except that officers may rely on the listed characteristics in a specific suspect description. This prohibition applies even where the use of a listed characteristic might otherwise be lawful.

In conducting all activities other than routine or spontaneous law enforcement activities, Federal law enforcement officers *may consider race, ethnicity, gender, national origin, religion, sexual orientation, or gender identity* only to the extent that there is trustworthy information, relevant to the locality or time frame, that links persons possessing a particular listed characteristic to an identified criminal incident, scheme, or organization, a threat to national or homeland security, a violation of Federal immigration law, or an authorized intelligence activity. In order to rely on a listed characteristic, law enforcement offi-

cers must also reasonably believe that the law enforcement, security, or intelligence activity to be undertaken is merited under the totality of the circumstances, such as any temporal exigency and the nature of any potential harm to be averted. This standard applies even where the use of a listed characteristic might otherwise be lawful. (Emphasis added.)

Critics of this distinction make several points. First, terrorists are not from a single ethnic group. Richard Reid, known as the Shoe Bomber for attempting to ignite an explosive device in his shoe while aboard a transatlantic flight in 2001, did not meet this profile, nor did the 1995 Oklahoma City bombers, White supremacists who have targeted African Americans, or those who have killed abortion providers. Second, even if the statistical approach is valid and that most of the terrorism is committed by Islamic fundamentalists, the field of possible suspects is so large that the central problem of racial stereotypes remains. Assume, for example, that 90% of terrorist activity is committed by 100 persons in an ethnic group of 1 million persons. That leaves 99.9% of the group as innocent but still subject to enhanced surveillance, stops, and searches. Others have contended that to the extent a community believes it is unfairly targeted by stereotyped investigations, it may be less willing to cooperate with law enforcement and to provide the intelligence about persons planning criminal acts.

The Constitutional Debate

The U.S. Supreme Court has ruled that stops, searches, and detentions cannot be justified *solely* by racial factors, but in the immigration context has permitted race or ethnicity as a permissible factor in border patrols and at border checkpoints. The Court has not addressed the constitutionality of racial factors in terrorist investigations, but it is likely that it would permit at least some consideration of race and ethnicity where the racial factor appears to be linked to credible intelligence information. Moreover, the Court has held that the Fourteenth Amendment to the U.S. Constitution forbids only intentional racial discrimination; disparate impact on racial groups of otherwise race-neutral laws is not unconstitutional. Even with

respect to claims of intentional discrimination, the Court has imposed high barriers to the use of statistical evidence to prove discrimination. Finally, in *Whren v. United States* (1996), the Court ruled that pretextual traffic stops (i.e., where the driver committed a traffic violation but was stopped because of his race) did not violate the Fourth Amendment's proscription on unreasonable searches and seizures, a ruling that has been subject to strong criticism.

The political and legal debate on racial profiling is likely to extend as well to new technologies. In the 21st century, with the advent of big data, social scientists and statisticians have developed complex algorithms to attempt to predict future behavior. These risk assessment tools are being used in the criminal justice system in the setting of pretrial bail, in sentencing proceedings, and in determinations on parole of offenders. These tools are also being used to predict future criminal conduct by geographical locations, community social and economic factors, and past crime patterns. Once again, the issue of bias has been raised: Are any of the predictive factors that are part of the algorithms based on or integrally connected to race?

The United States has a long history of racial conflict and discrimination. It also has a recent history of laws and movements to ensure racial equality. In this process, there is an unresolved issue of the use of race and ethnicity in criminal investigations and especially in the investigation of terrorism. What some denigrate as racial profiling others champion as smart and effective law enforcement. The courts, the legislatures, and the public will continue to debate these issues on legal and moral grounds.

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See also Bias in Crime Policies and Prevention; Criminal Profiling

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RACKETEER INFLUENCED AND CORRUPT ORGANIZATIONS ACT

The U.S. Congress enacted the Racketeer Influenced and Corrupt Organizations Act of 1970 (RICO) to deal with group crime, including organized crime, white-collar crime, violent groups, terrorism, and street gangs. RICO is the federal prosecutors' tool of choice to deal with sophisticated forms of crime and an effective mechanism for prosecutors and crime victims to secure comprehensive civil relief. This entry considers effective law enforcement for group crime, the elements of RICO, and RICO in use.

Effective Law Enforcement

Effective law enforcement requires substantive provisions, procedural provisions, administrative organizations, and personnel. Without these, the law will be ineffective in dealing with group

crime. Statutes, too, are only one part of a criminal justice system. Without important provisions (e.g., dealing with process, statutes dealing with false testimony, witness protection programs), RICO legislation is not effective.

The provisions of most older criminal codes are inadequate to deal with group crime, whether organized crime (e.g., Mafia families or similar groups), white-collar crime (e.g., securities fraud, antitrust violations), violent crime groups (e.g., White hate, anti-Semitic), terrorism, or street gangs. Legislators envision a particular form of crime when they write criminal codes. Traditionally, they envision isolated offenders engaging in isolated criminal offenses. These offenses (e.g., murder, rape, robbery) usually occur on the streets of major metropolitan areas or within family dwellings. Most murders, for example, occur within a family or romantic relationship. They involve a limited number of people and are often crimes of insanity, passion, or behavior affected by the use of alcohol. In comparison, Mafia hits, for example, are done impersonally. Most rapes, however, occur between individuals who have some prior relationship, and rape committed by a stranger is less frequent. Most robberies occur in population centers on the street or in commercial establishments and are repeat offenses. Drafting a criminal code to address these offenses is exactly what traditional statutory drafters know well. Dealing with groups of criminals, however, requires drafting sophisticated laws.

Criminal groups present a challenge for law enforcement beyond traditional offenses or offenders. In fact, law enforcement has not been effective using traditional tools in dealing with criminal groups, such as the Mafia. Legislators did not design law enforcement agencies, prosecutor offices, criminal codes, criminal procedures, or rules of evidence with the Mafia in mind. If law enforcement is to successfully curtail such groups, they face formidable hurdles. They must obtain evidence of past offenses, even if witnesses are not available because of fear of retribution. Prosecutors must convict individual persons of specific offenses but must also consider the relationship between individual offenses and a possible group behind it and connect multiple individual offenses. Organized criminal groups commit ongoing offenses; they are also prone to commit cognate offenses. For

example, an organized crime group might not only deal with illicit drugs but also commit murder or use other forms of violence to protect the drugs and proceeds and to monopolize the traffic area.

Law enforcement must understand the character of a group, the pattern of its offenses, and then seek to investigate and sanction them appropriately. All members of society need to see the scope of criminal offenses if the society understands them and how to protect itself from these sorts of behaviors through more effective law enforcement. The public has to support law enforcement if enforcement hopes to succeed. Law responds to the articulated wants of the public. Those wants should reflect the necessary knowledge it needs to formulate the goals of law enforcement, the means of law enforcement, and an evaluation of its successes, its failures, and the reasons behind both.

If criminal activities come before a court and a conviction results, the court should be authorized to impose severe sanctions, including long-term incarceration. Law enforcement has seldom succeeded in deterring these offenders from a life of crime or in their reformation when it captures offenders. Justice (defined in terms of deterrence, reformation, and isolation) is the collectively defined goal of law enforcement. Here, however, justice focuses more on reasonably measured incapacity for society's protection. Generally, criminals lose their day-to-day vitality to engage in most forms of crime with the mere passage of time. In the experience of most knowledgeable enforcement practitioners (officials inside law enforcement and scholars outside of law enforcement who study it), this truism is not correct in the instance of organized crime. It stands out as an exception, and because of the inability of society to achieve the other goals of justice successfully, the emphasis has to turn to incapacity. In addition, legislatures must supplement imprisonment with fines and require the forfeiture of the instrumentalities and the proceeds of the offense (or substituted assets) to make the behavior ultimately unprofitable.

The Elements of RICO

In 1970, Congress enacted the Organized Crime Control Act. Title IX is the Racketeer Influenced and Corrupt Organizations Act, codified at 18 U.S.C. §§ 1961–1968 (2012) (hereinafter *RICO*).

In Section 1961, RICO sets out relevant definitions. *Racketeering activity* includes specified offenses of (a) violence, (b) the provision of illegal goods and services, (c) corruption in labor or management relations, (d) corruption in government, and (e) commercial and other forms of fraud by, through, or against various types of licit or illicit enterprises. The term *person* includes any individual or entity capable of holding an interest in property. *Enterprise* includes any individual, partnership, corporation, association, or other legal entity and any union or group of individuals associated in fact although not a legal entity. *Pattern of racketeering* requires that the pattern reflects continuity over time and a relationship between the various instances of the racketeering activity.

In Section 1962, RICO provides standards of unlawful (not criminal) conduct. A person who receives income from a pattern of racketeering activity cannot invest or use that income in an enterprise. A person cannot get or keep control of an enterprise by a pattern of racketeering. A person employed by, or associated with, an enterprise cannot conduct the affairs of the enterprise through a pattern of racketeering. Finally, a person cannot conspire to violate RICO.

Section 1963, sets out criminal sanctions, including fines, imprisonment, and forfeiture, for a violation of Section 1962. Criminal sanctions under Section 1963 require a criminal trial instituted by the government through a grand jury indictment as well as the testing of government proof by the standard of *beyond a reasonable doubt*.

Section 1964, sets out civil sanctions, including disgorgement of illicit proceeds, and treble damages for injury to business or property, for a violation of Section 1962. Civil remedies under Section 1964 require a civil trial instituted either by the government or a private plaintiff and the testing of either government or a private party proof by the standard of *preponderance of the evidence*.

RICO in Use

Understanding RICO requires examining more than a brief outline of the substantive law. Its legal use, too, is relevant. Behind RICO are three distinct theories: (1) theory of investigation, (2) theory of trial, and (3) theory of sanction.

As a theory of investigation, traditionally, criminal investigations started with a crime and moved toward an offender. RICO begins in that fashion, but it asks more broadly focused questions. What, if any, is the relation of this offense and offender to another offender and another offense? Do the offenses form part of a pattern? What, if any, is the relation of this offender to a criminal group (an enterprise)? Did the offense produce assets? Where are they? As a theory of investigation, RICO focuses on various relations of crime to crime, offender to offender, and crime and offender to an enterprise. These investigations also trace illicit assets to seize and forfeit them. In sum, it is a theory of investigating enterprise criminality.

As theory of trial, RICO focuses on the presentation of evidence to convict an individual offender. At the same time, it broadens the trial to view enterprise as the focal point of the trial. The enterprise may function as (a) a *vehicle* (actively used by offending perpetrator), (b) an *instrument* (passively used by others without its having culpability), through which the offender(s) engaged in a pattern of offenses, (c) the *perpetrator(s)* (the offenders together exploiting a victim), or (d) a *prize* against which the offender(s) directed the pattern of offenses. The trial also focuses on the use, gain, or investing of illicit assets. In sum, it is a theory of trying enterprise criminality.

As a theory of sanction, RICO seeks imprisonment and fine. However, because of the kind of offenders convicted and the scope of the conviction offense, it seeks just sentences that principally incapacitate and only secondarily deter. In sum, rehabilitation is not RICO's main goal. Where rehabilitation occurs fortuitously, proper authorities may modify sentences. In addition to fines, RICO mandates the criminal forfeiture of any asset that the offender used to commit the RICO offense or which the offender gained by it. Finally, RICO authorizes civil remedies by the government for injunctions prohibiting further offenses by offenders, reforming enterprises, and disgorging illicit proceeds of the offense. In addition, RICO authorizes private civil suits to secure remedies for victims. Thus, it is also a theory of remedying (criminally, civilly, and by public and private suits) enterprise criminality.

Use in Fact

At first, the Department of Justice moved slowly to use RICO. Today, it is the prosecutor's tool of choice against sophisticated forms of crime. The Department of Justice is also implementing RICO's civil remedies against corrupt industries and unions. Since 1970, law enforcement has used criminal RICO against organized crime (including Mafia families), political corruption, white-collar crime, violent groups, and terrorist groups.

Studies conclude that RICO is effective in combating sophisticated forms of crime. In 1986, the President's Commission on Organized Crime praised RICO and recommended that states adopt similar legislation. Indeed, 37 states as of 2013 have RICO-type legislation. The General Accounting Office in 1988, in its study of federal organized crime prosecutions, concluded that prior to RICO, attacking an organized criminal group was awkward. Those who designed the system of justice did not have organized crime in mind. RICO now facilitates the prosecution of criminal group members involved in superficially unrelated criminal ventures connected only at well-insulated upper levels of the organization's bureaucracy. Before RICO, the government's efforts were piecemeal, attacking isolated segments of the organization when they engaged in single crimes. When caught, leaders were only penalized for what appeared to be unimportant crimes. The larger meaning of these crimes was lost because the big picture was not presented in a single prosecution. The government now captures and presents the entire picture of the organization's criminal behavior and its members' and leaders' involvement.

The federal government did not bring criminal RICO prosecutions regularly until around 1975. Since 1975, roughly 125 prosecutions occur per year. Thirty-nine percent of RICO prosecutions occur in the organized crime area (not the Mafia alone but also for drugs, gambling, labor racketeering, among other ventures). Forty-eight percent of RICO prosecutions occur for white-collar crime (e.g., government corruption, general fraud in the private sector, securities fraud). Other categories, such as violent groups (e.g., terrorists, White-hate, anti-Semitic), constitute the remaining 13% of RICO prosecutions.

Although few would suggest that RICO is a statute without legal and other controversies, the statute's two-track system of public and private enforcement

(after a slow start) operates largely as Congress originally drafted it. Its impact on organized crime, in particular, on the Mafia, and white-collar crime has been substantial. Similarly, federal officials, as well as private parties, using criminal and civil sanctions, are working toward a more just society.

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See also Corporate Crime; Criminal Organizations and Networks

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RACISTS, THEORIES OF

In Western societies, rape tends to be defined as the nonconsensual penetration of the vagina or anus. In the United States, the legal definition of rape at the federal level refers to the penetration of

the vagina or anus with any body part or object or oral penetration by a sex organ of another person. However, at the state level, the source of penetration (e.g., penis, finger, or object), target of penetration (e.g., vagina, anus, or mouth), and gender of the perpetrator or victim can vary across jurisdictions. For example, in Washington State, the source of penetration includes a penis, tongue, finger, or object; in Georgia, it is confined to a male's penis. Similarly, the United Kingdom restricts the legal definition of rape to penile penetration.

Regardless of these variations, research indicates that the occurrence of rape is high. For example, approximately one in six American women has experienced rape or attempted rape during their lifetime. A 2013 report indicated that approximately 85,000 women are victims of rape in England and Wales every year. Given that rape offenses often go unreported to the police, the actual figures may be higher.

In light of these figures, it is crucial to have an accurate theoretical understanding of rape so that professionals are able to detect, assess, and clinically treat/manage perpetrators of rape. This entry discusses rapist typologies, single-factor theories, multifactor theories, theories for sexual offending more generally, and the developmental life course perspective. Since most theoretical work in this area has focused on rape committed by men, this entry will describe theories of male-perpetrated rape against adult females.

Rapist Typologies

One approach to understanding rapists is by categorizing them into subtypes according to a particular characteristic (e.g., motivation). In an early typology, Nicholas Groth and colleagues classified rapists into three subtypes: those motivated by anger, power, or sadistic sexual arousal. Another well-known classification system is the Massachusetts Treatment Center typology by Raymond Knight and Robert Prentky. In it, rapists are categorized into five main subtypes:

1. sexually sadistic (where sexual and aggressive drives are fused)
2. sexually nonsadistic (a sexual preoccupation without the fusion of aggression)
3. pervasively angry (resulting from generalized anger)
4. vindictively angry (resulting from anger directed at women)
5. opportunistic (resulting from general antisociality)

Such typologies are useful for describing characteristics associated with different types of rapists. However, they do not provide a deeper theoretical explanation for the commission of rape.

Single-Factor Theories

Single-factor theories are those that focus on a single aspect that is thought to underpin the cause of rape. One example is *evolutionary theory*, whereby rape is viewed as originating from man's evolutionary history. One view is that rape is the product of a direct adaptation, due to it increasing the reproductive success of ancestral males. Another view is that rape is a by-product of a different direct adaptation that maximized reproductive success (e.g., promiscuous sex). The evolutionary view of rape should not be viewed as deterministic because, according to theorists, rape is only one sexual strategy used by males. However, it does not address other important cultural and psychological factors.

In contrast, *feminist theories* propose that rape is an expression of male patriarchal attitudes and values prominent within society. That is, rape is viewed as a strategy for men to overpower and control women. Thus, instead of an evolutionary adaptation or a distorted psychological characteristic, rape is seen as being the result of the normal cultural-specific socialization of males. Feminist theories have been beneficial in drawing attention to the sociocultural factors that influence rape. However, they have less utility for risk assessors and treatment providers because they do not address the individual psychological factors associated with rapists.

Sociocognitive theories have attempted to address some of the individual factors associated with rape. Specifically, they are based on the view that rapists hold offense-supportive beliefs. These include the belief that women are sex objects, women are dangerous, men are entitled to

whatever they want, the male sex drive is uncontrollable, and the world is a dangerous place. These beliefs affect the way social information is interpreted, which results in distorted cognitive products (e.g., attitudes, decisions). For example, a man who believes women are sex objects (i.e., always receptive to sexual advances) may (mis)interpret that a woman wearing a short skirt is interested in having sex. This misinterpretation may lead the man to conclude that the woman will succumb to and, ultimately, enjoy his sexual advances. Consequently, he decides to continue forcing himself upon her, resulting in a rape offense. This approach opened up many research avenues and has gained support by researchers. However, it only focuses on a single component and so does not provide a full explanation of rape.

Multifactor Theories

Multifactor theories unite numerous single-factor theories in an attempt to provide a more complete understanding of rape. In this section, the most influential multifactor theories of rape are described.

Confluence Model of Sexual Aggression

Neil Malamuth and his colleagues devised one of the first multifactor theories of rape. The theory proposes that rape results from the confluence (or interaction) of a number of risk factors that motivate, disinhibit, and provide the opportunity for sexual aggression. These factors form a constellation of traits and characteristics conceptualized as two pathways. One is the *impersonal sex pathway*, characterized by a preference for promiscuity and sexual conquest. Here, forced sex is used as a strategy to facilitate this behavior. The other is the *hostile masculinity pathway*, which is characterized by the internalization of sociocultural attitudes that promote masculinity and breed hostility toward femininity (e.g., power, dominance, aggressiveness, honor defending, and competitiveness). Thus, men high in hostile masculinity are prone to controlling and being aggressive toward women in both sexual and nonsexual circumstances.

It is theorized that the likelihood of rape is increased by the confluence (interaction) of the two pathways. That is, men high on the risk factors

associated with both pathways are at an increased risk of committing rape. This theory has received a lot of support from researchers and is continually being tested and updated. However, much of the research has been with student and community samples rather than incarcerated rapists.

Quadripartite Model of Sexual Aggression

Gordon Hall and Richard Hirschman proposed that there are four factors that motivate rape. These include sexual arousal (toward coercive sex or toward consensual sex that is so strong it compels the male to seek sex regardless of a woman's consent), cognitive distortions (i.e., the distorted belief that women enjoy sex regardless of the level of coercion), affective dyscontrol (i.e., anger), and personality problems (i.e., antisocial traits). The first three factors are viewed as state dependent while the fourth is conceptualized as being enduring or trait-like. Each individual factor, as well their interaction with each other, increases the likelihood of rape. However, it is theorized that, for each individual, one of the four factors will have a primary influence. It is this *primary motivational precursor* that is responsible for causing an individual to become disinhibited and engage in an actual offense. Also, according to this theory, the four primary precursors can be used to classify rapists into four subtypes. Thus, a strength of this theory is that it takes into account the different types of rapists. However, unlike other theories, the quadripartite model has received little testing or support from researchers.

Unified Theory of Sexual Coercion

In their unified theory, Raymond Knight and Judith Sims-Knight propose that early childhood abuse (physical/verbal and sexual) interacts with three overarching factors that can lead to rape. These factors include

1. callous/unemotional traits (e.g., arrogant, deceitful personality, and emotional detachment),
2. antisocial behavior/aggression (e.g., impulsive acting out), and
3. sexual fantasy (i.e., sexual preoccupation/compulsivity and hypersexuality).

More specifically, the theory describes three pathways to rape. In the first pathway, early physical or verbal abuse leads to callousness and unemotionality, which disinhibits the sexual drive/fantasies. This leads to the disinhibition of aggressive sexual fantasies, which leads to rape. In the second pathway, sexual abuse directly disinhibits sexual drive/fantasies, which leads to rape via aggressive sexual fantasies. Finally, in the third pathway, physical/verbal abuse and callous/unemotionality both contribute to the development of antisocial and aggressive behavior that, in turn, leads to rape both directly and indirectly (via aggressive sexual fantasies).

The strength of this theory is that it combines many factors that are statistically associated with rape. It has also been tested (and supported) using adult and juvenile rapists as well as community males. However, it is still open to further development, such as by including other factors that are identified by further research.

Theories of Sexual Offending

In addition to theories designed to specifically explain rape, other theorists have proposed multi-factor theories for sexual offending more generally. An example is the integrated theory of sexual offending developed by Tony Ward and Anthony Beech. According to this theory, certain biological factors (e.g., genetic predisposition, brain development) and environmental factors (e.g., sociocultural and personal circumstances) can lead to changes in the neuropsychological functioning responsible for an individual's emotions, memory, and motivation. These changes result in the development of risk factors (e.g., emotional dysregulation, deviant sexual arousal, offense-supportive beliefs), which increase the likelihood of sexual offending behavior.

This theory takes into account the multitude of causal factors related to sexual offending, thereby providing a general explanatory framework that can be applied to rape. However, due to its generality, the specific factors associated with rape are not discussed in any depth, which may reduce its ability to fully explain rape per se.

Future Directions

Since the early 2000s, a different approach to understanding has received increased attention.

This approach adopts a developmental life course perspective. Longitudinal research has demonstrated that rape is typically characterized by high levels of discontinuity. In other words, it is more often a short-lived and opportunistic form of offending. Therefore, rather than concentrating primarily on the onset of rape, life course theorists focus more on the development of rape. This involves identifying and explaining the factors that influence both the commission of rape (risk factors) and the desistance from rape (protective factors) at different developmental stages of an individual's life. Life course theorists argue that this approach will help to explain the onset, maintenance, and termination of rape more fully, which will be useful for professionals who work with rapists (e.g., clinicians, policy makers, police officers).

In summary, many scholars from various disciplines have contributed to a comprehensive theoretical understanding of rape. As described earlier, a number of factors have been identified as playing an important role in the onset and continuation of rape. These include biological/evolutionary predispositions, the sociocultural context, the mindset of the individual (influenced by early, often abusive, experiences, and prominent societal attitudes) that leads to faulty processing of interpersonal information, affective problems that disinhibit aggressive sexual and nonsexual behavior (e.g., anger, hostility, callousness), sex-related factors (e.g., sex drive, fantasies), and personality-related issues (e.g., antisocial traits).

Although existing insights have brought the forensic field closer to understanding rapists and the different subtypes, rape is a complex phenomenon and there is still a lot more to understand and explain. Fortunately, as technology and research methods continue to advance, the ability to uncover new insights increases. As such, the theoretical understanding of rape will continue to advance, which will enable forensic professionals to better assess and treat rapists as well as potentially prevent rape from ever occurring.

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See also Criminal Risk Assessment, Sexual Offending; Forensic Psychology, Research Methods in; Rapists, Typologies of; Sexual Offenders; Sexual Offenders: Treatment Approaches; Sexual Offending

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RAPISTS, TYPOLOGIES OF

Sexual offenders are a heterogeneous group, in that there is a no single profile to encompass the entire population. Sexual offenders differ in regard to personal characteristics (e.g., demographics, personality traits, attitudes and beliefs, interpersonal skills) as well as the features of their crimes (e.g., time and place, age and gender of the victim, degree of planning, amount of force used). The term *rapist* is used to describe one type of sex offender. This term is reserved for individuals who commit the act of rape, which the Federal Bureau of Investigation has defined as nonconsensual vaginal or anal penetration by any body part or object or oral penetration by a sex organ.

Even within the category of rapists, there are high degrees of variability between offenders. In

an effort to gain a better understanding of rapists, there have been several attempts to classify rapists based on the offender's traits and behavioral patterns. These systems of classification are often referred to as *typologies* that aim to organize a variety of observations and measurement which can later be used for research or clinical purposes. Although there have been various propositions about the typologies of rapists, this entry outlines the most commonly cited. Much of the literature has focused on male offenders; thus, the typologies outlined below mainly describe rape committed by males against adult female victims.

Groth's Rapist Typologies

In 1979, A. Nicholas Groth Aloysius was one of the first to develop a classification system for rapists based on the underlying motivations of the offender. He proposed that there were three major categories of rapes: (1) anger rape, (2) power rape, and (3) sadistic rape. First, anger rape describes instances where the offender uses excessive amounts of force against the victim, often engaging them in demeaning or humiliating sexual acts. For these offenders, rape is a deliberate act that stems from anger directed at females, and this rage is exhibited both physically and verbally during the sexual act. Second, in the instance of power rape, the offender's goal is to establish power and control over the victim. The degree of force used will depend on the level of submission that the victim exhibits. Penetration of the victim is used to assert authority and dominance rather than solely for sexual gratification. Third, in sadistic rape scenarios, the offense involves a combination of sexual and aggressive characteristics. The sadistic rapist's sexual arousal stems from the victim's suffering and distress. Therefore, these cases may often involve torture or bondage, which results in high levels of physical injury to the victim. Groth's research has revealed that 55% of offenders were power rapists, 40% were anger rapists, and 5% were sadistic rapists.

Massachusetts Treatment Center (MTC) Classification System

Since the publication of Groth's typologies, others have sought to expand upon his findings. Most

notably, the MTC system of classification has been deemed the most rigorously tested. The MTC classification system is based on motivational and behavioral components to the sexual offense. The MTC rapist typology is currently in its fourth version, following several revisions throughout the years. Below, the original MTC typology is described, followed by a description of important revisions made in subsequent versions.

Original MTC Typology

In the original MTC typology, rapists were classified into four major categories: (1) displaced aggression, (2) compensatory, (3) sexual aggressive, and (4) impulsive. In the instance of displaced aggression rape, the primary motivation is aggressive and the assaults will be violent. These assaults are accompanied by little to no sexual arousal. Rather, the aim is to humiliate and degrade the victim. Second, compensatory rapists assault a victim due to intense sexual arousal in relation to environmental stimuli. These rapes are not typically aggressive; rather, the offender is motivated to prove his sexual adequacy. Compensatory rapists may show poor interpersonal skills and do not typically show other antisocial tendencies. Third, sexual aggressive rapists, similar to that of Groth's sadistic rapists, demonstrate both aggressive and sexual components to the crime. Two features must be present: (1) the level of force used is excessive compared to what is needed to gain the victim's compliance and (2) there is clear evidence that the violence is sexually arousing to the individual. The sexual aggressive rapist may view the victim's resistance as part of a game and believe that women want to be controlled by men. Fourth, impulsive rapists commit spontaneous acts of rape if the situation arises. These types of rapes are generally found in the context of other offenses (e.g., robbery or burglary). Two features must be present: (1) indifference toward the welfare of the victim and (2) only the level of force necessary to gain the compliance of the victim is used.

MTC's Third Revision

According to Raymond A. Knight and Robert A. Prentky's 1990 publication, the MTC's third revision was developed to identify four major

types of rapists, similar to those proposed in the first version of the MTC. The developers found that there were four primary motivations for committing rape: (1) opportunity, (2) pervasive anger, (3) sexual gratification, and (4) vindictiveness. Within these four overarching motivations, nine subtypes were identified.

First, opportunistic rapists (Types 1 and 2) largely mirror impulsive rapists from the original MTC, in that the acts are committed on impulse when the situation arises. These types of offenders can further be divided in terms of high social competence (Type 1), who first display impulsive sexual acts in adulthood, and low social competence (Type 2), who first show these tendencies in adolescence. Second, pervasive anger rapists (Type 3) show anger in all domains of their lives and toward all people, not just women. They tend to have long histories of antisocial behavior and show high levels of violence toward victims. Third, the sexual gratification category (Types 4, 5, 6, and 7) are divided into sadistic (Types 4 and 5) and nonsadistic (Types 6 and 7) subtypes. Within the sadistic type, the offender's fantasies are either overtly expressed (Type 4) or are muted (Type 5). Nonsadistic types are split on the basis of low (Type 6) or high (Type 7) social competence. Fourth, the vindictive category (Types 8 and 9) includes offenders who show anger exclusively toward females, similar to the displaced aggression type in the original MTC. These offenders can be further divided into those offenders who are low (Type 8) and high (Type 9) in social competence.

MTC's Fourth Version

In the fourth revision, all of the categories for the MTC's third revision were retained except for the muted sadistic rapist (Type 5). Additionally, in a 2010 publication, Knight discussed the importance of considering core personality traits that lead a person to sexually offend. These traits include (a) callous unemotionality, (b) antisociality/impulsivity, and (c) hypersexuality/sexualization. Knight suggested these traits can be found on a dimension rather than strictly in categories. Although the newest MTC development is intriguing, much more research is needed to support this model.

Uses and Limitations

Overall, typologies are beneficial in illustrating the diversity of motivations and behaviors for rape. These classification systems can lead to a better understanding of the etiology of rape. Further, typologies can aid crime-scene investigators in identifying the type of offender who committed the rape. They can also help inform clinicians regarding treatment decisions and determinations of risk of recidivism.

There are some limitations that should be noted. First, not all sexual offenders will fit neatly into the categories proposed. This has led some to propose a dimensional approach that may be more inclusive and accurate. Second, the typologies do not account for rapists who engage in crossover offending by assaulting victims of varying ages. Third, an individual's motivations and behaviors may change over time, which can lead to shifts between categories. These limitations shed light on the importance of continued research on the typologies of rapists.

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See also Rapists, Theories of; Sexual Offenders; Sexual Offending

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RECIDIVISM

Recidivism originates from the Latin phrase that means *to fall back*. It is most often used in criminal justice to refer to a return to criminal behavior, but it may also refer to a return to other behaviors such as substance abuse. Conceptually, recidivism is defined by Michael Maltz as a reversion to criminal behavior after punishment. This means that for one to recidivate, a punishment must first occur. Recidivism may also refer to reoffending, multiple offending, or habitual offending. Although the conceptual definition of recidivism is clear, what criminal behavior may be defined as recidivism often varies. Besides rearrest, recidivism can also mean reincarceration (i.e., the return to custody of an individual who has been previously incarcerated) or reconviction (i.e., a subsequent conviction of an individual who has been previously convicted). Each measure of recidivism is defined by the level of involvement in the criminal justice system that represents correctional failure. For example, rearrest would represent failure due to any formal involvement with the criminal justice system. In contrast, recidivism measured by reincarceration or reconviction represents involvement in multiple areas of the criminal justice system: law enforcement, the courts, and correctional system. Each measure satisfies different purposes for examining post-punishment reversion to criminal behavior. This entry provides an overview of recidivism, including how it is measured and how it is related to punishment, the offender, and the criminal justice system.

Recidivism Measurement

Recidivism is most commonly measured as a rate. This is a ratio of the number of individuals who have received a punishment and reverted to criminal behavior within a certain period of time to the number of individuals who have received that punishment. Recidivism is used as a marker of a failed (i.e., ineffective) punishment. How high or low a recidivism rate may be for a certain punishment is often an indicator of whether that punishment is considered to be meeting its goal to deter individuals from future offending. Recidivism is

one of the primary and most commonly used measures of the effectiveness of correctional programs.

Recidivism can be measured by different types of records, but official crime records are used most often. Alternative forms of crime reporting, such as self-report or victimization, may be used to measure recidivism, but most often, offenses detected by law enforcement are markers of subsequent criminal behavior. This means that recidivism measures often neglect subsequent criminal behavior unknown to law enforcement. Since not all criminal behavior is known to law enforcement, recidivism rates calculated with official data are limited in their representation of all subsequent criminal behavior.

Recidivism and Punishment

The overarching goal of punishment is to deter an individual from committing a certain act. Correctional goals are aimed at deterring individuals from committing further criminal acts under the assumption that offenders are in need of correction to change their behavior. For this reason, recidivism is often used to define how effective or ineffective a corrective approach is to meeting this overarching goal. Recidivism rates can be used to evaluate any correctional program. The lower the recidivism rate, the more effective a correctional program is thought to be at meeting its goal. Recidivism rates are not the only measure of program effectiveness. For example, a recidivism rate of a rehabilitative correctional program will only provide insight as to whether participants did or did not reoffend, but not whether these individuals were rehabilitated. Alternative measures of correctional program effectiveness can include measures of offender prosocial success, such as obtaining employment, or rehabilitation, such as refraining from substance abuse.

Recidivism measures can vary according to characteristics of the punishment or the subsequent criminal behavior. Different types of punishment have different goals, making some measures of recidivism more useful for evaluating the effectiveness of certain punishments than others. For example, rearrest for the same offense is useful for evaluating punishment that seeks to correct specialized offending. However, when

examining general reoffending, rearrest for the same offense does not provide enough information to calculate an accurate recidivism rate. Rearrest for the same offense is a more restrictive measure of recidivism in its representation of a program's effectiveness than one that defines recidivism as any subsequent criminal behavior after a certain punishment.

There are also different recidivism measures according to the type of punishment under evaluation and when recidivism can actually occur. Certain punishments require the measurement of whether a criminal behavior has occurred at the inception of the punishment or, alternatively, at the completion of the punishment. For example, punishment with the goal of incapacitation seeks to eliminate any opportunity to commit a subsequent criminal behavior while the punishment is being imposed. A useful recidivism measure would begin counting subsequent criminal behavior that occurs while the punishment is being imposed. Alternatively, punishment with the goal of rehabilitation seeks to reform offenders by the completion of the punishment imposition. A useful recidivism measure of this correctional program's effectiveness would count subsequent criminal behavior that has occurred only after the program has been completed.

Different types of criminal events can also be used to define recidivism. These events include arrest, prosecution, conviction, or violation of the conditions of one's community corrections sentence. Some of these events may also provide a more restrictive definition of recidivism than others. The events that provide a more restrictive definition of recidivism (e.g., conviction is more restrictive than arrest) lead to fewer subsequent criminal behaviors being labeled as recidivism. For example, if a number of arrest events do not lead to a conviction, those who are arrested and not convicted would ultimately not be defined as reoffending. The most commonly used definitions of recidivism are arrest and conviction.

Recidivism and the Offender

Recidivism is also a useful measure for identifying common characteristics of offenders. Measures of recidivism provide insight into how frequently offenders reoffend, how long they are likely to

take to reoffend, and what characteristics are most prevalent among offenders who may or may not reoffend. The rate and frequency of the occurrence of recidivism are often used to understand how often offenders engage in subsequent criminal behavior. This is useful for understanding both the probability and how likely multiple offending is to occur.

The severity of subsequent criminal behavior is also relevant to the effectiveness of a correctional punishment. Punishment is considered more effective for offenders who revert to less serious criminal behavior. Comparatively, subsequent offending that involves an escalation in the severity of criminal behavior represents a greater degree of recidivism. A lower degree of recidivism may be considered successful when the goal of punishment is to restrictively deter subsequent offending.

Measuring the amount of time between receiving punishment and a subsequent criminal behavior provides insight into how long the effect of the punishment on reoffending may last. Certain offenders may take a longer or shorter amount of time to reoffend after receiving a punishment. Those offenders who take a shorter amount of time to revert to subsequent criminal behavior are thought to be higher risk offenders. A punishment's effectiveness may also be evaluated by the amount of time it takes for an offender to recidivate. Punishments that result in a longer amount of time to recidivate compared to a shorter amount of time are viewed as more effective at meeting their correctional goals. Punishments that have no significant influence on how often recidivism occurs may be considered effective if they are still found to delay the time an offender takes to revert to criminal behavior.

Recidivism measures are useful for identifying characteristics among offenders who reoffend. The characteristics often found among offenders who recidivate are considered to be predictors of recidivism. There have been a variety of predictors identified in studies of recidivism, including age, gender, criminal history, offender family factors, and criminal peers. These predictors are used by criminal justice corrective agencies as risk factors for identifying offenders who are more likely to revert to subsequent criminal behavior after receiving a punishment. Some of these predictors of recidivism have received more support in the study

of recidivism than others. The reliability of these characteristics in predicting recidivism does vary by characteristic, resulting in the validity of some of these to be debated. These characteristics that identify higher risk offenders are most often used to inform criminal justice practitioners about the most effective punishment for a certain offender at meeting the goal of reducing recidivism.

The variation in how recidivism is measured makes comparing predictors of recidivism across studies problematic. However, there is strong evidence that younger offenders are more likely to recidivate than older offenders. One of the earliest recidivism studies by Adolphe Quetelet in 1833 found that criminal behavior peaks during the teenage years. There is also strong evidence that criminal history may also predict the likelihood of reoffending. Offenders who have at least one prior criminal conviction are more likely to reoffend than first-time offenders.

Risk of recidivism is commonly evaluated using risk assessment tools. These are surveys that determine an offender's risk of recidivism by measuring the offender's characteristics that predict recidivism. The risk score from this assessment is used to inform corrective approaches that will be the most effective at reducing recidivism, individually, for each offender. There are a variety of risk assessment tools that measure different types of recidivism. Certain tools only measure risk of certain types of recidivism, while other risk assessment tools measure any predictors of general recidivism.

Recidivism and Criminal Justice Policy

Recidivism rates are used by many different parts of the criminal justice system. In the United States, the U.S. Department of Justice reports recidivism rates across states and of the nation. This reporting informs policy makers and practitioners about the effects of different corrective approaches. Comparison of nationwide recidivism rates provides insight into patterns in offending as well as the effectiveness of corrective approaches in different countries and legal systems.

Evaluation of program effectiveness using recidivism commonly addresses the question of what correctional approach actually works. The effectiveness of a tough punishment approach at

reducing recidivism has been largely debated. One of the reasons attributed to this inconsistent evidence of punishment's influence on recidivism is due to the variation in how recidivism is measured. Comparison across recidivism evaluation studies is limited because they use different recidivism measures, making most estimates of a punishment's effectiveness incomparable. For example, the effects of punishment found in a recidivism study measuring recidivism as reconviction examine a reversion to subsequent criminal behavior as found by the courts. Alternatively, the effects of punishment as reported in a recidivism study measuring recidivism as reincarceration represent a reversion to subsequent criminal behavior as well as the probability of receiving an incarceration sentence. A punishment's effect on both of these outcomes is likely different and comparing it would produce an inaccurate conclusion.

One approach to reducing recidivism rates has been to increase the length of sentence of incarcerated, habitual offenders. Sentence enhancements for those who have prior convictions for either the same or different offenses are a common corrective approach to reducing recidivism. The effectiveness of this approach at actually reducing recidivism has also been largely debated. Longer sentences for habitual offenders do provide a greater opportunity for incapacitation and for offender treatment that is likely to reduce recidivism. However, such practices have also been found to result in the mass incarceration of non-violent offenders putting a large strain on resources within the criminal justice system.

Final Thoughts

Recidivism is an important concept used by the criminal justice system. It is useful to evaluate the effectiveness of corrective programs and identify offenders likely to reoffend. A variety of recidivism measures are employed in the criminal justice system and inform decisions by both policy makers and practitioners.

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See also Corrections; Deterrence; Punishment Approaches, Effectiveness of; Recidivism, Psychopathological Versus Social Psychological Criminological Predictors of; Rehabilitation

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REENTRY

Reentry in a criminal justice context describes the transition from being incarcerated in a jail or prison to returning to life in the community. For over 30 years, the United States experienced an unprecedented increase in the numbers of individuals admitted to and subsequently released from prisons. According to data maintained by the Bureau of Justice Statistics, the number of prisoners released from federal and state prisons increased more than fivefold between 1978 and 2008 (from 142,033 to 734,144). In 2009, the annual number of reentering prisoners declined for the first time in decades—a pattern that has continued through 2012. Even with the recent decline in releases, more than 600,000 prisoners are released each year from state and federal prisons, with 626,024 individuals released in 2016. Moreover, these figures do not include the substantially larger number of individuals released each year from local jails. According to the Bureau of Justice Statistics, local jails admitted nearly 12 million persons in 2013 when the average daily jail population was 731,470. The average jail population was approximately the same in 2016—731,300—but admissions declined dramatically during 2016 to 10,600, suggesting that as admissions declined, the length of stay must have increased. Successful reentry poses a difficult challenge for many offenders, as research from the Bureau of Justice Statistics suggests that more

than half of reentering prisoners are reincarcerated within 5 years. Given that most prisoners reenter communities and that there are high expected recidivism rates, it is important to understand the process of transitioning back to the community and to identify ways to reduce the likelihood of criminal activity after release. This entry reviews the needs of reentering individuals, the types of programs and services directed at the reentering population, and the role that community context plays in successful reentry.

Needs of Reentering Individuals

Prisoners transitioning from incarceration to the community face numerous impediments to success, including low educational attainment, limited job experience and training, substance use disorders, strained relationships with family members and friends, and the stigma associated with a criminal record. Although recidivism may be the most common metric used to measure successful reentry, there are numerous intermediate outcomes that reflect successful navigation of immediate needs that may impact an individual's ability to desist from criminal behavior.

Some of the most common self-reported needs of reentering inmates include basic necessities such as transportation, housing, food, clothing, health insurance and medical care, identification documents (e.g., photo ID card, Social Security card), and financial assistance. If these necessities are not met, former inmates may feel their only option is to resort to engaging in criminal activities.

In addition to basic needs, many inmates need education, vocational training, and assistance finding a job. If a legal source of income is not attained following release, reentering individuals may seek out illegal activities for money to support themselves and their families. Their ability to gain employment and become functional members of society may also be hindered by drug addiction and physical and mental health problems. Without adequate treatment for these conditions, they may be unable to successfully reintegrate. Furthermore, reentering individuals may need to mend personal relationships with family and friends, which may have been damaged due to their criminal behavior or incarceration. Emotional and

instrumental support provided by loved ones can ease the transition from prison to the community.

In short, although desistance from crime is often seen as the top priority of reentry programming, reintegrating offenders into the community may first require building some of the basic foundations needed to become (and stay) a productive member of society. Without this strong foundation, desistance from crime may be challenging.

Reentering individuals do not all face the same set of needs and challenges; there is evidence that reentry needs vary greatly by gender. For example, men and women enter the criminal justice system with notably different circumstances and needs that may be further compounded upon release. Male offenders are more likely to participate in violent crimes than females, who are more likely to participate in property and drug offenses. Female offenders are more likely than their male counterparts to have been victims of sexual and physical abuse. Moreover, research indicates that female offenders are more likely than male offenders to have chronic physical and mental health conditions and to have comorbid mental health and substance abuse issues. When women are released from prison, they often have more difficulty than their male counterparts accessing substance abuse and mental health treatment, have unresolved issues related to prior victimization, and have difficulty securing employment. Furthermore, although these circumstances may mean that women have a greater need to rely on family members for financial support to avoid homelessness, research suggests that women may actually have less support from family than comparably situated men. Female inmates are also more likely to be parents and to have more children than reentering males. These differences highlight the need for gender-responsive programming and services to ensure that the unique needs of reentering men and women are met.

Reentry Programs and Services

Given the large number of individuals reentering society from jails and prisons each year, it is important to identify programs and services that can assist in removing obstacles to successful reentry. Since the early 2000s, federal efforts have focused on improving a variety of outcomes

among reentering individuals through the development and implementation of services and programs for prisoners. For example, starting in 2002, the Serious and Violent Offender Reentry Initiative (SVORI) provided funds to help states address criminal justice, employment, health, and housing outcomes. This unprecedented national response to the growing challenge of reentry involved funding agencies to enhance or establish reentry programs and services. SVORI grantees included 69 state and local corrections and juvenile justice agencies, each of which received \$500,000–\$2,000,000 over 3 years. The funding was intended to create a continuum of services for returning prisoners in state prisons and juvenile facilities that would begin during incarceration and continue after release as former inmates reintegrated into the community. Programs were locally designed and included a broad range of services and programs (e.g., needs assessments, reentry planning, drug treatment, mental health treatment, educational/vocational programs) to address the complex issues that reentering prisoners face.

After SVORI ended, the Second Chance Act of 2007 was enacted with similar goals to help state and local agencies address the challenges of prisoner reentry across multiple domains (i.e., housing, education, employment, family relationships, substance abuse treatment, mental health treatment, and cognitive behavioral therapy). Between 2009 and 2015, more than \$475,000,000 had been authorized under the Second Chance Act to provide training and technical assistance to government agencies and community-based organizations to provide reentry services to those releasing from jails, prisons, and juvenile confinement. As of March 31, 2015, the Bureau of Justice Assistance had made more than 600 awards that have served over 100,000 participants. The funded programs include reentry courts, adult mentoring, technology careers, family-based substance abuse treatment, treatment targeting adults with co-occurring mental health and substance abuse disorders, an adult offender reentry demonstration, and recidivism reduction strategic planning.

In addition to these large federal initiatives, there are numerous other reentry programs funded by state and local agencies. A broad range of services may be offered to assist with the transition

back to the community. Reentry services may provide resources to meet basic needs, educational and vocational assistance, treatment for drug abuse or mental illness, or other identified needs. Some programs provide multiple services while others focus on specific issues. Programs may provide services in prisons or jails prior to release and/or in the community both for reentering inmates who are on probation or parole and those who were released without a sentence to supervision. Services delivered in prison prior to release often focus on preparing the inmate for release through teaching skills and modifying attitudes and behavior. Postrelease services help ensure that progress made while incarcerated persists during the transition to the community. Services may be provided by correctional, public health agencies, or other government agencies; faith-based organizations; and/or other community-based organizations and service providers. Some programs may be designed to be completed in a few weeks, whereas others may serve clients for years. In short, there is not one way to provide reentry support, and the availability of programs and services varies greatly over time and by location.

There is a growing body of research on *what works* for reentering juvenile and adult offenders. A multisite evaluation of SVORI found that program participation was associated with moderately better outcomes in housing, employment, and drug use in the first 15 months after release. Analysis of long-term recidivism among offenders in the SVORI data suggested that receipt of more services associated with individual needs (i.e., mental health and substance use treatment, assistance working on personal relationships, training on changing criminal attitudes, anger management, and education) was more likely to be beneficial than receipt of more practical services (i.e., case management, needs assessment, reentry planning and programming, life skills, and employment services). These evaluation findings are consistent with growing evidence that cognitive behavioral therapy and services targeting individual criminogenic risk and needs and focusing on individual-level change can reduce recidivism. Services focused on practical needs, such as life skills and reentry preparation, have been found to be among the least effective services. These human service-oriented programs, however,

are more promising than deterrent approaches that rely solely on intensive surveillance. For example, there is evidence that intensive supervision probation/parole is not effective on its own but, paired with a strong treatment component, can reduce recidivism. There is also some qualitative evidence that successful desistance from criminal activity and drug use begins with the realization by an individual that change is needed to have a desirable future. To address this realization, the individual then pursues an identity transformation (e.g., "I will no longer be someone who takes drugs. I will be someone who takes care of my children") and, in turn, begins the process of no longer engaging in crime and drugs.

These findings on *what works* are more consistent with theories of desistance positing that individuals must transform themselves into nonoffenders than other more structural perspectives that address correlates of crime such as drug use and inadequate education and training. Early research on criminal desistance by Robert Sampson and John Laub emphasized the impact of structural and social factors, such as employment and marriage, on changes in criminal behavior over the life course. Indeed, there is empirical evidence to support the suggestion that stable employment and a good marriage are associated with desistance. It is important to note that it was argued that the quality of and commitment to these life events is what impacts desistance, not merely their occurrence. However, securing a quality marriage and stable employment are, at least in part, events of chance. This suggests that other internal changes or cognitive transformation were not viewed as necessary prerequisites.

Peggy Giordano, Stephen Cernkovich, and Jennifer Rudolph stressed that offenders must engage in much *up-front* work before structural change, such as finding a job or a partner, is a viable option. Raymond Paternoster and Shawn Bushway put forth an identity theory of criminal desistance that is grounded in the idea that identity is multifaceted, such that one may have a *working self* and a *possible self*; the former is oriented toward the present and the latter toward the future. They suggest, in summary, that individuals are committed to the working self until its costs outweigh its benefits; gradual change in identity may occur as one experiences failure or

dissatisfaction, anticipates its continuance in the future, and links this discontent to the working (criminal) identity. Once the criminal identity is weakened, identity change is possible.

The Role of the Community in Successful Reentry

The collateral consequences of reentry go beyond those experienced by the individual. Indeed, community instability associated with a large number of removed and reentering individuals may impede efforts at successful reentry. Some research suggests that the neighborhood to which an offender returns may impact recidivism, with those returning to areas of concentrated disadvantage and poverty faring worse than others. The aggregated social consequences occur because of the spatial clustering of incarceration and reentry. Prison admissions and releases are not evenly distributed across cities or states. Indeed, research has indicated that the incarceration and reentry phenomenon is spatially uneven such that it is clustered in poor, urban, disadvantaged communities that are characterized by racial segregation, unemployment, and poverty. The extent of spatial clustering of individuals who enter and leave U.S. jails and prisons helps perpetuate a cycle that creates a criminogenic environment hindering reentry and fostering future incarceration for younger generations.

The cycling of individuals in and out of jail and prison generates residential instability, a key contributor to social disorganization. Criminologists have long recognized that neighborhoods that are more stable and socially organized are better able to achieve shared goals, such as public safety. The residential instability resulting from high concentration of prison admissions/releases in a neighborhood also disrupts social networks, destabilizes the labor market, and reduces informal social control, collective efficacy, and social capital. In short, clustered prison admissions and releases act as a feedback loop to undermine the structures and social organizations of communities, yielding more criminogenic environments for returning prisoners and hindering their chances at successful reentry. This underscores the importance of considering community characteristics in developing and implementing reentry programming. Yet reentry programs have focused

almost exclusively on services and programs provided to the returning offender. Given the spatial clustering of crime, incarceration, and community disadvantage, services at the individual level may not be sufficient.

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See also Desistance; Prisons; Reentry, Best Practices for; U.S. Department of Justice

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REENTRY, BEST PRACTICES FOR

In the United States, an increase of crime in the 1980s and the *War on Drugs* (which began in the 1970s) led to the passage of criminal laws that strengthened punitive measures for violent and drug crimes. Those laws have led to drastic increases in incarceration. As a result, the number of prisoners released from prison has also increased. This process of leaving prison after a period of incarceration is known as *prisoner reentry*.

With a growing number of prisoners being released, communities are faced with the challenge of assisting returning prisoners with a range of needs. Preparing returning prisoners for release, identifying needs and services, and supervising them while in the community are all part of the reentry process. The aim of prisoner reentry is to be able to provide effective services and support so that returning prisoners can successfully reintegrate back into society. Part of reentry success involves preventing reoffending and subsequently a return to prison. Some of the reentry challenges and best practices to help individuals succeed after prison are discussed in this entry.

The Growth of Prisoner Reentry

Prison populations have seen drastic growth over the advent of the crime reduction policies and stricter criminal laws. Within the span from the 1970s to the early 1990s, prison populations spiked more than fivefold, which has also contributed to drastic increases in the numbers of prisoner releases.

The total number of people incarcerated in state prisons nationwide has been estimated to be approximately 1.6 million. Each year over 600,000 prisoners are released. The increase in the numbers being released is not strictly attributable to the increased number of those being sentenced to prison. Changes in sentencing policy nationwide also played a major part. A shift away from indeterminate sentencing (i.e., judicial discretion in sentencing decisions) to a determinate model (i.e., requirement for specific prison terms for certain felonies) impacted the number of people who were sent to prison. Even though the changes in

sentencing policies meant more people were being sent to prison, and for longer periods of time, 95% of people who go to prison eventually return to the community.

Reentry Barriers

Prisoner reentry is an important issue because of the significance of being able to have prisoners successfully reintegrate into society, without recidivating and returning to prison. Recidivism is often defined as either an arrest for a new crime, a new conviction, and/or a new incarceration. The Bureau of Justice Statistics estimates that about 68% of prisoners released from state prison will be arrested for a new offense within 3 years of release.

Providing reentry services and programs can reduce recidivism and assist former prisoners to be able to make the transition from prison to society. Due to their status as convicts, former prisoners face substantial challenges in their quest to reintegrate into society. Four key challenges that they face are employability, housing, physical and mental health issues, and substance abuse issues.

Employability is a hurdle that former prisoners face due to low educational attainment, unemployment history, or lack of work experience. The stigma associated with having a criminal record also impacts their ability to secure work. Housing is also challenging to secure and is typically the most immediate need upon release from prison. Housing barriers often result from a lack of affordable housing, laws preventing former prisoners from living in certain public housing buildings, and in some cases, relationship conflicts preventing an individual from living with family or friends. Physical and mental health issues, along with substance abuse issues, are additional barriers. The prison population has a higher rate of physical health, mental health, and substance abuse issues than the general population, which makes treatment services a crucial need for this population. Those who receive treatment in correctional facilities, and continue to do so after release, are more likely to be successful in integration than those who do not; however, not everyone with a need for treatment receives it while incarcerated. Many of the barriers highlighted here may lead someone to recidivate if these issues

are not addressed while incarcerated and/or in the community once released.

Best Practices Defined

Best practices for reentry are strategies, principles, and programs that have been identified through scientific research as effective at reducing recidivism. The term *best practice* is sometimes referred to as *what works*. The knowledge on *what works* is limited to programs and practices that have been evaluated. Programs and practices identified as effective are often evaluated multiple times or evaluated using rigorous research methods. Some programs and practices that have been evaluated only once, or with low rigor, may be considered *promising*—meaning that there is some evidence that they are effective, but more research is needed. The National Institute of Justice, Office of Justice Programs developed a website called *Crimesolutions.gov* to assist criminal justice practitioners with a searchable list of effective, promising, and noneffective programs and practices.

Key Best Practices for Reentry

There are certain effective practices that have been shown to make the reentry process successful. The core practices, or principles, are known as the *Risk-Need-Responsivity model*. Developed by several Canadian psychologists (Don Andrews, James Bonta, and Paul Gendreau), this model has been the leading strategy for preventing recidivism since the mid-1980s. The principles of the model have been evaluated numerous times and are considered effective at reducing levels of recidivism for offenders who participate in programs that incorporate these principles.

The first component—the *risk principle*—is designed to identify the level of risk of an offender. This is traditionally done through the use of an assessment tool that predicts criminal behavior. One of the most common risk assessment tools is the Level of Service Inventory–Revised. The higher an individual scores on an assessment tool, the more likely he or she will reoffend; therefore, the individual is considered high risk. Individuals scoring moderate- to high-risk levels should be targeted for treatment services because they are the most in need of assistance.

The *need principle* is designed to target multiple criminogenic needs. Criminogenic needs are also termed *dynamic risk factors* because they are characteristics that change. For example, employment status, substance use, and education level are criminogenic needs that may change when the appropriate services or treatment are provided. When released from prison, many offenders have multiple criminogenic needs that require treatment services. If needs are not addressed, recidivism is likely to occur.

The *responsivity principle* involves designing treatment programs based on social learning and cognitive behavioral approaches. Cognitive behavioral treatment is used to help offenders identify problematic thinking patterns and develop ways to change behavior by altering the thought process. The responsivity principle also involves adapting treatment programs to fit individual client characteristics such as age, gender, race/ethnicity, and learning styles.

There are other elements of the prisoner reentry process that are considered best practices. These include aftercare, nonpunitive approaches, vocational and educational programs, professional staff, motivational interviewing, and the use of graduated sanctions.

Aftercare (or continuity of care) involves continuing treatment in the community after treatment already began inside the prison setting. This is most common in drug treatment programs. Continuing treatment in the community prevents a break in services and is considered a necessary component to prevent relapse. Two effective programs that follow this practice are Delaware's KEY/CREST therapeutic community program and Amity In-Prison Therapeutic Community Program. Both programs provide intensive drug treatment in prison and include an aftercare program in the community. The programs start during the last year of incarceration and continue with 6 months of drug treatment in the community in addition to other transitional services (e.g., employment, housing).

Programs and interventions should be *nonpunitive* or control oriented; instead, they should be designed to include skill development, family treatment, and cognitive behavioral treatment. Having a range of programs that address many criminogenic needs is considered effective.

Providing services in the community when possible is another best practice. *Community settings* are considered to be more therapeutic and less punitive than institutional environments.

Vocational and educational programs provided in prison, and in the community, are another best practice. Individuals who have the opportunity to participate in skills and education training are less likely to recidivate than those who do not participate in such programs.

Best practices also include hiring professional staff and providing them with the tools to work effectively with the returning prison population. Certain *staff characteristics* are needed to develop meaningful client relationships. Best practices in hiring staff include targeting staff with strong relationship-building skills, caring and empathetic personality, good problem-solving skills, and ability to display positive role modeling and reinforcement. Training staff in *motivational interviewing* techniques is also a best practice. Motivational interviewing is used to guide offenders to change behavior through the use of directive, goal-oriented counseling techniques. This approach is designed to identify clients' readiness to change behavior and commitment to participating in services. Staff working in reentry programs, and parole/probation officers, are often trained to use motivational interviewing during meetings or counseling sessions with offenders.

Successful reentry also involves providing parole and probation officers with tools to be successful. Motivational interviewing is one of these approaches; however, there are other strategies as well. One such strategy is the use of *graduated sanctions*—that is, having a range of options to respond to offender behavior. Rewarding positive behavior through verbal recognition, certificates of success, or decreasing level of supervision is a way to encourage offenders to continue on a path of success. Punishing negative behavior through increasing supervision level, referrals to more intensive treatment, or returning the offender to jail or prison is a strategy to discourage behavior that violates conditions of supervision. This graduated sanction practice provides officers with more tools to respond to client behavior rather than relying on incarceration as a sole option.

Although there are many best practices for reentry, more research is needed to determine

whether other strategies may also be effective at reducing recidivism.

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See also Criminogenic Needs; Desistance; Need Principle; Reentry; Responsivity Principle; Risk Principle; Risk-Need-Responsivity, Principles of

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REHABILITATION

The word *rehabilitation* is used in a number of contexts and has several different but interrelated meanings. In health services, it denotes a process of being restored to normal functioning after an injury or period of illness. In addiction services, it entails being empowered to escape the destructive use of a substance and regain control over one's life. In the armed forces, it means having rest and regeneration after a period of combat or other hazardous duty. In criminal justice, the concern of this entry, it refers to a process whereby after arrest, prosecution, and sentencing, those who

have broken the law can be reinstated in the community with full rights restored and can desist from further involvement in crime. Thus, although there is no complete definition of what rehabilitation involves, it is usually viewed as comprising two components. One is concerned with the resettlement of discharged prisoners at the end of their sentences. The other is focused on the reduction of criminal recidivism, which applies both to prisoners and to those placed on community sentences.

This entry is primarily concerned with what is known, in terms of research, theory, and practice, about enabling individuals to achieve rehabilitation in the sense of reducing and, if possible, completely leaving behind a previous pattern of crime. Such a task is harder to achieve if there are major problems in relation to housing, employment, substance misuse, or family conflict. The penalty imposed by the court is, from a retributive perspective, intended to result in deprivation or restriction of liberty, not to remove the supports that an individual will need when trying to pursue a law-abiding life. Thus, the two strands of rehabilitation (resettlement at the end of a sentence and avoiding further involvement in crime) are mutually interdependent. They should reinforce each other, but a failure to provide for basic needs could undermine an individual's plans to stop offending.

Prison authorities in United Nations member countries have a responsibility to observe the *Standard Minimum Rules for the Treatment of Prisoners* adopted at the first United Nations Congress on the Prevention of Crime and the Treatment of Prisoners, held in Geneva, Switzerland, in 1955. Subsequently in Vienna, Austria, in December 2015, these rules were revised in a format now known as the *Nelson Mandela Rules*, in tribute to the former South African president and Nobel Peace Laureate who was imprisoned for 27 years. Rule 107 states that “[f]rom the beginning of a prisoner's sentence, consideration shall be given to his or her future after release and he or she shall be encouraged and provided assistance to maintain or establish such relations with persons or agencies outside the prison as may promote the prisoner's rehabilitation and the best interests of his or her family.” Several other aspects of the process of prison aftercare are also specified in the rules.

Of course, many of those sentenced by courts are not incarcerated but are given community penalties. The majority continue to live at home, although some may be required to reside for a fixed period in designated accommodation, such as a probation hostel. If individuals are to be enabled to avoid illegal activity, their sentences too should contain possibilities for rehabilitation. For those on community sentences, issues of housing, family contact, employment, and other areas of life should be less disrupted than for prisoners. They may be placed on probation or youth justice supervision, which requires them to report to the police, a supervisor, or youth worker. In more stringent cases, they may be required to attend weekly sessions of a group program at a drug treatment clinic. For returning prisoners (more than 700,000 each year in the United States), circumstances are different. Depending on the amount of time served, circumstances may be completely unrecognizable compared to the situation they left behind some years earlier.

Research on Reducing Reoffending

Extensive evidence shows that rehabilitation in the sense of reducing criminal recidivism can be successfully achieved. Several approaches to working in prisons, community corrections, and youth justice have been evaluated in terms of this objective. There are many studies of the impact of interventions designed to reduce rates or seriousness of offending by adults and young people, men and women, and individuals from different ethnic groups.

Typically in studies of this kind, a cohort of individuals who have broken the law is divided into two subgroups. Ideally, they will resemble each other in key characteristics (in research terminology, the groups will be *matched*). One subgroup, denoted the *experimental group*, is provided with some form of intervention that researchers or policy makers think might have an effect and which they want to evaluate. This could be any one of a wide range of activities. There are studies of basic education, higher level education, counseling, vocational training, psychological therapy, skills training, drug treatment, and special diets. Alternatively, the intervention could be some type of punitive sanction, such as a physically

demanding regimen in an institution. The other subgroup, usually called *business or treatment as usual*, is dealt with in the more routine way and is effectively an untreated comparison or control group.

After the intervention has been delivered, the two groups are compared on some dependent variables. Given the core objectives of the criminal justice system, the central outcome of interest is usually the rate of reoffending after a fixed period. The latter might be anything from 1 month to 5 years, though 1 year is more typical. However, many other variables can be (and have been) measured. The object of the exercise is to test whether the two groups differ at the end of the study and on follow-up and, thus, whether the experimental activity had an impact. This is a simplified account of the research process, and there are many features of doing it that can vary a great deal between studies. The rigor of the design that is used can be a crucial factor when interpreting the results. Researchers devote considerable time to thinking about how well (or how badly) evaluation studies are done and whether the findings reflect a fair test of the intervention that was being evaluated.

Once a number of research projects have accumulated on a given question, it is useful to appraise whether there is any evident trend among the findings obtained. That process is called *research review*, and there are several ways of doing it. The underlying idea, however, is essentially simple. In a way, it is an attempt to see the *big picture* of what is happening. Within each study, there will be a measure of the difference between the two groups (experimental and control) at the end; this is called the *effect size*. In a review, the effect sizes from different studies are aggregated together utilizing the methods of *meta-analysis*. This generates a *mean effect size*. Many other analyses can be conducted to test the robustness of this, for example, comparing studies with different designs, sample sizes, or lengths of follow-up. If the groups were not well matched at the outset, to some extent even that can be taken into account and corrected for in statistical analysis. With enough data sets, it may also be possible to analyze *moderators*, other kinds of differences that could have influenced the outcome. They include demographic characteristics of the participants (e.g., age, gender, ethnicity), criminal history

variables (e.g., type of index offense, estimated risk of reoffending), locations where the intervention was tested (e.g., prison, community), aspects of service delivery (e.g., intensity of programming, level of training of the staff, quality of delivery), and aspects of the research methodology (e.g., random allocation, quasi-experiment, before-and-after design). These facets need to be understood to obtain a clear picture of whether observed effects are genuinely attributable to the intervention rather than anything else.

Enough studies and reviews have now accumulated to draw some pivotal conclusions about several prominent issues in this field. The earliest attempts to review the effectiveness of offender rehabilitation date back to the 1950s, but the research available then was limited in both quantity and quality. A large-scale review published in the 1970s, which found numerous positive findings, was widely misreported and misrepresented. From 1985 onward, however, the techniques of meta-analysis began to be applied in this field, and the steady growth of findings and reviews since then has made it extremely difficult, if not impossible, to hold to the view that nothing works to reduce recidivism. By 2012, there were more than 100 published meta-analyses in this area, and several more have appeared since then. Many researchers in the field have therefore recognized that the volume of research on offender rehabilitation and behavioral change is sufficient for corrections agencies to draw meaningful conclusions concerning what works to reduce recidivism and increase public safety.

Some of the principal conclusions that can be drawn from the assembled literature on rehabilitation include the following. First, statistically significant and clinically meaningful reductions in reoffending can be achieved. Across the many hundreds of studies that have been published on this subject, those in treatment groups on average have a recidivism rate that is roughly 10% lower than those in untreated control groups. Second, if that figure seems rather unexceptional, it is important to remember that it is an average, summarizing a range of outcomes, including some in which experimental group participants reoffend more often than their comparators. The interventions that pull the grand mean down in this way are predominantly ones that use punitive sanctions or

other types of deterrent measures. Third, the converse of this is that there are other interventions that have notably larger positive outcomes. There are studies that have found decreases in recidivism of 50% or more; that is, the rate of reoffending among the intervention group was sometimes less than half that of the controls. Criminal justice is a challenging area to conduct rigorous outcome research. Although some studies have had fairly weak designs, these findings have also emerged from numerous randomized experimental trials and high-quality quasi-experiments.

From Research to Theory

The most influential theoretical framework for understanding the variety of findings obtained from these different interventions is the General Personality and Cognitive Social Learning perspective of Don Andrews and James Bonta. The General Personality and Cognitive Social Learning is a theoretical account of the factors associated with the development and maintenance of involvement in delinquency and crime. From this standpoint, crime (in common with many other patterns of behavior) is learned. The best explanation of how that occurs draws on a synthesis of behavioral and cognitive social learning theory. A large volume of psychological and criminological research supports this view.

Translated into terms in which these ideas can be applied in offender rehabilitation, the authors produced a specific set of proposals collectively formulated as the Risk-Need-Responsivity (RNR) model. It is worth noting that this is not itself a theory. Rather, it is a set of recommendations derived from theory (the General Personality and Cognitive Social Learning). It proposes that interventions are more likely to succeed in lowering criminal recidivism and promoting rehabilitation if they take three principal factors into account. The RNR model began on the basis of three core principles: risk, need, and responsivity. In its 2017 recent iteration, taking progressively more sets of research findings into account, this has expanded to encompass 15 principles.

The first three principles are described as *overarching*. They emphasize the importance of operating within an ethical framework that expresses respect for persons and of basing intervention

programs on empirically sound psychological theory. Principles 4–12 draw on numerous features of that theoretical and empirical background. They underline the crucial importance of assessing each individual's risk level for further offending, using well-validated methods. Alongside this, there should also be assessment of *criminogenic needs*, risk-related variables that are associated with future reoffending risks. The provision of intervention programs is guided by the principles of general and specific *responsivity*, in attempting to ensure that programs employ behavioral, social learning, and cognitive behavioral methods and strategies for influencing change and building skills. They should also take account of relevant individual strengths and of personal and cultural differences in allocating individuals to specific types of rehabilitative programs. There should be a clearly delineated link between what is learned from individual assessment and the targets that are set with them for intervention.

The final three principles (13–15) are concerned with organizational issues. They include a recommendation that services be based in the community as far as possible, training practices be cultivated that generate high-quality relationship skills among correctional staff, and management procedures be adopted that provide effective systems of support for all the other activities. To secure positive outcomes, it is also vital that there is high-quality delivery of services, the integrity of which must be monitored and sustained. When services are provided according to these principles, and if program quality and fidelity can be maintained, doing so is reliably associated with better outcomes in terms of rehabilitative aims.

These findings highlight the useful distinction between *programmatic* and *nonprogrammatic* features of the process of rehabilitation. The former refers to the design and contents of interventions themselves, such as the sessions of a cognitive behavioral skills program. The latter refers to contextual, organizational, and other surrounding factors that, regardless of a program's potential effectiveness, must be taken into account if it is to succeed. Those issues have not always received the attention they require. However, in his 2011 publication, "The Impact of Nonprogrammatic Factors on Criminal Justice Interventions," Andrews sought to remedy this by examining how they

influence outcomes and how they need to be incorporated in rehabilitative efforts.

From Theory to Practice and Dissemination

Mounting evidence supports the applicability of the RNR model, not only to what is called *general or versatile offending* but also to physical violence, sexual violence, and violence toward partners. Given how closely it reflects the expanding body of research findings obtained through meta-analysis, the RNR model has had a steadily growing influence on criminal justice professionals and systems in many countries. In some jurisdictions, this has led to large-scale efforts to design and deliver structured rehabilitation programs extensively in both prison and probation or other community correctional settings. In some criminal justice services, this has been accompanied by the creation of a process of program accreditation, to ascertain the appropriateness of methods employed in this work and manage its implementation.

There is a further advantage of rehabilitative work with offenders. Some of the activities that form part of its agenda are comparatively resource-intensive. Above all else, they require skilled, well-trained, and well-supported staff as well as materials for the management of programs and services in prison and community locations. The required expenditure may seem unattainable on top of already-high penal costs. However, when reoffending is reduced, there can be considerable savings to society. Economic analysis of the benefits to be gained from effective services shows that they can be remarkably cost-efficient. In 2015, Stephanie Lee and colleagues from the Washington State Institute for Public Policy reported on a series of comparisons between different interventions in their respective benefit–cost ratios. Many interventions have been found both to lower crime rates and reduce costs. For programs that combined different forms of rehabilitation and treatment components, benefit–cost ratios varied from 2:1 to as high as 40:1, with both young offenders and adults. The most effective interventions included Functional Family Therapy and Aggression Replacement Training in juvenile justice; and cognitive behavioral programs, correctional education, and community-based drug treatment with adults. By

contrast, programs that entailed only surveillance or supposed deterrent ingredients such as *scared straight* have negative benefit–cost ratios.

In a key sense that is of major relevance to the work of criminal psychologists, offender rehabilitation works. The evidence for this is now substantial. A similar finding emerges both in general terms and for a variety of specific offense types. This contrasts markedly with the conventional approaches of punishment and deterrence, which, although ubiquitous, are an abject failure for reducing reoffending. Furthermore, rehabilitation programs are cost-effective; sums invested in them will reduce other kinds of spending later and elsewhere. None of this applies to everyone, of course, nor can it be guaranteed. That caveat applies, however, to almost every form of human endeavor. The likelihood of success can be maximized by following a number of what are now well-established principles and practices. In 2013, Francis Cullen identified a number of reasons to be optimistic about the future of rehabilitation, for example, combining the possibility of improving offenders' lives with strengthening community safety and responding to the challenging of becoming a genuinely evidence-based field. Similarly, in 2015, James Byrne, April Pattavina, and Faye Taxman proposed strategies through which rehabilitation can become the central objective of both prison and community corrections. They include, for example, legislation or sentencing reform to reduce the rate of incarceration and the recruitment, training, and retention of a new wave of correctional staff with specialized skills in delivering effective rehabilitation within correctional agencies.

James McGuire

See also Community Corrections; Meta-Analysis; Nothing Works Debate; Risk-Need-Responsivity, Principles of

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REPEAT OFFENDERS

Repeat offenders are punished more severely than single-time offenders in almost all contemporary legal systems (often referred to as the *escalating sentencing rule*). In the United States, the U.S. Sentencing Commission Guidelines specifically take into account the criminal record of a defendant in calibrating the criminal sanction. In the United Kingdom, Section 143(2) of the Criminal Justice Act of 2003 dictates that previous convictions should be taken as an aggravating factor. Furthermore, this rule is not limited merely to criminal law. In tort law, namely the law applied to private disputes, judges often impose punitive damages when they believe that the defendants have repeatedly been negligent.

This entry examines the justification for the practice of punishing repeat offenders more severely than first-time offenders from three different perspectives. It first outlines the traditional approaches of common law theorists; then it examines recent attempts on the part of law and economics theorists to justify or criticize this practice, and last, it investigates the behavioral and psychological literature. As is shown, the multiplicity of considerations makes it particularly difficult to draw any clear and determinate conclusions as to whether the escalating sentencing rule is desirable.

The Lawyers' Reasoning

In a comprehensive discussion of repeat offenders, Andrew Ashworth distinguished among four different traditional approaches to the sentencing of

repeat offenders: flat rate sentencing, cumulative principle, progressive loss of mitigation, and the recidivist premium. He further showed that those approaches have been applied in different jurisdictions.

Under the *flat rate approach*, an offender's desert should be measured with reference to the crime committed in terms of its harmfulness and culpability. Previous offenses have no bearings on either of these factors and, consequently, ought not to be taken into account in sentencing. Escalating sanctions for repeat offenders violate the requirement of proportionality, which is foundational to sentencing theory and which requires judges to impose identical sentences for identical crimes. This intuition even led some U.S. lawyers to challenge the practice of escalating sanctions on constitutional grounds. In the case of *Graham v. West Virginia* (1912), the U.S. Supreme Court considered (and eventually rejected) the argument that escalating sanctions violate the Equal Protection Clause, the Due Process Clause, and the Eighth Amendment to the U.S. Constitution (prohibiting the infliction of cruel and unjust punishment) and rejected the claim that escalating sanctions violate the prohibition on double jeopardy for the same offense.

Under the *cumulative principle*, repeat offenders should be punished more harshly than first-time offenders. Typically, this approach is justified on deterrence-based grounds or incapacitation. A repeat offender demonstrated, by his or her behavior, that deterring the offender requires a harsher sanction than that required to deter other individuals. Furthermore, by incarcerating the offender, future offenses that otherwise may have been committed by the offender are prevented. Last, perhaps one could justify the principle of escalating sentencing on the grounds that repeat offenders are likely to be morally more depraved than single-time offenders, and consequently, they deserve harsher sanctions.

Under the *progressive loss of mitigation rule*, the repeat criminal loses a privilege that the first-time offender has to the mitigation of the sanction. The primary proponent of this view—Andrew Von Hirsch—argued that the primary consideration in sentencing must be the severity of the offense. The severity of the offense dictates an upper limit to the harshness of the criminal

sentence. Yet first-time offenders should be treated more leniently given the human tendency to commit *occasional aberrations*. First-time offenders have in principle the capacity to respond to the formal censure and are therefore entitled to a second chance. While the progressive loss of mitigation rule also implies the use of escalating sentencing, it imposes strict constraints on the severity of these sentences, as the sentences must be proportional to the wrongful behavior and cannot exceed the upper limit determined by the severity of the offense.

Julian Roberts developed the *recidivist premium view*. Roberts uses desert-based considerations to argue for escalating sentences for repeat offenders. More specifically, he believes that the legal censure for a previously committed offense should be considered by the offender and should serve as an educational reminder. Roberts analogizes the repeat offender to an offender who plans the offense. The failure to respect the law after a prior conviction is a distinct moral failure on the part of the criminal that deserves a greater degree of moral reprobation than a first-time offender.

The boundaries among these approaches are not always clear, and classifying a legal rule as falling under each one of these categories may be difficult and controversial. The second, third, and fourth theories endorse the scheme of escalating sanctions for repeat offenders. A real-world example of the cumulative principle are three-strikes laws that many U.S. jurisdictions have enacted. Under these laws, a person who has been convicted of three felonies would be sentenced to harsh sanctions, which exceed the standard sanction for the offense for which the person was convicted. These laws differ from each other in many ways: Some of them apply only to violent felonies; some give discretionary powers to the judge, while others are mandatory. What characterizes these laws is that often the sentence is disproportionate to the severity of the wrong for which the person was convicted. In this respect, these laws deviate sharply from the progressive loss of mitigation rule, which imposes strict constraints designed to guarantee proportionality. In contrast to the U.S. approach, the recommendations of the European Council propose a rule that endorses the loss of mitigation rule. It specifically dictates that “although it may be justifiable to

take account of the offender’s previous criminal record . . . the sentence should be kept ‘in proportion to the seriousness of the current offence.’”

There are endless variations on the ways in which these rules can be applied and the type of considerations that may be taken into account. To illustrate, Section 143(2) of the UK Criminal Justice Act mentions two such considerations. This section dictates that judges ought to consider not only the mere existence of prior convictions but also “the nature of the offence to which the conviction relates and its relevance to the current offence.” This implies that the more similar the offense is to prior offenses, the harsher the sentence should be. The UK Criminal Justice Act also takes into account the time that has elapsed since the last conviction. The more recent the prior convictions are, the harsher the sentence should be. In some U.S. jurisdictions, the laws impose a *washed out* period, after which the prior offense can no longer be used to enhance the sentence.

In sum, traditional criminal law seems to oscillate between the strict retributivist principle focusing exclusively on the culpability of the actor and the wrongfulness of this act, on the one hand, and the view that regards the repeated behavior as a distinct aggravating factor on the other. The different views examined can be regarded as forming a spectrum along which the flat rate approach takes one extreme view; the cumulative principle takes the other extreme view; and the other two views can be regarded as intermediate solutions or as different compromises between these two extremes.

The Economists’ Reasoning

Economic analysis of law investigates the efficiency of different legal rules and doctrines. Economic analysis of criminal law formulates rules, principles, and doctrines that minimize the cumulative costs of crime and the costs of precautions against crime.

Law and economics theorists emphasize social policy considerations. In evaluating the desirability of the escalating sentences principle, they evaluate the benefits and the costs of this rule. The difficulty in applying these considerations is that there are several conflicting considerations concerning the use of escalating sanctions, and the

optimal outcome hinges on factual judgments, which are typically difficult or impossible to make.

It seems that if the sanction for the first offense is optimal, there is no reason to change the penalty for the second offense. As a matter of fact, some law and economics theorists argue that repeat offenders should receive lower rather than higher sentences. This is because repeat offenders are more likely to be detected, and hence, the *expected* sanction repeat offenders face (namely, the probability of detection multiplied by the size of the sanction) is higher than that of single-time offenders, and consequently, a lower sanction is sufficient to deter them.

Other law and economics theorists provide counterarguments purporting to justify the imposition of harsher sanctions on repeat offenders. Some argue that a repeat offender has special characteristics that increase the offender's gains from the criminal activity (termed *offense propensity*). For instance, in addition to the material benefits, a criminal with a high offense propensity may derive pleasure from harming others. The higher the illicit gain, the more likely the criminal is to engage in the harm-creating activity and the higher his or her offense propensity. The high gains of such an actor require increasing the sanctions to provide optimal deterrence. Others argue that penalties should be lesser for first-time offenders because of the increased risks of erroneously convicting first-time offenders.

Furthermore, it has been argued that escalating penalties may be efficient if the probability of detection is lower for repeat offenders in comparison to first-time offenders due to their increased experience. Repeat offenders are likely to be more talented criminals, that is, less likely to be caught and more capable of succeeding in their criminal activity. By committing crimes despite the prospects of punishment, the criminal may indicate that the benefits to him or her are larger than the costs due to the criminal's greater criminal expertise or talents.

Given the coexistence of conflicting considerations that support the escalating sanctions rule and that militate against this rule, it is difficult to make any firm conclusions as to the optimal rule. Balancing these considerations requires more information about the world, the psychology of

criminals, and their perceptions than is currently available.

The Reasoning of Behavioral Sciences

Given the skepticism concerning the cogency of law and economics arguments, psychologists and behavioral economists purport to provide arguments concerning the optimal legal rules on behavioral or psychological grounds. Criminal law is designed among other goals to deter people; hence, it is argued that one ought to understand the ways people understand and react to different norms. Furthermore, it is argued that individuals' reactions do not always fit into the rigid rationalist framework developed by economists. Yet the conclusions of these behavioral arguments are as indeterminate as the conclusions of traditional economic arguments.

Some behavioral scientists use the known finding that individuals tend to be overoptimistic and also that they are disposed to make factual judgments on the basis of salient facts—ones that they can easily recall. Applying this finding to the present context may imply that decreasing sentences are superior to escalating ones. A person who has a prior conviction is less likely to be optimistic about his or her prospects to evade future convictions, and furthermore, the person's prior conviction may provide a salient reminder of the potential costs of crime. Hence, such a person is less likely to commit future crimes.

There are, however, some behavioral arguments that support the practice of escalating sanctions for repeat offenders. First, it has been argued that the aggregate punishment faced by a criminal comprises legal and social sanctions. It seems probable that the magnitude of the social sanctions declines with each successive offense. Hence, if an identical criminal sanction is imposed on a first-time offender and a repeat offender, the latter is more likely to commit the offense because he or she is not exposed (or less exposed) to the costs of social stigma.

It is also known to psychologists that individuals tend to adjust quickly to new circumstances such that dramatic changes in one's life do not radically change one's happiness (termed *hedonic adaptation*). Individuals expect that receiving a large amount of money would greatly increase

their happiness. Yet research indicates that this is false. Similarly, individuals predict that their lives would be ruined by a serious disease or by being paralyzed. Yet the level of reported happiness after such a catastrophic event does not differ radically from the level of happiness before such an event. Hedonic theorists of criminal law inferred that in the long run, prison would have little effect on the happiness of convicted criminals. Arguably, this observation has important implications with respect to repeat offenders. Because repeat offenders have experienced prison, they may have learned that they suffer in prison less than they expected, and consequently, it could be argued that to provide optimal deterrence their sanctions need to be increased. It seems, therefore, that behavioral arguments are as indeterminate as those that rest on economic reasoning.

Conclusion

In evaluating the practice of escalating sentencing, one can use two types of arguments: Some arguments are instrumental; they rest upon the degree to which the doctrine of escalating sentences contributes to the realization of important goals such as deterrence and rehabilitation. Other considerations are principled; they rest upon one's perception as to the circumstances under which it is legitimate to impose sanctions on individuals. The multiplicity of considerations is a great challenge to criminal law theorists and practitioners, and the difficulty in balancing different considerations guarantees that future debates concerning escalating sentencing will be as lively as they have been so far.

Alon Harel

See also Recidivism; Punishment; Statistical Information on Recidivism (SIR); Three Strikes Laws

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RESEARCH IN CRIMINAL PSYCHOLOGY

Criminal psychology is a broad field that overlaps with several subareas of psychology, including correctional (applications to prison settings) and forensic (applications in courtroom settings) psychology. A widely used umbrella term, *psychology-law*, also reflects the interdisciplinary commitment of researchers in criminal psychology, who draw from many traditional domains of psychology, including clinical (e.g., assessment, treatment); social (how people and contexts influence us); cognitive (how we think and make decisions) and developmental (how we grow and change); and neuropsychology (the biological basis of behavior). This entry provides an overview of criminal psychology by exploring the shared reliance on scientific method characteristic of modern psychology, introducing contemporary research in criminal psychology sampling the major research methods in the field, emphasizing the importance of evidence-based approaches, and outlining several areas of future research.

Many people are often surprised that the field is so heavily grounded in science, both in its strategies of seeking and verifying *facts* and in its breadth of subject matter. Psychology is not, as some skeptics have surmised, merely *common sense*. The abundance of counterintuitive research findings and countless unanticipated breakthroughs in understanding complex behavior attest to the unique value of contemporary psychology. Likewise, the field of criminal psychology has moved away from its prescientific roots that often mirrored popular declarations about crime and criminals. The field has strived to replace superstitions with empirically derived insights about why some people break the law, act violently, and are undeterred by the threat of punishment.

To advance our understanding, science must regularly challenge speculation and *common sense* and use research findings to inform practice. For example, in assessing offenders at multiple points of the justice process (e.g., arrest, trial, sentencing, placement, treatment planning, prediction of risk), up-to-date tools are increasingly designed to answer specific psycholegal questions, rather than offering broad statements and using tests never intended to address the issue. Such instruments also are expected to meet a high threshold of reliability and validity, thereby minimizing subjectivity and raising confidence in their accuracy and fairness. The field has also done much to rebut the widely held perception that offenders comprise a unitary cluster. Since roughly the 1990s, cumulative evidence has revealed multiple pathways to criminal behavior, pathways that imply different prognoses and individualized targets of intervention. Similarly, both legal sanctions and the provision of specific behavior change programs have been increasingly subjected to outcomes evaluations, including cost–benefit analyses.

Why Some People Become Criminals and Others Do Not

Lawbreaking is not a rare event, and the range of crimes as defined by legal codes is vast. Strategies adopted to deter or reduce crime necessarily draw from assumptions about why people commit crime, who these people are, and how society responds to them. One set of answers has resulted in a far-reaching network of prisons created to

isolate people from society, primarily for the purposes of rehabilitation and/or punishment. The rationale for this type of closed environment was heavily promoted by early psychological theory and supported by theological stances and basic legal principles—namely, that individuals freely choose to engage in prohibited behavior and are thus responsible for their actions and the ensuing consequences. Although most clinicians and researchers historically have had some faith in the capacity of offenders to change, the choice of methods to promote that change has been controversial since the early 1800s.

In contrast to legal and theological perspectives for understanding and responding to crime, psychology has moved toward a notably analytic stance and concerned itself with broader questions of causation, intervention, prevention, and evaluation. Because the field has evolved as a behavioral, social, and biological science, psychologists are inclined to apply an objective and multifocal lens to matters of crime and punishment. For example, research in criminal psychology has shown that the exclusive focus on individual, person-centered factors does a poor job of explaining criminal conduct or predicting future criminal behavior. It is clear from thousands of psychological studies that social and environmental contexts are also critically important.

The power of context can overwhelm personal traits or become triggering events that interact with individual predispositions. A clear example of the former was demonstrated in the Stanford Prison Experiment in which randomly assigned student *guards* began to engage in abusive behavior toward their fellow student *inmates*. Likewise, the potential negative outcomes predicted by certain youthful traits can be substantially accelerated if the youth faces a violent home life which, in turn, increases the likelihood of aggressive behavior. Context is not limited to one-time events (i.e., triggers) but rather can be cumulative over time. For example, the more one smokes, the greater the risk of contracting lung cancer; continued exposure to violence has a parallel negative risk effect. Thus, both individual factors and environmental context must be catalogued in the list of risk factors. Which of these exerts more power at any given time has become a central question in criminal psychological research.

Although psychology and other clinical sciences originally followed a medical model with a focus on singular *causes*, a more useful perspective has been the previously noted identification and weighting of multiple *risk factors*, factors that increase the probability of a given behavior or outcome. Not all smokers become cancerous, but smoking certainly increases one's chances. Adopting a public health model (i.e., combining risk and protective factors) has proven quite valuable in understanding, predicting, and designing interventions for preventing and reducing criminal behavior.

Some of the best statistical predictors of who becomes a criminal and who does not include the social and environmental contexts into which people are born, grown, develop, and confront on a daily basis. Ethnicity, poverty, and other forms of social and economic disadvantage have a cumulative effect on *risk* for crime and incarceration. Studies have found a strong link between social and economic inequality and violence, as well as between social rejection, aggression, and impaired thinking abilities. It is also clear from several studies that head injuries are related to aggression, cognitive impairment, and imprisonment and that people from disadvantaged settings are more likely to sustain head injuries throughout their lifetimes. This collection of findings is a good example of how individual and context risk factors interact to influence criminal activity.

Another substantial body of research in criminal psychology has consistently revealed eight risk factors that increase the likelihood of criminal behavior. The identification of these factors is drawn from scores of studies that assessed dozens of offender characteristics and those of their families, associates, community environments, and so on. Four factors are especially robust predictors: a history of criminal behavior, procriminal attitudes (i.e., thoughts, values, and beliefs that support criminal behavior), procriminal associates (i.e., one's circle of associates who espouse procriminal attitudes), and antisocial personality (i.e., lack of self-control, pleasure-seeking behaviors, disregard for others). Further evidence of the validity of the *big four* is provided by treatment outcome studies. When these factors are successfully targeted, delinquents and adult offenders are much less likely to reoffend than if these factors are not

addressed. The additional components of the *big eight* are lack of prosocial achievement (e.g., employment, education), family or marital discord, substance abuse, and lack of prosocial hobbies or leisure activities. As will be discussed later in this entry, the targeting of dynamic (i.e., changeable) risk factors, primarily through social cognitive behavioral therapies, promotes more positive outcomes than many historically popular but often counterproductive approaches.

An important note is that many of the relationships identified in broad studies are correlational and thus do not establish direct causation. For example, despite the positive relation found between poverty and crime, or between lack of educational achievement and crime, it cannot be concluded that being poor or dropping out of school directly causes crime. Exceptions to these links are certainly plentiful. Moreover, other variables may actually better explain a given relationship. For example, there is a positive relation between ice cream consumption and death by drowning, a puzzling connection at best. It is hard to imagine that eating ice cream causes people to drown. Rather, a *third variable*, namely, summertime, is the more logical common underlying factor. In the case of poverty and crime, underlying *third variables* might include social rejection, tumultuous community environments, or procriminal associates. The search for causal silver bullets is rarely satisfying. Examining the joint influence of individual traits, abilities, and temperament combined with family, social, and community contexts of a person's life provides a better understanding of his or her likelihood of becoming a criminal and of reoffending. As has been suggested, the goal of preventing and reducing crime is better served through both addressing personal traits and altering negative contexts.

The validity of this interactionist perspective could be challenged if research were to reveal powerful individual traits that seem to override context or, alternatively, to identify engulfing environments that overwhelm personal traits. An example of the former is the apparently treatment-resistant personality of the psychopath. The public often imagines that psychopathic personality is at the base of most crime. Indeed, one hallmark of psychopathy is antisocial behavior. People with psychopathic personalities (whether incarcerated

or not) generally have an inability to feel empathy for others, show callous emotional responses to situations that bother others, are impulsive and reckless, and are superficially charming and manipulative. Although psychopaths comprise only about 15% of the criminal population, they may account for a much higher proportion of crimes and are also notably poor candidates for even the most well-researched, evidence-based treatments. However, those who can avoid violence and other criminal acts, and who have sufficient intellectual resources, may well rise to the highest ranks of employment in fields where their lack of prosocial emotions gives them a competitive advantage.

Research Methods in Criminal Psychological Science

Studying criminals is not easy or straightforward. With good reason, offenders are protected by layers of rules; researchers must apply ethical standards including human subjects' safeguards. These rules evolved, in part, because of historical abuses in which prisoners were used as *guinea pigs*. A grossly inhumane example is the experimentation by Nazi doctors who forcibly tested the human body's response to various chemicals. A less obvious example, in the context of an impoverished prison setting, is drug testing. In such studies, enrolled offenders neither had a truly free choice—the token pay offered by pharmaceutical companies stood in stark contrast to inmates' lack of funds—nor were they fully informed about the potential risks of experimental medications. Contemporary rules about how researchers are allowed to work with human subjects also come directly from studies in criminal psychology—and a well-known example is the Stanford Prison Experiment referred to previously.

The Stanford Prison Experiment was conducted in the early 1970s by social psychologists who wanted to better understand the behavior of prisoners and guards, particularly in relation to each other. The researchers randomly assigned healthy Stanford undergraduates to be either a guard or a prisoner and placed them together in a converted campus basement *prison*. The participants' behaviors became so extreme that the study was canceled well short of its planned duration.

Guards began abusing *inmates*, and inmates began rioting and experiencing mental health problems. The researchers observed additional harmful outcomes to participants who had been allowed to go *off script*. Although the students were subsequently debriefed and counseled, it was apparent that the experience would not be easily forgotten. This historic experiment served both as an emblem of the powerful impact of prison environments and as a stark warning to researchers to anticipate and prevent harm to their participants. Ethical standards about how researchers are allowed to study humans owe much to the growing awareness and correction of past abuses.

Decisions Researchers Make About Research Methods

For all research, the unit of analysis must be determined. Studies in criminal psychology are not different. Some research questions focus at the level of individual persons (e.g., assessing which types of offenders are more likely to be violent), or they may take a broader focus, at the level of a system (e.g., comparing the violence rates in different types of prisons). Often, a study will include multiple levels of analysis to provide a view of interacting factors. For example, researchers might examine whether a cognitive therapy program has different effects on intellectually impaired inmates versus those who have average or above average abilities.

Another decision facing researchers is the choice of study design. For example, researchers interested in how children of prisoners are affected by their parent's incarceration could approach this question in different ways. They could survey a sample of prisoners' families at a given point in time (e.g., by mailing out questionnaires or conducting interviews and then analyzing the results). This *snapshot* is relevant to that particular point in time, but it could not assess changes over time. To address the question of how children's experiences of their parent's imprisonment may change (e.g., Does it get progressively worse? Do children adjust? Are there factors that reduce or amplify negative impact?), the research design requires that data be collected and analyzed across time. Because the answers to these questions may well have implications for public policy, careful

attention to design and measurement is critical. Whether addressing basic or complex questions, researchers in criminal psychology need to have a solid understanding of research methods.

The Progressive Movement to Evidence-Based Approaches

The kinds of studies cited in this entry provide a growing base for decision-making. Research in many fields of psychology, including criminal psychology, has as a goal not only the understanding of behavior but also the application of findings to human well-being and sensible public policy. Especially in the criminal justice system, public policy has often reflected widespread social attitudes and popular opinions rather than evidence-based findings. For example, the *get tough* movement of the last third of the 20th century, emphasizing harsh punishment, has had a series of unintended consequences including economic black holes, overreliance on incarceration, and worsening offender outcomes. A good example is boot camp programs, where juveniles who were sent to military-style settings actually learned tricks of the trade and reoffended at higher rates than youths who did not attend these types of programs. The value of research in this context is to examine the actual outcomes in comparison to the hoped-for results. *We think this ought to work* is no substitute for research that helps identify *what works*.

Interestingly, the retreat from the mid-20th-century goals of rehabilitation was itself fueled by *studies* that collectively showed no difference in recidivism rates between *treated* and *untreated* prisoners. Although the *get tough* trend has persisted since the 1980s, subsequent reanalysis revealed two critical research flaws: First, the studies compared offender groups of unknown equivalence, and thus the validities of results were likewise unknowable. Appropriate control groups, admittedly hard to engineer in justice settings, are the gold standard in treatment outcomes research. Second, many early so-called rehabilitative interventions were, by 21st-century standards, quite weak. In addition, treatment providers or supervisors often failed to monitor whether treatments were actually delivered as intended. Thus, many of the studies underlying the *rehabilitation doesn't*

work conclusion failed to provide trustworthy results. Bad science may have supported bad policy.

From these flaws, researchers now recognize how critical it is to closely monitor treatments in terms of their duration, intensity, client attendance, engagement, and expertise of the interventionists. Consider a cooking parallel: The latest cake recipe in your favorite magazine is touted to be a good one. As a beginner, you try it out, and the result is mediocre at best. Do you discard the recipe? Perhaps, but only if you can document that your instructional guide (the recipe) was printed correctly, that you followed all the sequential steps, and cooked the ingredients long enough and at the stated temperature, in a reliable oven, while also accounting for your status as a kitchen beginner. The plausible alternatives to the *bad recipe* verdict are manifold.

The lessons of this example demonstrate the need for rigorous requirements if studies are to be used as a basis of policy recommendations. The standards include the requirement that comparison groups (Treatment X vs. Treatment Y) must be as equivalent as possible on all important measures (e.g., age, crime history, learning capacity) so that any differences in outcomes are likely to be the result of intervention and not characteristics of the offenders. Alternatively, it would be important to know if Treatment X might prove beneficial to certain subgroups but not others. Such studies have provided clear evidence, for example, that *high-risk* and *medium-risk* offenders are much better targets for intensive intervention than *low-risk* individuals who, it turns out, may actually be harmed by further immersion in the justice system.

Proposed interventions also must derive from reputable psychological theory and previous preliminary findings. The components of an intervention (the recipe) must be clearly elaborated. *Six months of group therapy* is disqualified because of its vagueness. Even if treatment *success* were achieved at prison X, it must be asked whether therapists at prison Y have the same approach to group therapy. To combat the vagueness and subjectivity problem, treatment staff must adhere to a sufficiently detailed *treatment manual*. Adopters of evidence-based interventions are routinely required to undertake

extensive training. Treatment providers not only need to show expertise in the intervention details but must also maintain an acceptable level of engagement and quality control so as not to *drift* or lapse into providing a watered-down version of the treatment.

Researchers also must decide what *results* to look for. Suppose that an offender–client learns to recite the principles of *Thinking for a Change* (a cognitive behavioral program)—a good first step. However, it is more critical to assess whether knowing principles is accompanied by changing target behaviors, for example, being less impulsive and less aggressive, both during practice sessions and in the live environment. Ultimately, researchers are interested in whether the intervention results in crime reduction. Collateral damage may also be an important result to track. In many cases, *treatment as usual* (i.e., the status quo of current conditions) has been shown to have negative, iatrogenic effects, causing actual harm. Likewise, persons enrolled in a given treatment program might quickly reach a benefit ceiling, particularly if their everyday environment runs strongly counter to the thrust of the intervention.

Finally, all treatments and nontreatment interventions have associated costs. In a few jurisdictions, social and governmental costs are calculated and compared across interventions. For example, the costs of confining youthful offenders to an institutional program are compared to the costs of enrolling them in an evidence-based, multisystemic community program. In many cases, reputable interventions show not only better outcomes but a notable return-on-investment savings. In other words, for every dollar spent in program X, the state saves Y dollars. This kind of telling demonstration helps promote the original goal of contributing to informed public policy.

The Future of Research in Criminal Psychology

Psychology is well positioned to provide a deeper understanding of crime and to promote changes in justice policy. The prison system has outgrown the country's capacity to sustain it. Just as America looked to psychology in the early 1800s to form the foundation for justice policy as a focus on

individual people's actions that required punishment and rehabilitation, America may again draw from psychology while prisons are reinvented. Psychological science has shown that the *contexts* in which people live (i.e., critical environmental factors that promote and sustain criminal behavior) cannot be ignored. Both individual characteristics (e.g., the *big four*) and harmful contexts, such as violence, substance abuse, poverty, and lack of means or ability to change one's contexts, are all associated with higher risk of criminal outcomes. In contrast, interventions aimed at changing personal procriminal factors as well as those promoting positive environments have been shown to reduce the risk of criminal outcomes.

Public policy has been slow to follow these advances. More so than in many other fields, justice policies often reflect popular sentiment rather than evidence. Beliefs about *what works* are notably subjective and typically grow from entrenched personal and cultural attitudes. Consequently, proposals to implement empirically supported approaches to crime and delinquency are often met with resistance. Thus, researchers are called on to persistently and thoughtfully translate research evidence in a manner that promotes its recognition and adoption.

Notwithstanding the major insights from research in criminal psychology discussed previously, many questions remain. Among them is the unique challenge presented by offenders with mental disorders, a group that now comprises a substantial and growing proportion of jail and prison inmates. Logically, intervention programs would address both criminal behavior and treatments for mental disorder. Likewise, even though drug offenders represent another huge segment of inmates, treatment outcome studies have lagged behind. There are little data regarding how community versus institutional substance abuse treatments for offenders compare. Sparsely available too are studies examining the impact of correctional staff attitudes and day-to-day practices on inmate behavior. Noxious prison environments, including those where sexual assault is prevalent, can be an overriding factor that sets a low success ceiling to even the best available programs. Similarly, what is the potential of community-based treatment extensions? How can citizens become more attuned to and willing to consider research

evidence? Future research may be able to help answer some of these questions. Insights from the science of criminal psychology may change the direction of how America deals with crime and its consequences.

Carl B. Clements and Tess Neal

See also Criminalization Hypothesis; Experimental Criminology, Research Methods in; Forensic Psychology, Research Methods in; Measurements and Scales, Use in Forensic Research; Meta-Analysis; Nothing Works Debate; Psychopathic Offenders: Current State of the Research

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RESILIENCE AND POSITIVE PSYCHOLOGY

Positive psychology research has outlined a set of basic psychological needs that all humans strive for and the conditions under which these needs are most likely to be satisfied. Relatedly, the study of resilience is concerned with identifying how some individuals are able to adapt positively in the face of significant adversity. The study of both resilience and positive psychology emerged as a response to mainstream psychology's tendency to focus on avoidance of negative symptoms and outcomes. This entry reviews the major insights garnered from these two subfields of psychology and how they are increasingly being applied to interventions aimed at reducing criminal behavior.

Positive Psychology

The field of positive psychology is about exploring the conditions under which humans are most able to flourish and live a good life. It emerged as a response to the disease-centric view of psychology that had become fixated on alleviation of negative symptoms, drives, habits, and moods. What the research shows is that people are not only concerned with ridding the negative but also strive for positive experiences, emotions, ambitions, and virtues that enable them to flourish. At the most fundamental level, all human beings are driven to fulfill basic human needs, for example, mastery, agency, relatedness on an interpersonal and group level, spirituality, creativity, and physical health. In situations of high adversity where these needs are threatened, it is crucial that personal resources and protective mechanisms exist and, also, that individuals are aware of and draw on these mechanisms. Absent these conditions, it is likely that defensive processes such as withdrawal from others, antisocial behavior, or self-harm will be engaged in an effort to protect the self.

Positive emotions such as joy, gratitude, serenity, interest, hope, pride, amusement, inspiration, awe, and love act as signals of flourishing. However, the field of positive psychology has shown that these emotions can *produce* flourishing as well. The broaden-and-build theory of positive emotion, for example, states that these emotions serve to broaden the scope of peoples' momentary thought-action repertoires and to build new physical, intellectual, and social resources. These resources enable people to respond to adversity in new, adaptive ways or to capitalize on opportunities, which increases their propensity for experiencing positive emotions. In this way, positive emotions are both an end goal and part of the process of being resilient.

Defining Resilience

The simplest and most widely accepted definition of *resilience* is positive adaptation in spite of serious risk of maladaptation. This definition encompasses two key criteria. The first is that an individual has, at some point in his or her life, been exposed to significant adversity that threatens the likelihood of positive outcomes. In other words, there must have been some negative stimulus to overcome; a person who has not experienced such risk cannot be classified as being resilient. In the beginning years of the study of resilience, researchers tended to focus on the impact of singular risk factors (e.g., low socioeconomic status, prenatal exposure to toxins) on maladaptation. Soon, though, it became evident that risk factors often co-occur and increase the likelihood of cumulative disadvantage over time. Even a cursory reading of literature on topics such as criminal behavior, addiction, psychological distress, among others, highlights the fact that the majority of individuals experiencing these problems have been exposed to at least one, and often several, risk factors.

Yet many who similarly experience these factors do not exhibit psychological or behavioral problems. Thus, the second criterion for the classification of a person as resilient is positive adaptation. How markers of *doing well* in the face of adversity are defined has been a contentious issue among researchers. Some argue that whether individuals meet the expectations for age-related

developmental tasks is indicative of resilience. For example, most cultures expect that between the ages of 6 and 12 years children will form friendships, engage in self-evaluation, and develop critical-thinking skills. During later adolescence and early adulthood (i.e., 18–22 years of age), it is expected that individuals will become autonomous from their parents, begin thinking about career aspirations, and internalize a concrete sense of morality. The problem with focusing solely on external indicators of resilience is that internal, psychological indicators of maladaptation may not be outwardly apparent. A number of studies, for instance, have found that while stress-resilient children outperform the stress affected on external indicators such as educational performance and social competence, many of the resilient children still experience psychological difficulties such as depression and anxiety.

Risk and Protective Factors

Researchers in fields such as developmental psychology and criminology have published extensively on studies that have identified specific risk and protective factors and their impact on the lives of individuals. Risk factors are those which, if present, increase the probability of developing a behavioral or psychological disorder. Absent these risk factors, it is expected that the prevalence of these disorders will be far less in randomly chosen persons from the general population. Protective factors, on the other hand, are those factors which can serve to ameliorate or modify a person's response to aversive conditions.

Those risk and protective factors uncovered thus far have generally been categorized in one of three domains of influence: individual, familial, and community. At the individual level, common risk factors include low intelligence and attainment, personality traits such as impulsivity and lack of agreeableness, low self-esteem, and a lack of empathy. Protective factors include high intelligence and attainment; positive appraisals of the self, such as high self-esteem and self-efficacy; future aspirations and hopes; and high emotional intelligence. Perhaps the most consistent factor in terms of its potential for both protection and vulnerability is intelligence. While it is evident that intelligence impacts educational and economic

attainment, research also suggests that it has a significant effect on the ability to think in the abstract. A person who is able to think in abstract terms is more likely to relate interpersonally and emotionally, to think critically and solve problems, and to plan for the future rather than live solely in the present.

At the family level, the most salient factors seem to be the quality of the parent–child and parent–parent relationships. Lack of supervision, harsh and/or inconsistent punishment, and abuse or neglect between parents or parents and children constitute prominent risk factors. In addition, individual characteristics such as parental psychopathology, criminal behavior, or substance abuse increase the vulnerability of children. On the other hand, prosocial parents who are loving, warm, and supportive, yet who have clear, high standards for their children and an authoritative parenting style, have a protective impact on their children, even in the presence of other risk factors.

Risk and protective factors for children and youth at the community level primarily comprise the school environment and broader community dynamics. Distrust between students and teachers, unclear and inconsistent rule enforcement, and the type of school (e.g., reformatory schools for *problem children*) have been shown to be significant risk factors for maladaptation. Community dynamics increasing vulnerability include factors such as economic deprivation, low collective efficacy, residential mobility, and cultures supportive of antisocial behavior. On the other hand, protective factors at the community level are those which provide opportunities for young persons to develop skills, connect with prosocial peers and adult role models, and communicate clear but fair community norms.

Protective Processes

One of the most crucial insights from resilience research is that identifying individual risk and protective factors does not paint a complete picture of how people overcome adversity. On both an empirical and practical level, a greater concern is understanding how these factors function to confer vulnerability or have a protective effect. For example, it is known that parental substance abuse is a risk factor for children. A parent

struggling with addiction may impart risk to his or her child through neglect or abuse, which, in turn, can lead to a depressed, anxious, or substance-abusing child. Outside the home, however, a prosocial and supportive adult role model such as a teacher or a coach may act as a protective factor by increasing the child's trust of others and enhancing the child's self-esteem and feelings of self-efficacy.

There has been a broad consensus that the role of human agency is of the utmost importance in untangling the intricacies of protective processes. The mere fact that protective factors are present does not mean an individual will utilize them. Those who are resilient are not simply impervious to risk, but they also actively engage the protective resources in their lives to help themselves overcome this adversity. Thus, interventions aimed at fostering resilience must not only create opportunities for prosocial relationship and skill development but also inspire feelings of control over one's own life.

Implications for Interventions in the Context of Criminal Behavior

Positive psychology shows that in order to live a *good life*, basic human needs (e.g., relatedness, competency, autonomy) must be fulfilled. Relatedly, resilience research has shown that individuals draw on internal (e.g., positive self-identity, social and emotional competency) and external (e.g., parents, friends, role models) protective factors to do well in the face of adversity. Taken together, these two fields offer valuable insights for developing interventions aimed at increasing positive adaptation.

In the context of criminal behavior, a plethora of research has shown that many offenders have had tumultuous family relationships, lack critical social and emotional skills, and grew up in socially disorganized neighborhoods. Evidence-based programs intended to reduce criminality recognize the intersectionality of these issues and adopt multifaceted approaches to dealing with risk and protective factors. For example, it is clear that substance-abusing parents can have a significant impact on future problem behavior of their children. Successful interventions grounded in resilience and positive psychology research have

focused not only on reducing symptoms such as depression, anger, or feelings of isolation that may lead to substance abuse but also on building skills that help parents to foster warm, caring, and supportive relationships with their children.

Developmental psychology has shown that early prevention is more effective than intervening after problems have already manifested themselves. Theoretically driven prevention programs targeted at preschool and early elementary-aged children in the classroom have proven to be especially effective at reducing problem behaviors such as conduct disorders, drug abuse, and violence. Common elements of the curricula in these programs include interpersonal problem-solving, maintaining relationships, building emotional awareness, expressing emotions positively, self-control, and building self-esteem. Teaching these skills in the classroom enhances the social and emotional competencies of young children, enabling them to deal positively with adversity rather than succumb to it.

Of course, correctional systems are filled with individuals who have already fallen victim to the multiplicity of risk factors in their lives. Resilience and positive psychological theory have also informed many rehabilitation and reentry initiatives that aim to help offenders desist from crime. There is a growing recognition among those who study desistance that focusing correctional treatment solely on avoidance or management of risk factors is not sufficient to lead to sustained behavioral change. Resilience and positive psychology research has shown that doing well in the face of adversity requires the acquisition of social and emotional capacities, in addition to the presence and utilization of external socio-structural supports. For example, the Good Lives Model of offender rehabilitation suggests that all humans seek to attain primary human goods (e.g., relatedness; excellence in play, work, and agency; creativity; spirituality). By actively engaging offenders in identifying the types of primary human goods they seek to achieve, practitioners can identify offenders' strengths as well as help them to build on their weaknesses. Helping them to develop the internal (i.e., skills and capacities) and external (i.e., social supports, opportunities) conditions to fulfill primary human goods in a socially acceptable way enables offenders to be resilient to, or avoid

entirely, the risk factors that previously drove them to criminal behavior.

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See also Desistance; Good Lives Model; Prevention Versus Intervention; Protective Factors and Relationship to Risk; Rehabilitation

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RESILIENCE AS A PREDICTOR OF DESISTANCE

Rather than focusing on how negative factors (e.g., pessimism, impulsivity) contribute to offenders committing additional crimes (recidivism), many psychologists and criminal justice experts have suggested that the goal should be to examine how positive characteristics such as optimism, thoughtfulness, and altruism can increase an individual's willingness to cease criminal behaviors (desistance). As a result, measuring what influences a person's likelihood of *not* committing further crime has become more interesting to researchers. However, the factors that contribute to desistance are not merely the inverse of the variables that predict recidivism—rather, the

relationship is more complex. One factor that appears to predict desistance is resilience. Briefly, resilient individuals have the ability to positively adapt after experiencing challenging and traumatic life events. It follows that this ability to positively adapt would increase the likelihood of ending future criminal behaviors. After reviewing the research on desistance, the resilience factors most associated with ending criminal behavior will be addressed.

An Overview of Desistance

Grounded in operant conditioning, a punishment-based criminal justice system seeks to prevent criminal behavior (either one time or recurring criminal behavior) by instilling fear of punishment in noncriminals and for repeat offenders, making the costs of getting caught greater than the possible gain. As a result, criminal justice scientists began studying when and under what conditions individual and situational factors could predict the likelihood that individuals would commit another crime. This is also known as *recidivism*. For example, factors such as age, gender, socioeconomic status, and impulsivity are related to recidivism. Recidivism makes the assumption that certain individuals are likely to reoffend, and the purpose of the legal system is to stop this behavior. In other words, law enforcement officers arrest, juries convict, judges issue punitive sentences, and parole officers and prison personnel take away privileges. These outcomes are reactions to criminal behaviors meant to reduce recidivism and instill proper behavior. But what has become a more interesting question is what contributes to the avoidance of later crimes or desistance. Based on this concept, the criminology literature describes three groups of individuals: resisters (who never offend), desisters (those who offend and eventually stop), and persisters (those who continue to reoffend).

When examining criminal behavior and desistance, one of the challenges that researchers face is exactly how to operationally define desistance. For example, some researchers define desistance as not engaging in *any* subsequent criminal behavior, whereas others define it as not repeating the *same* criminal behavior. Still others define it as not

committing any maladaptive (although not illegal) behavior. Another measurement issue involves the length of time that must pass between prior and later offenses to be considered a desister. Researchers have used time frames ranging from 6 months to 3 years, to an offender's lifetime. There are also differences in how some scholars conceptualize desistance. For example, some believe desistance is a static event that should be measured at one point in time, whereas others suggest desistance is a process that encompasses a series of attitudes and behaviors that occur before an individual chooses not to reoffend. Finally, the data collected on desistance are either based on qualitative data such as interviews or observations in prison settings. Although this information is rich in detail and allows the reader to understand desistance from the offender's perspective, making predictions for many based on data of a few is tenuous. Due to these differences in definitions, comparing the desistance outcomes for one study to those of another is often impossible to do. That does not mean that desistance should not be measured. It means that scholars should continue to investigate this concept in order to strengthen the ties between positive characteristics and willingness to avoid subsequent criminal behavior.

Predictors of Desistance

Despite these difficulties in defining desistance, researchers have found that abstaining from further criminal behavior appears to be more likely for individuals who have gainful employment and for those who have separated from original peer groups. Other avenues of improved social support include new and positive relationships with family (spouses and children) as well as attending religious services. In addition to social support, desistance appears to be a function of age. For example, some offenders only engage in crime as adolescents, and of those who do continue to commit crimes through adulthood, many eventually stop as they get older. Finally, positive traits such as self-efficacy, intelligence, and resilience are related to desistance. Resilience specifically is a combination of intra- and interpersonal factors that allow a person to develop competently even in the face of adversity.

An Overview of Resilience

Early research on resilience focused on children's responses to extreme life experiences such as violence, maltreatment, abuse, and living in residential care systems. However, these early findings related to resilience have since been considered resilience outcomes (e.g., growing up in a rough neighborhood and having never been arrested) rather than individual differences that predict positive outcomes. This early research evolved into conceptualizations of resilience as a combination of traits and individual differences such as social support, commitment to change, self-esteem, positive emotions, and morale. Similar to the research on desistance, a lack of coherence in how resilience is defined has plagued researchers since the 1980s.

However, starting in the 1990s, the creation of valid and reliable measures of resilience has reduced the lack of uniformity in the construct of resilience. Measures such as the Psychological Capital Questionnaire, the Resilience Scale for Adults, and the Connor–Davidson Resilience Scale have since dominated the field. A number of researchers have attempted to unite these conflicting definitions of resilience to create an interactionist perspective of resilience. According to the interactionist theory, resilience develops as a dynamic relationship between a person and his or her environment. The three components of resilience are identified as (1) experiencing a significant stressor (e.g., poverty), (2) individual protective and risk factors that predict how a person will react to the stressor (e.g., high self-efficacy, social support, and anxiety), and (3) adapting to the stressor in a positive manner. This perspective recognizes that rather than an innate static trait, resilience is a skill that develops over time as a person interacts with aspects of his or her environment. Thus, understanding the role of resilience, or a person's ability to successfully navigate a stressful world, is a valuable lens to predict desistance.

Resilience as a Predictor of Desistance

The ability for a person to grow despite (and perhaps because of) adverse situations is not a product of luck or chance but partially a function of

resilience. Just as risk factors increase the likelihood of an individual engaging in criminal behavior, protective factors like resilience keep individuals from engaging in further criminal behaviors. Highly resilient people use protective factors to interact with their environment in more positive ways (e.g., they navigate risky situations, reach out to trusted mentors and friends, create new social support systems, and as a result are generally happier). One model commonly used to describe this process is the broaden-and-build theory of positive emotions. According to this theory, when individuals successfully navigate a stressful or negative situation, it creates positive emotions. These positive emotions act to broaden a person's thoughts and actions and urge the person toward further actions such as creating new experiences and developing novel solutions to problems. This suggests that resilience is an iterative process by which a person is successful in avoiding criminal behavior by using a new strategy, which leads to more positive coping mechanisms in the future. This theory falls under the scope of positive psychology, also known as the *study of human strengths* to promote effective functioning. Rather than trying to understand, predict, and change people at their worst, positive psychology attempts to understand, predict, and change people to become the best version of themselves.

Psychosocial Differences in Resilience as a Predictor

Individuals experiencing chronic, long-term adversity such as poverty, abuse, lack of familial support, or institutionalization tend to encounter more disruption in their lives. Among those who experience these chronic stressors, individuals, particularly adolescents, who are low in resilience are susceptible to impairments in their job performance, ability to function in society, and relationships with others. However, resilient individuals are able to successfully adapt to the acute and chronic stressors in their lives. As a result, they develop a sense of mastery that allows them to confront new stressors with confidence rather than fear. However, demographic differences such as age and gender appear to influence the influence of resilience on desistance.

Adolescent resilience and chronic adversity are not always comparable to adult resilience. This is partially due to the inconsistencies in how resilience has been defined and operationalized over the years (e.g., is resilience returning to normal, growth after trauma, or adapting positively?). Many adolescents engage in delinquent behavior as part of identity development; therefore, resilience acts as a protective factor by reducing their likelihood of engaging in antisocial conduct. It appears that times of crisis force resilient adolescents to introspect about the uncertainty and emptiness in their own lives caused by their criminal behaviors such as drug use, theft, and violent behavior among adolescents who have been institutionalized. This introspection acts as a mechanism of positive change to forge new behaviors. Resilience appears to be especially salient for individuals who engage in short-term delinquent behavior; they are more likely to be resilient and thus desist from persistent criminal behavior. However, among adults, resilience as a predictor of desistance functions differently. Rather than introspection, resilient adults are empowered to make more positive decisions such as finding new social support systems and locating employment.

There may also be gender differences in desistance. For example, resilience has been proposed as a mechanism by which women cope with stressful environments. Women who successfully seek out social support can improve their resilience, which makes them better able to seek out further social support. This may allow women to develop new cognitive and behavioral strategies such as creating a new identity, finding resourceful methods to cope under stress, and improving their self-efficacy. Over a period of time, resilience may be mutually reinforcing.

Conclusion

Fostering positive traits like resilience in an effort to support desistance from crime is a growing area of interest. Helping adolescents identify protective factors associated with resilience will allow them to recognize that they can develop skills from the obstacles they face, which in turn will empower them to make decisions that lead away from criminal behavior. Rehabilitation suggestions for increasing resilience in adolescents include strengthening social support for adolescents

(trusted adults such as mentors, strengthening family ties, education, and employment). In contrast, adults have different needs. For adults, social support and family ties are still important, and education and career support for ex-offenders is essential. Learning to avoid risks, form new friendships, and refrain from deviant behavior requires positive traits such as resilience.

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See also Desistance; Developmental Theories of Crime; Juvenile Offenders: Developmental Treatment Considerations; Poverty and Crime; Protective Factors, Definition of; Protective Factors and Relationship to Risk; Resilience and Positive Psychology

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RESPONSIVITY PRINCIPLE

According to the Risk-Need-Responsivity (RNR) model, the effectiveness of correctional rehabilitation programming is a function of a program's level

of adherence to the model's three central principles: Risk, Need, and Responsivity. The Risk principle addresses who should receive correctional treatment services (i.e., high-risk offenders). The Need principle answers the question of what should be the focus of correctional treatment services (i.e., criminogenic needs). The final principle in this model, known as the *Responsivity principle*, answers the question of how correctional treatment services should be provided by identifying the types of interventions that are effective at reducing criminal recidivism among criminal justice populations. According to the Responsivity principle, interventions that address criminogenic needs among high-risk offenders will be most effective when the style and mode of the correctional intervention is matched to the learning styles and abilities of offenders.

According to the RNR model, the Responsivity principle has two levels. The first level, the General Responsivity principle, focuses on what types of services are effective at reducing criminal justice involvement in offender populations in general. The second level of the Responsivity principle is called the *Specific Responsivity principle*. This principle focuses on individual factors related to the offender or the environment in which the correctional services are delivered that can impact the outcome of otherwise effective correctional interventions.

General Responsivity Principle

The General Responsivity principle draws on over 500 research studies and meta-analyses of correctional programming to identify interventions that are most effective at helping people to learn and engage attitudes, beliefs, and behaviors that support noncriminal choices. This research has found that cognitive behavioral interventions that engage social learning methods consistently produce the largest reductions in criminal recidivism. Correctional programs that engage these approaches to treatment have been found to have significant impacts on criminal recidivism, with estimates of reductions in criminal recidivism ranging from 20% to 55% for program participants.

The cognitive behavioral programs that address criminal recidivism in correctional programming typically use some combination of cognitive

restructuring and cognitive skills training techniques to help participants identify and correct thinking patterns that lead to their involvement in criminal behavior. These interventions also teach interpersonal problem-solving and critical reasoning skills needed to support noncriminal behaviors. The social learning methods used in cognitive behavioral programs for offenders provide participants with the support necessary to develop and master the social, cognitive, and interpersonal skills that are needed to change the attitudes and behaviors associated with criminal behavior. These social learning methods include techniques such as skill modeling through live demonstrations, hands-on practice through activities such as role playing and rehearsals, and behavior shaping techniques such as positive reinforcement methods.

Some of the best known interventions that incorporate the principles of the General Responsivity principle are Reasoning & Rehabilitation, Moral Reconnection Therapy, and Thinking for a Change. Each of these interventions uses cognitive behavioral intervention techniques and social learning methods to target one or more of the major criminogenic risk factors (i.e., antisocial behavior, personality, cognition, and associates). All three interventions provide a structured, manualized, time-limited, group-based intervention that engages differing combinations of cognitive restructuring, cognitive skills training, problem-solving therapies, and structured learning experiences.

The General Responsivity principle is built on the notion that the type of intervention provided to offenders and the environment in which these interventions are enacted impacts a program's outcome. Some of the most common discussions of the General Responsivity principle focus on the treatment interventions that produce positive outcomes in correctional rehabilitation. However, some research has also focused on types of staff practices that can increase the therapeutic potential of correction programming. These practices include five recommendations for how staff should behave during the delivery of correctional programs, which are often referred to as *core correctional practices*. The first recommendation focuses on correctional staff's use of authority. According to this recommendation, correctional practice is optimized when staff use authority in a firm and

fair manner, in which rules are applied in a consistent and transparent fashion. The second recommendation focuses on the need for staff to model antiracial behaviors. Staff can carry out this recommendation by demonstrating these behaviors—through their own words and actions (i.e., modeling) as well as by reinforcing participants' positive behaviors. The third component of core correctional practices involves teaching offenders concrete problem-solving skills. This recommendation calls for staff to offer concrete guidance and coaching on ways to deal with situations and factors that impede an offender's ability to engage in noncriminal activities. The fourth recommendation focuses on correctional staff assisting offenders in accessing community resources. This recommendation requires staff to help to facilitate linkages to community services and to help offenders advocate for services when necessary. The last practice recommendation related to core correctional practices focuses on correctional staff's need to develop professional relationships with offenders that include open, warm, and positive forms of communication. This approach to relationship development is believed to optimize the interpersonal influence that staff can exert over offenders during the treatment process. Research suggests that core correctional practices are most effective when engaged within the context of programs that adhere to the principles of the RNR model.

Specific Responsivity

The second level of the Responsivity principle focuses on factors that could impact the outcome of an otherwise effective intervention. According to this principle, the cognitive behavioral techniques that are found to work in general may need to be modified to account for individual-level characteristics that could impact an individual's ability to initiate, engage, complete, and benefit from an intervention. The writings most closely associated with the development of the RNR model have identified several specific responsivity issues that require consideration. These include an individual's learning style, gender, personality, and motivation. However, the list of specific responsivity issues in correctional programming continues to grow and much is yet to be learned about the best

ways to address these issues in practice. Additional specific responsivity issues that have received attention include mental health functioning; psychosocial functioning, such as housing stability and economic stability, which could impact availability and receptivity to treatment; and the geographical location of participants' residences.

At the center of the Specific Responsivity principle is the question of how correctional programs can be tailored to support and, if possible, accelerate an individual's ability to benefit from the interventions he or she is receiving. As such, in order to maximize participants' engagement in and benefit from interventions, the Responsivity principle focuses on how interventions can be adapted or tailored to support participants' motivation level and commitment to the intervention.

Examples of the Specific Responsivity Principle in Action

Research on approaches to tailoring correctional programming to address specific responsivity issues is in their early stages. Mental illness is one specific responsivity issue that is receiving attention because people with mental illness are involved in the criminal justice system at twice the rates of people without mental illness, and once involved, recidivate more often and more quickly than any other group. Mental illness is thought to represent a specific responsivity issue in correctional programming because the neurocognitive and social impairments associated with mental illness can impede individuals' ability to participate in and benefit from correctional programming. Specific neurocognitive issues that require consideration include participants' speed of learning, capacity to sustain attention, and ability to retain and recall information. Specific social impairments that require consideration include the participants' ability to accurately recognize emotions; ability to interpret emotions in others; and ability to effectively identify, interpret, and respond to social cues.

One example of how correctional programming has been adapted to meet the specific needs of people with mental illness is the development of a targeted service delivery approach. This approach tailors correctional interventions to the specific

needs of people with mental illness by engaging additional therapeutic strategies during the delivery of correctional interventions that are designed to maximize an individual's ability to participate in and benefit from the intervention materials. The therapeutic strategies used in this approach include repetition and frequent summaries, active coaching, low-demand practice, amplification techniques, and incentives for participation. Research on the effectiveness of approaches such as this is in an early phase, so no information is available on whether approaches such as the one described here improve outcomes for people with mental illness involved in the criminal justice system. But due to the pervasive involvement of people with mental illness in the criminal justice system, more research is expected to take place in the coming years.

Future Directions

The Responsivity principle provides the field of correctional rehabilitation direction on the most effective way to address criminogenic needs among offenders with high risk of recidivism. The conclusions that the General Responsivity principle draws about the most effective types of interventions for justice-involved populations are rather straightforward and draw from a robust body of research. The field has seen a rise in specific responsivity issues that could help to maximize the impact of correctional interventions with specific populations. However, as the range of potential responsivity increases, research needs to identify the responsivity issues that have the greatest potential to improve correctional programs, and then methods to address these responsivity issues need to be developed and tested.

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See also Correctional Rehabilitation Programs, Evaluation of; Correctional Rehabilitation Services, Best Practices for; Risk-Need-Responsivity, Principles of

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RESTITUTION

Restitution refers to a judge's sentencing decision ordering a convicted offender to compensate the crime victim for financial losses incurred because of the crime. The primary basis for restitution is that a wrongdoer should make the victim whole by providing resources (most often money) to put

the victim in the same position he or she was in before the crime occurred. Restitution stands in contrast to fines, which are economic sanctions imposed as punishment, and fees, which are economic sanctions imposed to reimburse the criminal justice system for the past costs of arrest and prosecution and future costs of supervision.

Restitution can be ordered for tangible losses that result from damage to or loss of property; from harm to a person resulting in medical, hospital, and pharmaceutical expenses; and from money losses and lost wages. Victims must document these losses through bills and receipts. Generally, restitution is not available for intangible losses (e.g., pain and suffering, reduced quality of life, fear of crime), for speculative losses, or for future damages. Victims could seek compensation for such losses through a civil suit for damages, but because most defendants have few assets and limited incomes, civil suits are generally impractical.

Restitution is widely supported because it is believed to help victims, offenders, and society. For the victim, aside from the compensatory aspect of the money, an order of restitution has symbolic value, in that the imposition of restitution is a public acknowledgment that the victim suffered a loss that should be compensated. Restitution can also help restore victims' self-worth and can provide a sense of fairness.

For offenders, the rehabilitation aspect of restitution is aimed at changing offenders' behavior by forcing them to recognize both the losses that they have caused and their responsibility for repairing those losses. Such recognition should promote reintegration into the community. That is, offenders should be more likely to seek employment and to maintain ties to the community. In addition, restitution has punishment aspects, in that the requirement of making payments is more onerous than straight probation. For society, because restitution can restore fairness to victims and can both punish and rehabilitate offenders, it can rebuild citizens' confidence in the criminal justice system. After reviewing the history of restitution, this entry focuses on restitution as a form of payment to victims and a form of rehabilitation for offenders and concludes with a brief discussion of areas for future research regarding restitution.

History

The idea of restitution is at least 4,000 years old, as several legal codes from the Middle East (e.g., the Code of Hammurabi [ca. 1700 BCE]) required restitution for property offenses and other codes required restitution for both property and violent offenses (e.g., the Code of Ur-Nammu [ca. 2050 BCE]). In the Bible, in Leviticus 6:1-5, there is an explicit recognition of the need for restitution: "If anyone sins and commits a breach of faith . . . through robbery, . . . he shall restore what he took by robbery . . . he shall restore it in full, and shall add a fifth to it, and give it to him to whom it belongs." Exodus 22 discusses restitution for theft. Roman law and Germanic tribal laws also included restitutionary sanctions.

In the Middle Ages, crime victims were compensated for their losses under a system according to which there was a preset rate for the type of harm that was done. For homicide, the amount depended on whether the victim was a noble or a serf. For injuries, the amount depended on the type of injury. As long as offenders paid the compensation they owed, they were protected by the king. However, if they did not pay the restitution they owed, they were considered to be outside the law, and victims could punish them without consequences. For administering this system, the king demanded a fee. By the 12th century, this fee had greatly increased, and payments to victims had dramatically decreased. The transition was completed in 1256, when King Louis IX of France ended restitution completely. During the next several hundred years, in addition to fines, kings added such sanctions as torture, banishment, and flogging.

In colonial America, victims were entitled to restitution. In colonial Massachusetts, for instance, thieves had to pay treble damages to victims, in addition to being whipped and standing at the gallows with a rope around their necks. If the thieves could not pay the restitution, they worked as an indentured servant for the victim or a third party. After 1785, when Massachusetts established its first prison, thieves were imprisoned and victims' losses were ignored, and by 1805, Massachusetts had completely eliminated treble damages to victims. For the next 170 years in the United States, prosecutors and judges gave little consideration to the concerns of crime victims in the prosecution and punishment of offenders.

The use of restitution was revived in the early part of the 20th century, when it was permitted as part of suspended sentences and probation. By the 1930s, 11 states had legislation permitting judges to order restitution as a condition of probation. Beginning with the 1967 report from the President's Commission on Law Enforcement and the Administration of Justice, there were consistent calls to require offenders to pay restitution to victims. In 1982, the President's Task Force on Victims of Crime recommended that judges order restitution to all victims who suffered financial loss.

At the federal level, restitution was established in 1982, following passage of the Victim and Witness Protection Act, and was made mandatory in almost all federal cases in 1996 following passage of the Mandatory Victim Restitution Act. All states have laws authorizing restitution, either as a condition of probation, an independent sentence, or both. In addition, 33 states make restitution mandatory, and 20 states give victims a constitutional right to restitution.

Restitution as Payment to Victims

Even though all states authorize restitution, other laws generally make it less likely that victims will receive restitution. For example, because most defendants have limited resources, the order in which economic sanctions are paid (i.e., whether restitution is paid before or after fines and fees) will largely determine whether the victim receives any restitution. Only eight states have laws that permit the seizure of property or assets or allow the garnishment of wages in order to satisfy the restitution order.

Even among these mandatory statutes, there is little consistency, since some states require restitution only for violent crimes, whereas others require restitution only for property crimes. There are also differences among the states in terms of who can receive restitution. In some states, only the victim can receive restitution, whereas in other states, family members and victims' estates as well as agencies that provide assistance to victims (e.g., victim service agencies, compensation programs) can receive restitution. There are also differences among states in terms of whether indirect victims (e.g., insurance companies) and local

governments are entitled to restitution. In some states, incarcerated offenders must pay restitution, whereas in others, offenders must be on probation or parole. States also differ in terms of whether or not juveniles are obligated to pay restitution.

Simply because there is statutory support for restitution does not necessarily mean that judges impose it when they are authorized by law to do so. Restitution is imposed in less than half of the cases for which it should be imposed, whereas fees imposed on offenders for the costs of criminal justice processes are imposed in more than half of the cases, a pattern that suggests judges believe it is more important for offenders to pay money to communities than to victims. Judges are more likely to order restitution for offenders who are more likely to pay, meaning that better educated and employed offenders are more likely to receive restitution orders. Even if the restitution is ordered by the court, most victims do not receive all of the restitution they are owed and many do not receive any of the restitution. Even if it is paid, however, the money does not go to the victims when they most need it, which is right after the crime occurs.

Across jurisdictions, restitution has been handled in one of four different ways, two of which are victim-focused (victim/witness assistance programs and victim-offender reconciliation programs) and two of which are offender-focused agencies (probation supervision and court-based employment programs). The Office for Victims of Crime, an agency within the Department of Justice, has been critical of many restitution programs because there is often ambiguity about who is responsible for monitoring, collecting, disbursing, and enforcing restitution payments.

Adult offenders are more likely to make payments if the amounts they owe are reasonable in light of their ability to pay, if they are tied to the community through employment, school, or tenure in the community, if they have less serious criminal histories, and if they are given enough time to pay. Compliance rates also seem to be higher when enforcement efforts are high. Offenders who do not pay the restitution they owe can be made to pay if they are threatened with jail and if the threat of probation revocation is real. But such incarcerations are expensive, sometimes costing more than the money owed. One study suggests a more cost-effective procedure: Offenders who

regularly receive information about what they have paid and what they still owe are more likely to pay their restitution.

Restitution as Rehabilitation

Aside from addressing the needs of victims, restitution is intended to rehabilitate offenders by making them understand that the victim was harmed, that they were responsible for causing that harm, and that they are responsible for making the victim whole. Based on the notion of reintegrative shaming, which favors procedures that focus on shaming the act rather than the offender, that encourage offenders to make amends for their crimes and that allow them to be reintegrated into the community, it is reasonable to expect that paying restitution would be associated with lower recidivism. Research suggests that is so. Studies indicate that successful completion of a restitution order is generally one of the strongest predictors of lowered recidivism. Such positive effects of restitution payment may be especially likely for individuals who are more integrated into the community (i.e., those who are older, married, and employed).

In recent years, many states have developed restitution centers, which are community-based residential and nonresidential programs designed to provide an alternative to incarceration or to serve as transitional placements between prison and the community. In these centers, participants usually receive support services of various types (e.g., substance abuse, education, vocational training). Importantly regarding restitution, participants are required to work and to provide payments to crime victims.

Future Research

There is a need for more research examining how individual factors about offenders and victims and how contextual factors about the community (e.g., poverty) and the criminal justice system (e.g., case loads, treatment availability) are related to the imposition of restitution. Because most victims do not understand the restitution process and do not believe they are kept informed about the restitution in their case, other research, within the framework of restorative justice, needs to examine how well restitution operates to restore victims psychologically as well as

financially and, as compared to other programs (e.g., community service), to make the offender accountable. Finally, work needs to be done on the extent to which informational support (e.g., about the operation of the criminal justice system), emotional support (e.g., concern evidenced by a victim/witness office), and procedural support (e.g., providing victims an opportunity to be heard at sentencing) can make up for the fact that restitution may not be imposed or, if imposed, not paid.

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See also Rehabilitation; Restorative Justice; Victim Assistance Programs and Legislation; Victims of Crime

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RESTORATIVE JUSTICE

An important movement in the field of criminal justice—as well as in the understanding of justice in general—is the restorative justice movement that gives voice and agency to victims, focuses on accountability by the offender, understands the importance of relationships and relational engagement (including the role of community), and works toward a justice that is healing. Such a movement is no doubt crucial to considerations of criminal psychology since it focuses on the psychological needs of victims as well as offenders. Conceptually speaking, offender behavior and consequences therein are inextricably linked with the pursuit of justice and the subjective emotional dimensions of such a pursuit. For victims and offenders, restorative justice provides a path to healing. Howard Zehr, the father of the modern restorative justice movement, defines restorative justice as a process involving individuals who have a direct stake in specific offenses undertaking the task of addressing harms, uncovering needs, and determining obligations in the quest toward achieving justice.

This understanding of justice is different in several ways from retributive justice, the primary approach widely implemented within the criminal justice system. Retributive justice is offender focused and asks whether a law has been broken and, if so, how the offender should be punished. Accountability is imposed through an adversarial system. Restorative justice, however, begins with victims and asks what the harm is and what needs to be done by the responsible parties to address the harm. Victims' specific stories and needs are heard, including the need itself to be heard, to receive answers, to have harm and needs addressed through restitution and accountability, and to experience the empowerment of participating in deciding what needs to be done to address the harm. In the criminal justice system, victims often feel victimized twice, once by the crime and again by the proceedings at trial, including cross-examination. This is because, in the criminal justice system, the state functions as the victim. The adversarial-retributive justice model informs more than the criminal justice system because its spirit has influenced the way conflicts are dealt with in most settings.

This entry defines restorative justice; discusses foundational values of relational and interpersonal healing, holistic dimensions of such an approach, and philosophical considerations; and provides a case example.

History and Aims

Restorative justice affirms accountability by asking the responsible party to do whatever can be done to accommodate or satisfy the victim(s) in the wake of the offense. Requiring offenders to take responsibility is not only key to their victims and communities but critical to the offender's own learning and healing. Prison is still a possibility for some but it no longer becomes the default consequence of the justice system. Within restorative justice, the offender begins to understand the harm done and addresses guilt and shame by taking responsibility, thereby working to make things right. The offender also has the opportunity to be seen in context (not just in terms of the crime committed), participate in the decision as to what needs to be done to move forward, and open the way to being reintegrated into community.

The needs and responsibilities of communities are also addressed in restorative justice models. It aims to address the need for safety, for example, supporting and assisting those harmed. It also aims to hold offenders accountable, while at the same time supporting, assisting, and reintegrating offenders back into community. Communities can examine the root causes for the crime and take responsibility for addressing those conditions. One key goal of restorative justice is to promote systemic healing and the transformative creation of community.

Unlike the adversarial process implicit within retributive justice, restorative justice allows for the parties themselves to engage each other to understand the harm and decide together the scope of accountability. This creates the possibility of empathy and recognition and trends toward the goal of a more direct and interactional form of apology and forgiveness. Ideally, this engagement occurs directly but, when necessary, can be done indirectly through letters, videos, or even a surrogate. This is a voluntary process that works toward consensus.

The modern movement began in earnest with Zehr's 1990 publication, *Changing Lenses*. Since then, restorative justice models have spread widely throughout the world. The movement is based on ancient traditions. For example, most aboriginal communities practiced something similar to what today is referred to as *restorative justice*. In the West, before the Normans took over community justice programs in the name of the state (thereby gaining greater power over its citizens), justice was understood in terms similar to restorative justice. Although biblical texts, such as the Hebrew Bible and the New Testament, contain retributive threads, the overall arc of their understanding of justice is consonant with restorative justice.

Development and Key Practices

Three major practices have emerged within the restorative justice movement. The first is victim-offender conferences that find similarities with the mediation movement. The person harmed (victim) meets with the responsible party (offender) to communicate the level and nature of harm and agree on the terms of the accountability. The process is led by a trained facilitator who works to prepare the victim and offender to work together. This process can involve only the direct parties, or it may expand to have others participate in secondary roles, with the focus remaining on the engagement of the victim and offender.

The second process, family group conference, originated in New Zealand and is deeply indebted to the Maori cultural way of dealing with harm. In 1989, the juvenile justice system of New Zealand was revolutionized so that the primary response to juvenile crime was the family group conference, with the court system as a backup. A key focus of the family group conference is to help and encourage young offenders to take responsibility for, and change, their behavior. Families play significant roles in working with the responsible party to determine what the accountability will be. The state is represented by a facilitator and the prosecuting police office. Victims have input, but the decision is primarily in the hands of the victim's family with the state representative making sure that consequences are realistic and acceptable within the bounds of broader civic responsibility.

The third process is the circle process that was inspired by Native American and First Nation practices (among others) of dealing with harm. The circle uses a talking piece that is passed around the circle so all voices are heard. The participants agree on the values that will guide their conversation. Circles often involve various people and can include family members, support people, and community members. This allows an opportunity for community members to address root causes together.

Restorative justice has also been applied to large-scale, geopolitical wrongdoing and criminal justice. Instead of using the adversarial-retributive justice system to address crimes such as violence against civilian groups or ethnic cleansing, nations are turning to the principles and practices of restorative justice, such as during the Nuremberg trials after World War II. Bishop Desmond Tutu emphasized the role of restorative justice in the context of the Truth and Reconciliation Commission in South Africa. The whole nation had the opportunity to listen to the victims' stories and out of this arose attempts at reparations. The truth telling led to a significant report including the testimonies. The nation also listened to offenders who were willing to tell the truth about their actions. Ongoing work toward making these sorts of governmental commissions more restorative, rather than retributive, continues today.

Finally, much has been written on restorative justice as a way of life that informs the way people deal with harm in all their relations and how to treat each other in a way that creates just and right relations.

Philosophical Considerations

One significant aspect of restorative justice is that it brings much needed concreteness and relationality to an oftentimes abstract and depersonalized form of criminal engagement. Western notions of morality and justice have tended to lack behavioral substance in that they are focused on theory rather than practice. It is key to acknowledge that notions of justice are, in fact, not notions at all. Rather, they are lived realities that demand embodied manifestation. As such, restorative justice can serve as an elegant corrective against unhelpful splitting (such as splitting victims from offenders, persons from

contexts, and ideas of justice from just actions) and can help promote physical reconciliation between those involved in events of criminal harm. Long-standing dualistic and abstract philosophical legacies have steered contemporary approaches to justice into realms that divert attention away from transformation and toward punishment.

Case Example

In order to better understand what restorative justice might actually exhibit, a hypothetical case example is provided here.

Martin is a 15-year-old boy who comes from a lower than average socioeconomic bracket. He is an only child and lives alone with his mother, who works full time. His father has been absent since before Martin's birth. From an early age, he struggled to make friends, perform well in school, and find ways to productively deal with feelings of anger and isolation. By the time he reached his teenage years, Martin had developed a habit of expressing his inner turmoil by vandalizing property in and near his neighborhood.

One evening, Martin threw a stone through the window of a home several blocks away from his. Several nearby neighbors witnessed this and were able to identify Martin to the police who were investigating. The homeowner of the vandalized property was 81-year-old Stella. Stella had been living alone for 8 years since her husband passed away. She never had children and had become so distraught since losing her husband that she rarely left home. She was asleep on her couch when the stone came through her window. She was terrified and could not sleep comfortably for days after. The police indicated to Stella that she could decide to pursue traditional means that would deliver punishment to Martin for his crime. They also indicated to her that they could let Stella decide how to proceed since Martin was a minor with no prior record. Stella decided that she wanted to speak with Martin and his mother.

Upon doing so, she was immediately struck by how young, confused, and aimless Martin seemed. He was hardly the criminal she expected based on her sleepless nights in the wake of the crime. Martin, too, was impacted by the meeting. He immediately came to see that Stella was frightened by what he had done. For the first time, he put a human to the receiving end of his destructive

behavior. He cried uncontrollably and asked for Stella's forgiveness. Martin's mother assured Stella that he would be dealt with appropriately if she would spare them the difficulty of having charges pressed against Martin. Stella indicated that she would agree not to press charges if Martin would come rake the leaves in her front yard three times a week for a month. The agreement was made, and the police discontinued their involvement.

Martin held up his end of the agreement and, by the end of the month, had made his first real friend in Stella. Stella had grown quite fond of Martin as well and began to make him lemonade while he worked under the hot sun. She told him stories about her husband, and he told her stories about growing up without a father. Martin regretted his actions and yet had done so without being punished in the retributive sense.

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See also Corrections; Victim Assistance Programs and Legislation; Victims of Crime; Criminal Culpability; Criminal Responsibility

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RESTORATIVE POLICING

Restorative policing is a service-oriented style of policing in which police officers are viewed as peacemakers who focus on relationship building and engagement with the community, rather than solely collaboration with and cooperation from the community. Restorative policing recognizes that officer safety will be enhanced through approaching dangerous situations with restorative values such as respect. Arguably, one of the long-term goals of law enforcement is to motivate law violators to become more self-regulating of future criminal behavior and respectful community citizens. However, this goal is often neglected in traditional models of policing that are based on a reactive, quasi-militaristic approach grounded in a use-of-force culture. In the 21st century, policing ideology appears to favor a more proactive and service-oriented approach than the traditional models of policing.

The service-oriented policing ideology is not new and can be attributed to Robert Peel, who encouraged a similar policing style as early as 1829, when policing was attempting to develop a professional identity. In the 1980s and 1990s, various terms were introduced to capture the more service-oriented style of policing, including *problem-oriented policing*, *community policing*, and *restorative policing*. The unifying thread connecting each of these approaches is that the community has a central role in how crime is managed. However, this concept has met with resistance because of different viewpoints about the power police officers need to maintain to ensure officer safety. Specifically, restorative policing has been challenged because of its distinct perspective on managing criminal behavior.

Although these various styles of service-oriented policing are similar, restorative policing differentiates itself because it does not maintain the traditional police psychological mindset, which upholds the dichotomy between offender and victim. Traditionally, the offender is viewed through a lens of us versus them and not as an important member of the larger community. Oppositely, restorative policing uses a mindset in which crime is viewed as a violation of a relationship, and the offender has the obligation to repair the harm experienced

by the victim and the community. Restorative policing is grounded in values such as compassion, integrity, transparency, respect, and fair process. Police legitimacy is built using strategies and tactics that are consensual, transparent, and accessible to all community members. It is not based on one particular practice or method; rather, it is a change in the paradigm of how individuals respond to crime and the harm it causes.

The restorative policing model is based on interpersonal and communication skills rather than solely on analytical skills identifying solutions to specific problems. Although the community policing model has a goal of preventing and managing crime using a nonreactive/control-oriented approach to crime, it does not focus on the reparation of the harm caused by the offender to the victim and the community. The restorative focus has caused tension in traditional policing environments because it requires a sharing of power, which tends to elicit a fear for officer safety. However, advocates have argued that when restorative policing utilizes a range of police tactics and strategies reflective of local communities' norms and when implemented correctly, it can prevent crime and help offenders accept responsibility for and repair the harm caused by their actions.

Moreover, advocates of restorative policing contend that conflict in communities can be reduced by increasing victims' and communities' confidence in responding to crime through being included in the process of finding the solutions needed to repair the harm caused by the criminal behavior. Furthermore, they assert that restorative policing can increase police officer job satisfaction, enhance officer safety and emotional well-being, and decrease the use of force when responding to crime. Further research is needed to empirically examine these assertions.

If restorative policing is to achieve legitimacy, it requires the community at large to embrace a set of values recognizing the inherent worth of all members of the larger society including offenders. Researchers have proposed a framework for implementation, which includes the following:

1. Cultivate support for restorative policing from the top-down. Identify ways to implement innovation and leadership at all levels of

organizational structure. However, preparation for a shift in a top-down hierarchical structure should be gradual and planned.

2. Cultivate support for restorative policing from the bottom-up. Engage and empower frontline officers at the microlevel to strengthen linkages grounded in restorative values between the police and the community, including individuals at risk of involvement with the law. A message delivered by frontline officers in which police work is viewed as being about the promotion of victim and community empowerment and emotional well-being in contrast to just a sole focus on arresting the offender will be important. Such a balanced view of police work expands the frontline police officer's public servant role to encompass all stakeholders in the justice system.
3. Work to operationalize on a local level what restorative policing strategies and tactics look like and the anticipated expected outcomes. Engage a university partner to conduct research.
4. Engage police officers and the community in training on the restorative policing model. Develop a sustainable and comprehensive training program. Training should connect restorative policing to other models of policing but explicitly define the differences. Officers who embrace the restorative policing approach should be involved in the training of other officers so that trainees can learn what to expect about using the restorative policing model from officers who have actual experience with the model.

Restorative policing holds great promise at a time when the need to increase police legitimacy is strong, and developed nations have recognized the failure of the punitive *get tough on crime* approach to crime management. The implementation of the paradigm shift to a restorative policing model requires an interdisciplinary approach including but not limited to psychologists, criminologists, law enforcement, and the community at large if it is to be successful. Currently, a great deal of room exists for research examining the benefits and weakness of the restorative policing model.

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See also Community Policing and Crisis Intervention Team Model; Policing

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RISK ASSESSMENT, ACTUARIAL

Actuarial risk assessment measures consist of a set of predetermined risk factors (sometimes statistically weighted) that are combined based on an algorithm, which produces a total score that is associated with a final risk estimate or probabilistic statement regarding the likelihood of future recidivism. When assessing risk of general and sexual violence, two commonly used actuarial risk assessment measures are the Violence Risk Appraisal Guide (VRAG) and the Static-99, respectively. Although there has been extensive development and validation of actuarial measures with adult offender populations, there has been limited uptake of purely actuarial measures among young offenders with measures such as the Youth Level of Service/Case Management Inventory representing an adjusted actuarial approach (i.e., lacking in the probabilistic estimate of risk).

This entry begins by explaining the development of actuarial risk assessment. Next, it describes the strengths and criticisms of actuarial risk assessment. The entry then discusses the use of actuarial risk assessment within a risk management/treatment paradigm and concludes with a brief discussion of future directions.

Development

While the initial selection of risk factors for consideration in an actuarial measure can be informed by the broader empirical literature (e.g., meta-analysis), final selection of the risk factors is typically based on their association with an outcome

of interest within a development sample (e.g., violent recidivism) and their incremental contribution relative to the other risk factors in predicting outcome. Thus, actuarial measures represent an empirical approach to the risk assessment process. This is not to say, however, that all actuarial measures are void of psychological or behavioral theory. For instance, development of the Level of Service Inventory–Revised, an actuarial risk measure designed for assessing risk of general recidivism, was grounded within the Risk-Need-Responsivity principles and psychology of criminal conduct as developed by psychologist Don Andrews and his colleagues.

Strengths of Actuarial Risk Assessment

Actuarial risk assessment has consistently outperformed unstructured clinical judgment in predicting short- and long-term violent and sexual recidivism with predictive accuracy that is significantly better than chance. To date, several meta-analytic investigations have found actuarial risk assessment measures to be significant predictors of various forms of outcome such as violence, sexual violence, and general recidivism. Although the majority of the recidivism research has not focused on the nature and severity of violence, there is preliminary evidence to suggest that actuarial measures are significantly associated with such outcomes. This is not surprising, since several of the measure developers have pointed out that actuarial measures were designed to predict these types of outcomes.

Unlike clinical judgment, actuarial risk assessment is systematic, impartial, and transparent. Research conducted within applied settings has revealed moderate to high interrater agreement between raters and, in a few instances, between clinicians and researchers (e.g., the Static-99). Likewise, the predictive validity of actuarial risk assessment is similar whether it is scored within an applied (i.e., clinical) or research setting. Similarly, moderate to high predictive accuracy has been found when actuarial measures are scored by frontline staff (e.g., police and parole officers). This highlights an appealing aspect of actuarial risk assessment in that extensive clinical training is not required for optimal predictive accuracy to be achieved.

Although some may view the lower level of training required (e.g., 1-day workshop) for some actuarial risk measures as a potential limitation, there are several instances in which this is preferable. One example is the Ontario Domestic Assault Risk Assessment (ODARA), a 13-item actuarial risk assessment measure designed for use by police officers and frontline police personnel to predict male-to-female intimate partner violence recidivism. Police officers investigating incidents of intimate partner violence are often faced with situations in which quick decision-making is key. Such decisions may be related to whether the perpetrator should be released or detained following an incident of intimate partner violence (i.e., bail hearings). Actuarial measures such as the ODARA are ideal in situations where the ODARA was specifically designed to be administered quickly using information available to police officers (e.g., criminal record, victim interview). Moreover, with actuarial measures such as the ODARA, the provision of a final risk estimate further allows for easier interpretation of the results. Lastly, given the shorter administration time and lower requirements regarding education and training, actuarial measures such as the ODARA can be more cost-effective, without compromising predictive validity, relative to other in-depth psychologically based risk assessment measures, particularly when being administered by frontline personnel.

Criticisms of Actuarial Risk Assessment

Historically, given that the selection of risk factors is based on their association with an outcome of interest, actuarial risk assessment measures have predominantly comprised static risk factors or historical variables given their robust associations with outcome. Static risk factors remain relatively stable over time and are not amenable to treatment (e.g., criminal history variables such as age at first offense). This is problematic because the violence risk assessment process has moved away from a purely predictive model to a risk management model. Thus, the overreliance of some actuarial measures on static risk factors has limited their usefulness within a risk management/treatment paradigm. Granted, while an actuarial risk assessment measure comprising solely static risk factors may be of assistance in identifying who is

at higher risk to reoffend, there remains a need to assess treatment targets (i.e., criminogenic needs or dynamic risk factors).

There are other important concerns that arise due to the procedures used for item selection. First, the number of risk factors may be limited and may ignore other risk factors that are equally important but whose validity is unknown (i.e., factors that were not coded within the development sample). Likewise, the weighting procedures, such as those associated with the VRAG, have led to criticisms regarding the appropriateness of items both on legal and ethical grounds. For instance, having a female victim and increased severity of victim injury were weighted negatively on the VRAG. In contrast, having a male victim and no victim contact resulted in a positive weighting. More recently, with the revision of the VRAG, items such as victim injury and female victim have been removed.

Another criticism of actuarial risk assessment is the issue of generalizability of the final risk estimates or absolute recidivism rates (referred to as *calibration*). A meta-analytic examination of the absolute recidivism rates of the Static-99 (and its variants) found significant variation across samples. This highlights the need for recalibration of the absolute recidivism rates when an actuarial measure is applied to a population that lies outside that of the development sample. Similarly, with the passage of time, rates in the population will fluctuate and legislative changes may alter what constitutes a violent act. As such, the absolute recidivism rates must be adjusted accordingly to ensure that the actuarial measure is up-to-date; however, it is the responsibility of the assessor to determine whether or not an actuarial risk assessment measure is an appropriate fit for the client being assessed. In addition, some researchers have argued that the need for recalibration is not a criticism per se; rather, it is a necessary condition of good science.

To date, of all the criticisms that have been leveled against actuarial risk assessment, none have been as controversial as the argument that absolute recidivism rates derived from group data cannot be applied to the individual. However, despite these claims being refuted on statistical grounds, this criticism has advocates within the literature. This has, in part, led to the development and use

of other metrics to communicate actuarial risk (e.g., percentile ranks, risk ratios).

Moving Beyond a Purely Actuarial Approach

With the advancement in assessment technologies and the development of several actuarially based risk assessment measures, describing these measures against a purely actuarial framework is no longer sufficient. Jeremy Mills and his colleagues offer examples of actuarial risk assessment, which fit well within a risk management/treatment paradigm: *integrated-actuarial risk assessment* and *dynamic-actuarial risk assessment*.

Integrated-Actuarial Risk Assessment

The integrated-actuarial approach is a form of actuarial risk assessment that incorporates actuarial risk estimates (AREs), potentially dynamic risk factors, intervention/treatment recommendations, and risk management strategies. This form of actuarial risk assessment is exemplified by the Two-Tiered Violence Risk Estimates, which represents a two-tiered approach to risk assessment. Embedded within the measure are the ARE that comprises 10 items (e.g., childhood antisocial behavior, prior incarcerations) and the Risk Management Indicators that assess 13 areas of functioning that have been empirically linked with violence (e.g., employment status, family instability). The Risk Management Indicators, which is an aid in explaining the underlying risk level, is designed to identify areas in need of risk management and to monitor potential changes in risk. Measures such as the Two-Tiered Violence Risk Estimates eliminate the need for multiple risk assessment measures and overcome many of the criticisms concerning purely actuarial risk assessment while allowing for the assessment to be anchored by the ARE.

Dynamic-Actuarial Risk Assessment

The dynamic-actuarial approach is similar to the integrated-actuarial approach in that it incorporates AREs and potentially dynamic risk factors; however, within the dynamic-actuarial approach, the reassessment of dynamic risk has

the potential to alter the underlying ARE. An example of this form of actuarial risk assessment is *The Dynamic Supervision Project* that incorporates the Static-99, Stable-2007, and Acute-2007. Within this framework, changes in dynamic risk on the Stable-2007 can alter the risk level of the Static-99, and changes on the Acute-2007 can impact the combined Static-99/Stable-2007 risk level. These changes can lead to differences in absolute recidivism rates across multiple assessments.

Future Directions

Actuarial risk assessment remains an integral component of the risk assessment process. Because criticisms are associated with purely actuarial risk assessments, in combination with advances in risk assessment technologies, the area has made considerable gains that have resulted in the development of integrated- and dynamic-actuarial approaches.

Jeremy F. Mills and Andrew L. Gray

See also Criminal Risk Assessment, General Offending Criminal Risk Assessment, Generations of; Ontario Domestic Assault Risk Assessment (ODARA); Stable-2007 and Acute 2007; Static-99 and Static-99R; Two-Tiered Violence Risk Estimates (TTV); Violence Risk Appraisal Guide (VRAG) and the Violence Risk Appraisal Guide-Revised (VRAG-R)

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RISK MATRIX 2000

Of the various approaches used in sexual offender risk assessment (unstructured clinical judgment, actuarial risk assessment instruments [ARAIs], and structured professional judgment), ARAIs outperform all other methodologies. Of the numerous sexual offender ARAIs currently available, the Risk Matrix 2000 (RM2000) is one of the most widely used and researched and is the focus of this entry.

Description

The RM2000 is probably the most frequently used second-generation ARAIs in the United Kingdom. In developing the scale, researchers created a two-dimensional risk assessment system for sex offenders referred to collectively as *RM2000*. The revised system has two scales, one for measuring risk of sexual recidivism—Risk Matrix 2000/Sexual (RM2000/S)—and one for measuring risk of nonsexual violent recidivism—Risk Matrix 2000/Violent (RM2000/V) in sexual offenders.

The RM2000/S and RM2000/V scales were constructed to yield four summary risk categories: low, medium, high, and very high. The scores of both scales can be combined to give a composite risk of reconviction for sexual or nonsexual assault—Risk Matrix 2000/Combined. In developing the RM2000 scales, the authors referred to a landmark meta-analysis of sexual reoffending predictors as they felt this study offered a more complete guide to the literature, containing more precise and representative estimates of the

predictive accuracy of individual factors than would be obtained from any individual study.

The RM2000/S uses a two-step system to risk assessment. Step 1 contains three risk items (number of previous sexual appearances, number of criminal appearances, and age divided into three age bands), the sum of which is translated into a risk category. Step 2 considers four aggravating risk factors (any conviction for sexual offense against a male, any conviction for a sexual offense against a stranger, any conviction for a noncontact sex offense, and single-never been married); the presence of two or four aggravating factors raises the risk category by one or two levels, respectively.

The RM2000 can only be used if the offender meets the following tests:

1. The offender must be aged 18 years or over.
2. The offender must have at least one conviction for a sexual offense committed when the offender was aged 16 years or over.
3. The offender must be male.

All appearances for sexual offenses are counted when scoring RM2000/S, including ones where the offender was under the age of 16 years. The scale can also be used in cases where an individual has been charged with a sexual offense but not yet convicted.

The scale has demonstrated good interrater reliability with an absolute agreement for a single rating of 0.90 (which is considered *excellent*) across 50 cases. The item with the lowest reliability was the *noncontact* item, which still had good interrater reliability (93.2% agreement). Agreement for the risk category rating is also good (94.9% agreement).

Predictive Accuracy

Since the 2003 development study, the scale has been independently validated by several research studies using samples in Scotland, Denmark, England and Wales, Canada, and the United States. In the development study, the research group examined the predictive accuracy of the RM2000/S on a treated and an untreated sexual offender sample using the area under the curve (AUC), which is a measure of prediction accuracy

ranging from 0 to 1.0; values of 0.56, 0.64, and 0.71 represent small, medium, and large prediction effects, respectively. The RM2000/S yielded good accuracy in predicting sexual reconviction (AUC = 0.77 treated sample, and AUC = 0.75 untreated sample), and the RM2000/V obtained higher validity indices (AUC > 0.78) in predicting of nonsexual violent reconviction in different long-term samples. Conducting a series of cross-validation studies with different England and Wales samples elsewhere reported varying results for the predictive accuracy of the RM2000 scales. On the one hand, the tools yielded impressive validity indices up to AUC = 0.86 for the prediction of violence including sexual recidivism by the RM2000/V. On the other hand, the predictive accuracy was hardly better than chance (AUC = 0.56).

A further validation study was completed using the RM2000 on a Scottish sample of sexual offenders compared against a sample from England and Wales. Of the 771 sexual offenders, 116 (15.0%) were reconvicted of a sexual offense at any time following their release from prison, while 83 (10.8%) were reconvicted of a sexual crime within 5 years of their prison release. This compares with a 19.6% 5-year sexual reconviction rate for the 1979 England and Wales cohort. The predictive accuracy of the RM2000/S in the Scottish sample was AUC = 0.73 compared with an AUC of 0.75 in the England and Wales 1979 sample.

In 2010, another research group examined the predictive accuracy of the RM2000 scales on a large sample of 9,824, of which 4,946 sexual offenders were followed up at 2 years and 578 followed up at 4 years. The predictive validity of the scale was explored for different subgroups of sexual offenders. The higher risk groups offended more quickly and at a higher rate than lower risk groups. The RM2000/S obtained moderate results (AUC = 0.68) in predicting sexual reconviction, whereas the RM2000/V obtained good results in predicting nonsexual violent reconviction (AUC = 0.80).

As a subsequent evaluation of nine ARAIs on a sample of 590 sexual offenders in Massachusetts followed up over a 15-year period, the RM2000/S scale performed reasonably (AUC = 0.68) in predicting sexual reconviction. Compared to the other scales in the study, the RM2000 scales were

outperformed by the STATIC-99, a brief actuarial tool. Incidentally, the RM2000/V (AUC = 0.71) obtained the highest score across all nine scales in predicting violent reconviction.

In a 2013 meta-analysis, the findings were integrated from 16 unique samples (derived from 14 studies), which have examined the ability of the RM2000 to discriminate between recidivists and nonrecidivists. All three RM2000 scales provided significant predictive power for all recidivism types that were investigated (i.e., sexual, nonsexual violent, any violent, nonviolent, and any recidivism). The RM2000/S yielded the best predictive accuracy for sexual recidivism (Cohen's $d = 0.74$, considered large). The RM2000/V and the Risk Matrix 2000/Combined predicted nonsexual violent recidivism and any violent recidivism with similarly large effect sizes. The effect sizes were significantly higher using samples from the United Kingdom compared to studies with samples from other countries. The RM2000/S demonstrated moderate to large predictive accuracy among sex offenders, and the RM2000/V and Risk Matrix 2000/Combined are similarly effective for both types of violent recidivism as well as nonviolent and any recidivism. However, the authors noted that the predictive accuracy was quite low in sexual offender samples preselected as high risk or high need.

More recently, in a study examining the relationship between psychometric changes in treatment and recidivism in a sample of 3,773 sex offenders, the RM2000/S was used to establish a baseline of risk. Of the 3,027 offenders who had been released for at least 2 years, 1.7% had reoffended sexually to 4.4% who were reconvicted for sexual and violent offenses combined. Due to limitations in the study data, it was not possible to score two items: intimate relationship and stranger items of RM2000/S, so they used a modified RM2000/S. Since the modified RM2000/S scoring may have resulted in an underestimate of risk, those who were scored as having any aggravating factors were raised a risk category. The authors compared the modified version against a subsample (about half of the total cases) for whom full RM2000/S scores were available and found that approximately 64% of these were in the same risk category, 9% were rated as a higher risk category, and 27% were rated as a lower risk category. This

indicated that the modified scoring procedure appeared to result in a greater level of underscoring than overscoring. Using the modified version, the RM2000/S obtained moderate results (AUC = 0.64).

Applying the RM2000/S to Child Molesters and Rapists

A 2011 study followed 275 sexual offenders ($n = 199$ child molesters; $n = 76$ rapists) over a period of 9 years and 2 months as part of an evaluation of a community-based sexual offender treatment program. For the child molester sample, there is a fairly robust relationship between increased risk level and increased rate of reoffending, with the medium-high categories having a significantly higher failure rate. However, the RM2000/S did not perform well with rapists (AUC = 0.64) compared to child molesters (AUC = 0.71).

The RM2000/S fared better in a Danish sample of 160 rapists and 144 child molesters, followed up over an average of 14.8 years, obtaining moderate results for sexual (AUC = 0.71) and nonsexual violence reconviction (AUC = 0.70).

Combining Static and Dynamic Frameworks

A 2015 study investigated the incremental validity of combining the RM2000 scales with the STABLE-2007 (a dynamic actuarial risk scale) on a Canadian sample of 710 sexual offenders (mean follow-up of 7.7 years). The RM2000/S obtained moderate predictive accuracy (AUC = 0.69) for sexual recidivism compared to the RM2000/V (AUC = 0.63), which performed better in predicting nonsexual violence (AUC = 0.74). The RM2000/S had a larger incremental effect over the STABLE-2007 than vice versus.

Special Populations

Sexual Offenders With Intellectual Developmental Disabilities (IDD)

Researchers in this field have noted that sexual offenders with IDD (IQ below 69) would have been rare in the original research samples, but offenders with IQs between 70 and 80 should

have been present in the original samples in reasonable numbers.

A number of studies have examined the utility of the scale in a sample of sexual offenders with IDD with moderate results. The predictive accuracy of the RM2000/S and the RM2000/V scales were compared against other scales with a mixed group of 212 violent and sexual offenders with IDD in England and Wales (mean IQ = 66), across three different levels of security. After a 12-month follow-up period, both the RM2000/V and RM2000/S AUCs did not attain significance for violent (AUC = 0.62) and sexual incidents (AUC = 0.61), respectively.

A 2011 study compared the Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR), the Sexual Violence Risk-20 (a 20-item structured professional judgment sexual violence risk tool), the RM2000-V, and the Assessment of Risk Manageability for Intellectually Disabled Individuals Who Offend-Sexually-Stable and -Acute dynamic client subscales on a sample of 88 offenders: 44 mainstream and 44 sexual offenders with special needs (mean IQ = 69). The mean length in treatment was 18 months with a mean follow-up period of 109 months. While the sexual reconviction predictive validities of the RRASOR (AUC = 0.53) and the RM2000-V (AUC = 0.50) were little better than chance, the Assessment of Risk Manageability for Intellectually Disabled Individuals Who Offend-Stable (AUC = 0.60) and Assessment of Risk Manageability for Intellectually Disabled Individuals Who Offend-Acute, (AUC = 0.73) performed better. It should be noted that the RM2000/V is generally better at predicting violent reconviction than sexual reconviction.

A further study examined the predictive accuracy of the STATIC-99, RRASOR, and the RM2000/S in a sample of 27 sexual offenders with IDD in England and Wales followed up over a 76-month period. The STATIC-99 (AUC = 0.64) outperformed the RM2000/S (AUC = 0.58) and the RRASOR (AUC = 0.42). These results suggest caution when using the RM2000 scales with sexual offenders with IDD.

Internet Sexual Offenders

Offenders who have only been convicted of Internet offenses would not have been present in

the original development RM2000 samples. However, in the development sample, the RM2000 was tested on a sample of adult males with a history of being convicted for Internet sex offenses and attained an AUC that is comparable to what it has in regular samples. Like most ARAIs, the RM2000/S does not discriminate among individuals whose only known criminal behavior is downloading indecent images of children as these groups typically score low on such scales and have a low sexual recidivism rate. Individuals with Internet-only offenses would meet the scoring criteria for *noncontact* offenses. However, a key issue is whether these offenses were a prelude to a contact offense.

Of the few studies validating the scale on Internet sexual offenders, the predictive accuracy of a modified version of the RM2000/S was examined in a sample of 1,344 Internet sexual offenders. The overall rates of sexual reoffending were very low at 2.1% at 1-year follow-up, which increased to just 3.1% at the 2-year follow-up stage. At the 2-year follow-up, 74% (23/31) of the offenders were reconvicted of Internet-related offenses, 19% (6/31) were reconvicted of non-Internet offenses. The RM2000/S obtained moderate results in predicting reoffending (AUC = 0.67).

Conclusions

A number of cross-validation and meta-analytical studies have demonstrated the psychometric properties and predictive utility of the RM2000 scales. Compared with other ARAIs, the RM2000/S demonstrates moderate to large predictive accuracy among contact sex offenders (rapists and child molesters) and Internet sexual offenders although the predictive accuracy of the scale reduces slightly when applied to sexual offenders with IDD. Nevertheless, the RM2000/S can be used with confidence in assessing future risk of sexual reconviction in sexual offenders.

Leam Craig

See also Criminal Risk Assessment, Sexual Offending; Internet Sexual Offenders; Risk Assessment, Actuarial; Sexual Offenders; Sexual Offending; Sexual Violence Risk-20 (SVR-20); Static-99 and Static-99R; Violence Risk Scale–Sexual Offender Version (VRS-SO)

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RISK PRINCIPLE

Robert Martinson wrote an article in 1974 which led to a *nothing works* doctrine with regard to offender rehabilitation. Since this time, a large body of literature has accrued aimed at discovering what does work in reducing the likelihood of recidivism among a criminal justice population. Much from this body of research can be synthesized into three core principles—the Risk-Need-Responsivity (RNR) principles. This entry focuses on the risk principle. The risk principle helps correctional entities to decipher how to match offenders to the appropriate level of correctional intervention, suggesting that intensive correctional supervision and treatment services be reserved for those offenders who are at higher risk of recidivism. This entry provides an explanation of the risk principle, examines how correctional programs have applied and implemented this principle, and explores what happens when it is ignored.

Principles of Effective Intervention

Like most systems, the field of corrections has limited resources to manage and treat those who engage in law-violating behaviors. Hence, knowledge about how to best spend those resources is crucial. A group of Canadians, led by Don Andrews, Paul Gendreau, and James Bonta, were at the forefront of research on effective correctional interventions. From their research emerged a body of literature that has been recognized as the principles of effective intervention. These principles, RNR, help guide decision-making for correctional policy makers and practitioners. Briefly described, the *risk principle* focuses on who to place in correctional interventions, the *need principle* suggests what offender needs should be targeted in order to reduce recidivism, and the *responsivity principle* provides guidelines as to how to treat an offender population with regard to the therapeutic model best suited for the population as well as how to address individual learning styles and barriers to success. Adherence to the RNR model has been associated with improved program outcomes as well as improved management of an offender population.

The risk principle, or the who principle, attempts to match the offender with the appropriate level of intervention based on risk. Thus, risk of recidivism is used to help determine who to place in various correctional interventions. Getting the right people in the right program has a significant impact on the effectiveness of a correctional intervention. Not considering risk when assigning offenders to programs can have harmful effects on the offender and the community.

Identifying Risk

In order to match offenders to services based on risk, one must be able to accurately ascertain the risk level of the offender. *Risk* refers to that individual's likelihood to recidivate; *risk level* or *risk classification* categorizes offenders into groups with a similar likelihood of reoffending. Often, these classification levels are described as low, moderate, high, or some combination thereof (e.g., low-moderate, high-moderate).

The literature suggests that use of clinical judgment to determine whether someone is likely to recidivate is not an accurate way to assess risk.

Rather, use of a validated, actuarial risk assessment tool is considered as best practice. There are many instruments designed to assess risk of general criminal recidivism. Examples of just a few common risk assessment tools include the Level of Service Inventory, developed by Andrews and Bonta; the Correctional Offender Management Profiling for Alternative Sanctions Risk and Need Assessment System, developed by Northpointe; and the Ohio Risk Assessment System, developed by the University of Cincinnati.

Assessments such as these include a range of static and dynamic risk factors predictive of offender recidivism. Examples of items one might find on a risk assessment include number of prior convictions or whether the individual ever had an alcohol or drug problem. Such instruments also include dynamic risk factors such as one's criminal associates, current drug use, current employment problems, or housing in high-crime areas. It is the composite risk score that allows for classification into risk categories. Once the risk level is known, this information can be used to match the offender to the appropriate level of intervention.

It is important to note that offense seriousness is often not correlated to likelihood of recidivism or risk level. For example, although homicide is arguably the most serious crime, many individuals convicted of murder or manslaughter do not pose a high risk of recidivism. Often, crimes such as these are crimes of passion or are situational to that specific case. On the other hand, less serious crimes such as theft or drug possession may be committed by a person with a lengthy criminal record and many criminogenic needs who is a high risk of recidivism. The focus of the risk principle is on identifying who is most likely to recidivate and applying programming and services to those individuals, rather than focusing on the seriousness of the crime committed.

Level of Intervention

In the field of corrections, there is a wide range of interventions to which an offender may be mandated. Some correctional interventions are low intensity and place limited demands on the offender. Other interventions are high intensity. These tend to be more intrusive and disruptive of the offender's current lifestyle; they also tend to

target a wider range of risk factors. With regard to treatment interventions, a low-level intervention might be considered a diversion program or a short-term education program (e.g., 3-day drug education program). A moderate-level intervention might consist of mandated intensive outpatient substance abuse treatment or a community-based anger management or domestic violence program (e.g., a community-based program lasting 4–6 months). An example of intensive treatment intervention would be a 6-month residential drug treatment program.

Correctional interventions are not only treatment based. There are also supervision- or surveillance-based interventions designed to monitor the whereabouts of offenders. Examples of these include traditional probation or parole, intensive probation caseloads, use of electronic monitoring devices, or even use of jails or prisons. These supervision-based interventions also have a continuum of intensity ranging from limited community monitoring to secure confinement. Finally, there are interventions that merge both treatment and supervision, such as specialty courts (e.g. drug, mental health, or reentry courts), whereby intensive judicial oversight is partnered with treatment services overseen by the court. Other combined interventions include specialized probation caseloads, such as an intensive mental health caseload where officers oversee probationers with mental illness and collaborate with mental health treatment providers.

With regard to the risk principle, the intensity of the intervention should match the risk level of the offender. Hence, more intensive interventions, such as residential programs, should be reserved for moderate- to high-risk offenders. Lower level interventions, such as a diversion program or non-reporting probation, are more appropriate for offenders who do not pose a high risk of future criminal behavior.

Costs of Ignoring the Risk Principle

Research suggests that when low-risk individuals are placed in intensive correctional programs, not only do these programs fail to reduce that individual's likelihood of recidivism, but participation in such interventions can actually increase that person's propensity to engage in crime. What this suggests is that programs designed to treat offenders

actually make offenders worse when offenders are not placed in the appropriate level of service.

When exploring why this might occur, it is important to consider the following. Individuals classified as low risk of recidivism by definition are more prosocial, meaning they are more likely to hold jobs, have a secure family or support system, have a network of law-abiding peers and associates, have limited problems related to substance abuse, live in stable neighborhoods, have good problem-solving and coping skills, and have prosocial attitudes and belief systems. Thus, mandating an intensive correctional intervention can disrupt those areas that shield the individual from developing a criminal behavior pattern. Furthermore, intensive correctional programs often serve higher risk individuals. When low-risk individuals are integrated into these environments, social learning ensues, and the low-risk individual begins to adopt some of the criminal thinking and behaviors of his or her higher risk peers.

In summary, exposure of low-risk individuals to high-intensity correctional interventions both disrupts protective factors and exposes those individuals to high-risk models of criminal behavior. Hence, the same intervention applied to a high-risk and low-risk individual can improve outcomes for the high-risk person, yet increase criminal involvement for the low-risk person. This is why, irrespective of the type of intervention being provided, offenders must be appropriately matched to the service based on their risk level.

Application

Not only is there research to support the harmful effects of exposing low-risk individuals to intensive correctional interventions, there is also much evidence to support that the strongest treatment effects are seen when moderate- to high-risk individuals are placed in intensive correctional interventions. Hence, while some speculate that the highest risk offenders may not be amenable to rehabilitation, research does not support this. Well-designed correctional programs that adhere to the RNR principles have been shown to significantly reduce the likelihood of recidivism for this higher risk group. They have the most to gain from treatment.

Thus, the crux of the risk principle is (a) assess risk using a validated risk assessment and (b) use

that information to match offenders to the appropriate level program. Beyond adopting a risk assessment and determining appropriate placement or admission into programs or services, other ways that programs implement the risk principle are by (a) separating offenders by risk level and (b) varying the dosage of an intervention by risk level. Although correctional programs may attempt to control program admissions, there are times when judges mandate offenders to intensive programs based on seriousness of the crime, irrespective of risk. Many facilities still have the ability to design their program so that the higher risk offenders are separated from the lower risk offenders. This might be accomplished by assigning offenders to pods, dorms, caseloads, or groups based on risk level.

In addition to separating by risk, programs can move away from a one-size-fits-all approach to treatment and supervision. Programs can explore ways to vary treatment dosage (or number of required treatment hours) by risk level, ensuring that higher risk offenders receive the highest dosage of treatment within a program. For supervision agencies, such as probation departments, jurisdictions may have low-risk caseloads where individuals are placed on probation for a shorter period of time and reporting requirements are less intensive (vs., e.g., every probationer being seen monthly for supervision). Such agencies also limit who can be placed on intensive caseloads to higher risk individuals to help ensure appropriate matching is taking place.

In conclusion, the risk principle is one of the three RNR principles of effective intervention. This principle suggests that intensive correctional programs target moderate- to high-risk individuals and that such individuals are identified via the use of validated risk assessment. Programs that adhere to the risk principle have stronger outcomes than programs that ignore this principle. Stronger outcomes for corrections-based programs equate to improved community safety.

Lori Brusman Lovins

See also Correctional Rehabilitation Services, Best Practices for; “Nothing Works” debate; Offender Risk Assessment and Risk Level Classification Issues; Risk Principle, Illustrative Applications of; Risk-Need-Responsivity, Principles of

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RISK PRINCIPLE, ILLUSTRATIVE APPLICATIONS OF

Once an individual is involved in the criminal justice system, the chance of him or her getting into legal trouble again can be predicted with a fair degree of certainty. Some people are more likely to reoffend, whereas others are less likely. The *risk principle* states that criminal behavior can be predicted, and the risk level of the offender can be determined with some accuracy. In this way, offender risk to reoffend can vary. The risk principle also states that interventions should match

the offender's risk level so that higher risk individuals receive more treatment and services than lower risk offenders.

This entry examines the risk principle by providing a definition of risk and a description of the major risk factors for future criminal conduct. The three elements of the risk principle are introduced and described. Finally, the application of the risk principle is explored as it generally applies to offenders as well as specific offender populations (e.g., sex offenders and females).

Risk

Within the context of the offender population, *risk* is defined as the probability of continuing to commit a crime. Thus, the level of risk can vary where individuals can be more (high risk) or less (low risk) likely to reoffend. People who are at a higher risk to reoffend, for example, tend to commit another criminal act 60% of the time, whereas lower risk individuals only reoffend 10% of the time. This example also highlights that the risk to reoffend is only defined as the likelihood of reoffending, and sometimes, higher risk offenders do not reoffend and lower risk offenders do reoffend.

Importantly, this probability of reoffending is distinct from the seriousness of the crime. A person is not high risk simply because of the seriousness of their offense. For example, someone who has been charged with murder, a very serious offense, may actually be of low risk to commit another crime and may never do so. However, someone who has been charged with shoplifting a candy bar from the local convenient store may be identified as high risk and return to the criminal justice system again. Therefore, a person is high or low risk based on a set of characteristics that have been proven to influence the likelihood of reoffending, not because of the seriousness of the offense.

Risk Factors

It is important to define those characteristics that influence a person's risk to reoffend. Relying on a large body of research that identifies the most strongly correlated risk factors for reoffending, the major risk factors have been pinpointed. These risk factors include

- history of antisocial behavior,
- antisocial cognitions,
- antisocial peers,
- antisocial personality pattern,
- family/marital circumstances,
- school/work,
- leisure/recreation, and
- substance abuse.

The more risk factors present, the greater one's risk to reoffend. Higher risk individuals have many risk factors, whereas lower risk offenders have less risk factors.

The big four risk factors (history of antisocial behavior, antisocial cognitions, antisocial peers, and antisocial personality pattern), as coined by popular Canadian researchers, have the strongest influence on a person's risk to reoffend. The history of antisocial behavior includes not only the seriousness of the offense, but more importantly, the age at which the individual started engaging in criminal behavior, the number of times the person has been involved in the criminal justice system, and the type of criminal acts (e.g., property vs. violent offenses).

Antisocial cognitions include the attitudes, values, and beliefs one has that support criminal behavior. This can include statements that offenders might say to themselves to make it okay to steal someone's car (e.g., "I am sure they have insurance and will get an even better car") or to beat someone up (e.g., "He deserved it. He shouldn't have made me so mad").

Antisocial peers are those individuals with whom the person chooses to spend time with and who also engage in criminal behavior and support a criminal lifestyle. Related, this factor also considers isolation from prosocial individuals. A person who has no positive friends and only spends time with others who break the law is at greater risk to reoffend than someone who has both prosocial and antisocial friends. This is because peers model, reinforce, and punish behavior. If a person spends time with positive friends, then chances are that positive behavior is being modeled and reinforced. If a person is only spending time with antisocial peers, then only antisocial behavior is being modeled and reinforced, and chances are that prosocial behavior is being discouraged.

Finally, the risk factor, antisocial personality characteristics, concerns those traits within a person such as low self-control, poor problem-solving skills, impulsivity, hostility, and overly aggressive behavior.

Although not the risk factors of greatest influence, family/marital circumstances, school/work, leisure/recreation, and substance abuse factors do substantially influence the likelihood of reoffending. Family/marital circumstances can be risky when the quality of the interpersonal relationships within the family is poor, and the expectations for prosocial behavior are weak. For example, when the relationships lack care, concern, and respect, and instead are filled with conflict and contempt, the risk factor is present. Similarly, when the experience at school and/or work includes minimal involvement and poor relationships, if any, rather than filled with positive high-quality relationships, there is risk. The key with these two factors lies in whether or not the individual is connected to prosocial others in their life and whether or not the person sees those relationships as rewarding and positive. Related, how people choose to spend their free time can influence their risk to reoffend. Individuals who are involved in rewarding prosocial activities are more likely to avoid trouble with the law than individuals who lack involvement in similar activities. Finally, substance abuse is often illegal in and of itself. Moreover, the act of purchasing illicit drugs involves contact with antisocial others, while using substances often decreases one's self-control.

Within the major risk factors described above, both static and dynamic factors have been distinguished. *Static risk factors* are those risk factors that cannot change. For example, criminal history is a static risk factor because one cannot go back and change a criminal event that happened in the past. On the other hand, *dynamic risk factors* are those risk factors that are changeable. Self-control and problem-solving skills can improve. Likewise, individuals can learn ways to manage their anger and change the way they think. For example, "She shouldn't have cut me off like that, so I'm going to show her" is an example of risky thinking that could lead someone to reckless and dangerous driving. To change those thoughts, someone might then think, "But I don't want to get hurt or hurt someone else. Clearly she is in a hurry, so I am just

going to let her go on.” New thinking can lead to new behavior. Knowing the static and dynamic risk factors means that the risk to reoffend can be determined. If someone has many of these risk factors, they are at higher risk to reoffend than someone who only has one or two risk factors.

The Risk Principle

Since the early 1980s, psychologists from Canada have been researching what works to change offender behavior. In 1990, they presented the risk principle, among others, as a means to guide effective correctional treatment. The risk principle states that criminal behavior can be predicted and that the level of treatment should be matched to the risk level of the offender. This means that higher risk individuals should receive treatment that is of greater intensity and length than individuals who are identified as low risk.

In this way, there are three main elements to the risk principle. The first states that correctional programs should target those offenders with higher probabilities of reoffending. This means that the risk to reoffend needs to be determined so that services can be prioritized to those who have the greatest risk. A common way corrections professionals identify risk is through the use of a risk assessment instrument. A *risk assessment instrument* is a tool that examines the major risk factors for reoffending (e.g., history of antisocial behavior, antisocial cognitions, antisocial peers, antisocial personality pattern) and places offenders into categories (e.g., low, moderate, and high) that allow agencies to separate offenders by risk. Once the risk level is determined, treatment and supervision services are then provided so that higher risk offenders receive more treatment than lower risk offenders, which leads to the second element.

Highlighting the importance of matching, the second element of the risk principle states that most intensive treatment should be provided to higher risk offenders. For example, a higher risk person might receive anger management services and substance abuse treatment and participate in a program designed to address antisocial thinking. A low-risk person might only receive substance abuse treatment. Generally speaking, research to date suggests that higher risk offenders require at least 200 hours of treatment in order to reduce

their risk to reoffend. This treatment should target multiple risk factors (e.g., antisocial cognitions, peers and personality characteristics) and use strategies that have been shown to work at changing offender behavior.

Finally, the third element of the risk principle notes that intensive treatment for lower risk offenders can increase recidivism. For example, a large study of over 20,000 offenders found that when lower risk offenders were provided a similar level and length of treatment as higher risk offenders, the lower risk offenders' failure rates increased. This element suggests that lower risk offenders should only receive services in areas in which they have a need in the least restrictive setting. For example, a low-risk offender who does not have a substance abuse problem should not receive substance abuse treatment. However, a low-risk offender who finds it difficult to manage anger should receive anger management services.

Importantly, this element emphasizes that any service a low-risk offender receives should be separated from higher risk offenders. Mixing low-risk offenders with higher risk offenders often means that the lower risk individuals will learn antisocial attitudes, values, beliefs, and behaviors from the high-risk offenders. Moreover, the very things that make a person low risk (e.g., quality relationships with family, prosocial friends, job stability) are disrupted when high levels of treatment and supervision are provided. For example, strain is placed on relationships at home, causing discord and contempt; individuals often lose their job because they have to participate in treatment services and miss too much work; and prosocial friends may no longer want to spend time with someone who has been to prison.

Research

Research has been conducted on the risk principle since the 1990s and has demonstrated that when services are delivered to higher risk offenders (rather than lower risk offenders), the risk to reoffend for those higher risk offenders is reduced. Furthermore, some studies have shown that when lower risk offenders receive more treatment than they should, their risk to reoffend increases. Certainly, this is not what the field of corrections aims

to achieve. These findings have been replicated with both male and female offenders as well as juvenile and adult offenders. More recently, research from Canada and Ohio has shown that the risk principle also applies to sex offenders. In this way, the risk principle does not discriminate by offender type and is considered one of the core principles of effective correctional intervention. Programs that fail to adhere to the risk principle can expect to have little to no impact on recidivism and in some cases actually increase recidivism.

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See also Correctional Rehabilitation Services, Best Practices for; Risk Principle; Offender Risk Assessment and Risk Level Classification Issues; Risk-Need-Responsivity, Principles of

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RISK-NEED-RESPONSIVITY, APPLICATION TO FEMALE OFFENDERS

In response to the growing number of females under correctional supervision, researchers and policy developers have shown a marked interest in exploring the situations and circumstances that place this demographic at risk of criminal justice involvement. Gender-neutral theorists holding to the Risk-Need-Responsivity (RNR) perspective argue that with respect to the etiological components of their criminal conduct, similar theories, risk factors, and general treatment strategies generalize to both male and female offenders. In contrast, feminist scholars contend that justice-involved women follow unique pathways into crime and that correctional protocols that were developed largely on the basis of male samples fail to capture the unique circumstances of women. This entry articulates both gender-neutral (RNR) and gender-responsive perspectives on criminal conduct and presents evidence for an integrative theoretical approach.

Principles of RNR: A Gender-Neutral Approach

Grounded in the *personal, interpersonal, community-reinforcement* theory of criminal conduct first articulated by Canadian researchers Don Andrews and James Bonta, the principles of risk, need, and responsivity (commonly referred to as RNR or *What Works*) constitute the operational derivative of this mainstream gender-neutral framework.

The *risk principle* states that correctional treatment intensity—as defined by the frequency of program sessions, program length, or some combination of the two—should be tailored to one's risk to reoffend, with the most intensive

interventions reserved for the highest risk offenders. Research has consistently demonstrated that providing intense correctional interventions to low-risk individuals will, at best, have a nil effect and, at worse, result in increased recidivism.

In turn, the *need principle* states that effective correctional treatment should target dynamic risk factors (also termed *criminogenic needs*) that are both malleable and predictive of criminal conduct. According to the RNR literature, the individual-level factors most predictive of recidivism (i.e., the Big Four) include (a) attitudes supportive of crime, (b) antisocial peers, (c) criminal history, and (d) antisocial personality factors (e.g., poor impulse control). These are followed by (e) substance abuse, (f) disruptions within the family, (g) deficits in employment and education, and (h) inappropriate use of leisure time. These domains are collectively termed the *Central Eight*, which according to proponents of the RNR perspective, account for individual differences in criminal conduct irrespective of gender, race, or social class. Relative to the Central Eight, research has demonstrated that level of intelligence, socioeconomic status, and measures of personal distress are weak predictors of crime.

The last core principle of effective correctional treatment is the *responsivity principle*, which is related to the manner in which a program is delivered. The *general responsivity principle* posits that the most effective correctional programs incorporate cognitive behavioral and social learning principles including modeling, shaping, behavioral rehearsal, and cognitive restructuring. In turn, the *specific responsivity principle* holds that intervention strategies should be sensitive to the characteristics of the offender, considering such factors as level of intelligence, social anxiety, mental health issues, and minority status. Under the RNR framework, gender is considered a specific responsivity factor; in other words, although some minor adjustments might be made to treatment programs delivered to women, the Central Eight predictors of criminal behavior and general treatment strategies endorsed by RNR proponents are said to hold regardless of gender.

Since the 1990s, a vast body of empirical literature has accumulated to support the validity of the RNR model for both male and female offenders. Specifically, compared to untreated groups,

adherence to the three principles of effective correctional intervention has produced up to a 40% reduction in recidivism rates. Moreover, multiple investigations have shown that at the aggregate level (i.e., when analyses are based on an overall risk score), gender-neutral risk assessment protocols that incorporate the Central Eight generally attain similar levels of accuracy when applied to both male and female samples.

Criticisms of RNR

Despite promising results generated by the application of the RNR model across gender, a number of feminist scholars have levied theoretical and methodological criticisms against the gender-neutral approach to correctional processing for women. Namely, the early empirical evidence in support of the RNR framework rested predominantly on male samples and/or relied on studies that failed to disaggregate samples by gender. Including a proportion of males (typically the majority subgroup) in a sample intended to be generalized to females can potentially mask important risk factors that may, in fact, be important for women. Furthermore, gender-neutral proponents operate on the premise that the same set of factors that predict criminal conduct for males will extend to females, engendering the possibility of neglecting key etiological nuances that are either female-specific or experienced qualitatively differently by women.

One issue of particular concern with respect to the use of gender-neutral tools with girls and women is that of *overclassification*—the result of placing an individual in a higher risk category than is actually warranted based on the level of threat posed by that person's behavior. Given that, on average, women score lower than men on risk assessment tools and have lower base rates of offending, a woman's score must be higher than a man's before a given custody level will show comparable levels of recidivism. Most gender-neutral proponents recognize this issue, and in the majority of criminal justice agencies across North America, risk classification schemes are adjusted to reflect the lower probability of reoffending among justice-involved women—even when an otherwise *gender-neutral* assessment tool is adopted.

However, even with instrument recalibration, misclassification can still occur if the assessment protocol is not valid at the outset. A number of feminist criminologists posit that while RNR principles may apply to women in a general sense, justice-involved women have unique criminogenic needs that are not adequately represented within mainstream correctional protocols.

Relational-Cultural Theory (RCT) and Feminist Pathways

RCT and the *feminist pathways* perspective are the literatures most often cited to underscore gender differences in the etiology of criminal conduct. Based primarily on qualitative data gathered through extensive interviews with justice-involved girls and women, relational-cultural theorists argue that while many justice-involved males are subject to childhood abuse or neglect, the experience of relationally based trauma among girls is qualitatively different. In contrast to traditional psychodynamic theories extolling individuation and autonomy as healthy developmental milestones, *RCT* views connectedness as the basic human motive and hallmark of mature functioning. Although the desire to form empathic connections is said to be innate for males and females alike, differential socialization creates a disparity across genders in both the motivation and capacity for connectedness. Specifically, while males are taught to value individual achievement-oriented goals, females are taught to place ultimate worth on forging meaningful relationships. As such, *RCT* theorists contend that early *relational disruptions* through abuse and neglect—often persisting into adulthood in the context of unhealthy romantic attachments—are particularly detrimental to young girls and serve to catalyze their trajectory into crime.

Similarly, feminist pathways proponents emphasize the impact of maladaptive family relationships in the genesis of female-perpetrated crime. While family process variables are established risk indicators for male delinquency and encompassed in the Central Eight, relationship-based factors are argued to be particularly salient to female offending. Although there are exceptions to the rule, according to both qualitative and quantitative research, a common female *pathway*

into crime entails some variation of the following: Victimized sexually and/or physically in her home of origin (typically by a male), the abused young woman eventually flees only to find herself living on the streets. Likely dealing with mental health and substance abuse issues ensuing from her early trauma, the young woman is unable to support herself due to a curtailed education and lack of vocational skills. Ultimately, she becomes enmeshed in a life of petty crime related to survival needs. Women adhering to this pathway are often desperate to maintain relationships and gain the acceptance of male intimates encountered within the criminal subculture. Accordingly, these women may be particularly inclined to pursue lawbreaking activities as a product of their association with criminal male partners who may further exploit them as sexual capital.

Gender-Responsive Needs

Despite childhood maltreatment and adversarial interpersonal relationships being pervasive in the histories of both male and female offenders, empirical studies suggest that these indicators exert a greater criminogenic impact on girls. Consistent with the tenets of *RCT*, relational disruptions—even in lesser orders of magnitude such as the inadequate demonstration of love by caregivers—are particularly important risk factors for criminal outcomes among girls.

Collectively, justice-involved females do in fact profile with higher rates of direct victimization than their male counterparts (particularly in the form of sexual abuse), endure more pervasive family conflict, and experience more ensuing psychiatric issues. As per the feminist pathways perspective, a history of trauma is a significant precursor to mental health disturbances, including post-traumatic stress disorder, depression, anxiety, and self-injurious behavior. In a 2016 investigation, Sarah Walker and colleagues make the argument that given equally maladaptive, conflict-ridden homes, a female's greater exposure to the home environment, coupled with the relational orientation of girls, provides insight into the more pronounced negative impact of early childhood adversity on girls relative to boys.

Given that mental health is considered non-criminogenic under the gender-neutral RNR

model, this factor is featured far less prominently than the Central Eight in associated risk assessment tools. Indeed, most research indicates that aggregate measures of personal and emotional distress tend not to bear a significant relationship to criminal recidivism, even among justice-involved females. However, unpacking the construct of mental health into specific diagnoses has revealed that current mental health needs including depression, anxiety, and post-traumatic stress disorder can be predictive of criminal recidivism among female offenders.

Although substance misuse has been underscored as an important criminogenic need for both males and females as per the gender-neutral literature, there is evidence to suggest that justice-involved females have higher rates of substance dependence compared to justice-involved males and may rely on substances for different reasons. Both U.S. and Canadian statistics support the high co-occurrence of diagnosed mental health conditions and substance abuse among incarcerated women. Qualitative studies have suggested that while males are more likely to abuse drugs and alcohol as a result of peer pressure or to experience hedonistic effects, the genesis of substance abuse among women lies in an attempt to mask the emotional impact of an extensive history of trauma, victimization, and ensuing mental health disturbances.

Gender-Responsive Risk Assessment

Correctional researchers informed by both RNR and feminist perspectives have contributed sound empirical evidence to support the merit of considering gender-responsive factors in tandem with gender-neutral factors in the prediction of criminal conduct. Multiple investigations have shown that a collection of factors tied to childhood and adult victimization, low self-efficacy, mental health issues (e.g., active diagnoses of depression, anxiety, psychosis, and/or self-harm), poverty, and parental stress culminate in a criminal lifestyle among women.

In a seminal investigation published in 2010, Patricia Van Voorhis and colleagues examined whether a series of gender-responsive scales would enhance the ability of gender-neutral scales to predict recidivism outcomes. Drawing from prison,

probation, and prerelease samples of women across four U.S. states, they determined that the overall gender-responsive supplement did offer incremental predictive validity over and above the gender-neutral model. In a study from 2014, Krista Gehring and Patricia Van Voorhis yielded comparable findings in a sample of pretrial defendants, this time including a male comparison group. For the male sample, none of the gender-responsive scales (including abuse, trauma, mental health, homelessness, and family support) were predictive of new arrests. Among women, however, when the gender-responsive scales were considered along with the gender-neutral scales, the relationship between assessment scores and negative outcomes was significantly enhanced.

There is a growing body of research to suggest that a consideration of gender in correctional settings may be more than a responsivity issue. Indeed, there is evidence to suggest that employing gender-responsive risk assessment strategies has the potential to optimize the correctional processing of female offenders insofar as (a) improving the accuracy of risk assessment tools in predicting future crime committed by women and (b) appropriately informing treatment options for justice-involved women.

Gender-Responsive Programming

Grounded in the principles of social learning, RNR-based correctional programs termed *gender-neutral* have traditionally been applied to both male and female offenders—with very few if any modifications. By contrast, programs designed to be gender-responsive can explicitly account for women's unique pathways into crime by addressing both common and unique social, cultural, and psychological factors that led to their criminal involvement. Beyond an adherence to the core RNR framework, gender-responsive models are relational, trauma-informed, and strengths-based. Specifically, programming strategies encourage women to identify and cultivate existing talents and abilities, and foster collaborative approaches to case planning that grant women the decision-making power with respect to intervention goals. Recognizing the pervasive and complex mental health needs of female offenders, multidimensional treatment services are offered

that target mental health disorders and substance abuse concurrently within a trauma-informed framework.

In a 2016 study, Renee Gobeil and colleagues examined the differential effectiveness of gender-neutral versus gender-responsive interventions in reducing recidivism among justice-involved women. Systematically pooling the results of 37 studies that collectively included 22,000 women, both intervention options initially appeared to be equally effective, with treated groups demonstrating up to 35% greater odds of success compared with untreated groups. However, when restricting their analyses to studies of higher methodological quality, the gender-responsive interventions produced significantly greater recidivism reduction effects than gender-neutral options. This critical investigation supports a growing body of literature demonstrating that correctional processing of female offenders can be improved when RNR principles are augmented by an explicit consideration of gender-responsive options.

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See also Female Offenders; Female Offenders: Controversies in Assessment, Treatment, and Management of; Female Offenders: Gender Differences in Criminal Offense Characteristics; Female Offenders: Patterns and Explanations; Gendered Pathways; Need Principle; Responsivity Principle; Risk Principle; Risk-Need-Responsivity, Principles of

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RISK-NEED-RESPONSIVITY, PRINCIPLES OF

The Risk-Need-Responsivity (RNR) model is a favored framework in contemporary criminal justice settings. It has three core principles: (1) identify the static risk level of the individual, (2) identify the dynamic risk factors (needs) that are associated with offending behavior, and (3) identify appropriate correctional interventions that are suitable to address the risk–need interaction. The RNR framework applies to decisions at the individual level regarding how best to address the factors that contribute to engagement in criminal behavior. But, it also applies to the system level in terms of the capacity of agencies or jurisdictions to have available and use an array of services tailored to the needs of individuals involved in the justice system. Responsive systems use RNR principles as part of an overall scheme to reduce recidivism through evidence-based programming, practice, and treatments.

Model Components

The core components of the RNR model are as follows:

- **Risk**—Risk level is used to address the degree of social control. It focuses correctional supervision and/or treatment efforts on those assessed by validated tools as at risk of reoffending. Lower risk offenders are minimally supervised, and higher risk individuals are more intensively supervised and treated.
- **Need**—This component targets criminogenic needs that are directly related to recidivism. In 2010, Don Andrews and James Bonta identified the following criminogenic needs to be directly related to recidivism: antisocial values, antisocial peers, antisocial personality, and antisocial history. Secondary, less directly related

criminogenic needs are substance dependence, education, employment, and leisure.

- *Responsivity*—This component comprises two types: general responsivity and specific responsivity. With *general responsivity*, evidence-based behavioral, social learning, and cognitive behavioral treatment strategies are employed to address risk–need profiles of individuals. *Specific responsivity* refers to adapting the style and model of service according to the setting of the service and to relevant characteristics of individual offenders, such as their motivations, literacy, developmental stage, age, gender, ethnicity, cultural identifications, among other factors.

To more effectively use the RNR framework, criminal justice agencies should have (a) a validated risk assessment instrument identifying static risk and prioritizing higher risk individuals for more intensive services and controls; (b) a validated needs assessment tool or cadre of instruments to identify dynamic risk, or offender needs, related to recidivism (e.g., antisocial cognitions, antisocial peers, substance abuse) that is prioritized for intervention based on the availability of appropriate and effective treatment programs; and (c) appropriate supervision and treatment staff who respond to offender risk and need by utilizing evidence-based practices and treatments grounded in behavioral and cognitive behavioral models. Programming and treatments should be sensitive to the risk–need profile of individuals, particularly issues to correctional services that affect receptivity such as gender responsiveness, literacy, mental health issues, treatment readiness, cultural responsiveness, and other major issues.

Risk

Risk refers to the likelihood of having further interaction with the justice system. Risk generally relates to the person's prior involvement with the justice system such as the number of prior arrests, number of prior convictions, number of prior incarcerations, number of times revoked probation, and other justice involvement. Sometimes involvement with drugs at the time of arrest is also included. Risk is considered static in that it refers to past actions—whereby the past refers to the

future. In this sense, risk alone cannot decrease since an individual cannot erase his or her past.

Needs

The RNR model focuses attention on seven offender needs: antisocial personality pattern, antisocial cognitions or thinking, antisocial associates, family or marital problems, low levels of education or financial achievement, lack of prosocial leisure activities, and substance abuse as directly related to recidivism. Along with these factors are a set of factors indirectly related to recidivism that affects responsiveness to programming such as mental illness, literacy, mental challenges, and motivation. These factors are considered stabilizers when they serve as protective factors, or they can be destabilizers when they detract from functionality of an individual. The need principle of the RNR framework relies upon standard and validated screening and assessment instruments to identify dynamic offender needs to prioritize targets for interventions but can neglect the influence of factors that stabilize an individual but may not be considered criminogenic.

The following subsections discuss some of the most common needs among offender populations as well as stabilizing factors that share some characteristics of dynamic needs but expand the perspective on including them in assessment tools.

Substance Use

Some substance use behaviors (i.e., use of opioids, crack, methamphetamines) drive criminal behavior, whereas other substance use behaviors may be more entrenched in a lifestyle for recreational purposes (e.g., alcohol). This distinction is best made when a validated instrument is used to provide information about lifetime use of drugs, drug of choice, mode of delivery (e.g., smoking, injection), longest periods of abstinence, current usage, and whether drug use affects employment or is related to legal problems. While the drug use and crime relationship is complicated, an important consideration is whether criminal behavior is due to the psychopharmacological use or involvement in offending behavior to obtain funds for drugs. That is, the individual is under correctional control for possessing/using drugs or committing

other types of crimes to get money for drugs. Based on this information, different substance abuse treatment programs are needed to better serve the individual. It is especially important to prioritize treatment needs based on substance use disorder severity and drug of choice. Research has shown a link between dependency on hard drugs (e.g., cocaine, opiates, amphetamines) and offending, which makes hard drug dependence, and crimes associated with this type of use, a criminogenic need, and thus should be prioritized for treatment in the justice system.

Antisocial Cognitions and Thinking

Antisocial cognitions, or thinking errors, are the means by which people rationalize their deviant behavior to neutralize or reduce the negative consequences resulting from offending. Typical thinking errors include dominance, entitlement, self-justification, displacing blame, optimistic perceptions of realities, and *victim stance* (e.g., blaming society because they are considered outcasts). These exaggerated or distorted thinking patterns are a primary target of the behavioral and cognitive behavioral treatment approaches recommended under the general responsivity principle of the RNR framework. As a criminogenic need, criminal thinking and antisocial cognitions should be prioritized for treatment during correctional supervision and with greater specificity by considering other present dynamic needs. For instance, there may be differences in thinking errors related to marijuana use versus harder drug use that might be best addressed by programs attending to these errors, as opposed to a *one-size-fits-all* approach.

Antisocial Personality Pattern

According to diagnostic criteria in the American Psychiatric Association's *Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition*, antisocial personality disorder is characterized by a callous disregard for the feelings of others; gross or persistent attitude of irresponsibility; disregard for social norms, rules, or obligations; incapacity to maintain enduring relationships; low tolerance, frustration, and use of aggression or violence; incapacity to experience guilt or to profit from

experience; or marked proneness to blame others for the behavior that the person exhibits. Many criminologists and psychologists consider measures of antisocial personality disorder to be as close to a diagnostic criterion for criminal personality as exists.

Antisocial Associates and Social Supports

The RNR framework emphasizes antisocial associates (family and peers) as a criminogenic need, while recognizing prosocial family and peers as a protective factor against continued involvement in offending. Family and friends (referred to as *social ties*) can provide emotional support and facilitate the offender change process. Three mechanisms through which social ties may foster desistance are (1) informal social control by promoting normative behavior, (2) emotional support that improves low self-esteem and negative emotionality, and (3) facilitation of a transformation in identity from offender to citizen rather than reinforcement of an offender identity. Accordingly, the RNR framework stresses identifying family and friends as either supportive of or detrimental to a crime-free lifestyle and prioritizing antisocial associates as a criminogenic need to address to improve the likelihood of desistance from crime and/or drug use.

Employment and Educational Attainment

Offenders tend to have lower educational attainment than the general population, and prior research has found that individuals who do not graduate from high school are more likely to recidivate than those who do graduate from high school. But, failing to complete high school is not criminogenic in that it does not *cause* a person to commit crimes; instead, it may affect verbal intelligence or literacy levels. Much of the impact of education on recidivism outcomes may operate through its impact on employment, which has generally received more empirical support as a correlate of recidivism outcomes. Because it is not directly related to recidivism, education is considered a noncriminogenic dynamic need that requires less treatment attention than criminogenic needs; however, employment interventions that target behavioral modification demonstrate success.

Responsivity

The concept of responsivity has evolved into more of a general principle for matching the appropriate type of programming based on the risk and need factors of individuals than attending to individual characteristics. Embedded in this conceptualization of responsivity is a number of program- or intervention-level factors that affect the quality and potential impact of the programming that should also be considered when determining the most appropriate level of correctional intervention for a justice-involved individual. These additional program features include the dosage, program content, the fidelity or adherence to the program model, and the quality of the program resources.

- *Dosage*, or the number of hours that a person is involved in the correctional program, should vary by risk level, and higher risk offenders should be involved in larger quantities of programming.
- *Content*, or the theoretical orientation of the intervention, should include cognitive behavioral therapy, therapeutic communities, or integrated service models like drug treatment courts. The foundational nature of the treatment programming has an impact on results.
- *Fidelity*, adherence to core correctional practices, or the degree to which the program is implemented as planned, is directly related to program effectiveness. This construct reflects the dosage, content and curriculum, type of staff, and other key components of the program that are essential for retaining their evidence base but often overlooked in the responsivity principle.
- *Program resources*, which includes facilities, resources, and staffing available to the program, should be aligned with the intended goals of the intervention. Program resources are important to ensure that the clinical or responsivity components are adequately resourced to demonstrate fidelity and be effective.

Based on a review of the literature and current knowledge about program effectiveness, decision criteria for responsivity include the following:

1. The combination of risk–need profiles defines various problems, ranging in severity, which

should be integrated into the RNR framework. The responsivity principle should consider all dynamic offender needs, including the host of clinically relevant, noncriminogenic factors in identifying problem severity. Considering this, complexity in matching services can result in better effectiveness and efficiency in changing behavior.

2. Substance use dependency and criminal lifestyle should be prioritized for more structured, intensive programming. These severe behavioral issues generally require more intensive services, particularly for moderate- to high-risk offenders.
3. Age, developmental stage, and gender are important responsivity factors that should adjust the content of the program/services to better address needs impacted by these demographic categories.
4. Programming content should be categorized into four types: cognitive and behavioral, interpersonal and social skills, lifestyle skills, and punishment (no programming). Cognitive and behavioral programming should be the primary intervention type for individuals who are moderate to high risk with criminogenic needs, since these models have been reported to have the greatest empirical base linked to reduced recidivism.

Impact of the RNR Model

The original RNR framework has had a positive impact on the growth of evidence-based programming and treatments in the field of corrections. The model has identified the importance of individual-level factors in making determinations about the appropriate level of programming that is needed. However, further refinement of the various criminogenic needs in the RNR framework is warranted. For example, more research is needed to examine how these individual factors affect participation in different types of programming or the type of programming that is likely to reduce recidivism for specific profiles of offenders.

Adhering to the principles of the RNR framework at a system level can lead to reduced

recidivism rates and improved cost-effectiveness of the U.S. correctional system. The RNR model combines several evidence-based correctional practices into a single, versatile framework. A particularly valuable component of the RNR framework is its potential to guide resource allocation and improve the fit between correctional interventions and individual offender needs. The framework stresses the importance of building a human services culture within the correctional system: a goal that empirical evidence has shown is more effective at reducing recidivism than incarceration or sanctioning alone. In a time when correctional resources are sparse, the RNR framework offers a model to efficiently and cost-effectively respond to the needs of the offender population. The framework offers not only improved cost-effectiveness but also improved public safety returns.

Faye Taxman

See also Need Principle; Responsivity Principle; Risk Principle; Risk-Need-Responsivity, Application to Female Offenders

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ROBBERY

Both street robbery and commercial robbery fit the general definition of robbery as involving theft or attempted theft by force or the threat of violence. It should be noted, however, that there are significant differences between the two. They involve for the most part a different set of perpetrators, exercising different forms of force, directed at a different set of victims and targets. In jurisdictions in which both forms of robbery are conflated, it may be the case that street robbery is increasing while commercial robbery is decreasing, and the net result in the official figures is that the incidence of robbery remains level. Another significant feature of robbery is that it is an offense that combines both property crime with that of interpersonal violence. This entry discusses robbery and its relation to violence, victim selection, the amounts of money and goods stolen, and the role of the police as well as the changing nature of robbery.

On Violence

Although violence is socially and historically seen as widespread, there is little understanding of the emotional dynamics of violence. Randall Collins argues that rather than being natural or easy to carry out, violent situations are characterized by tension and fear. He suggests that persons in violence-threatening situations experience tension and fear. This consequently results in most forms of interpersonal violence being aborted, or alternatively, it is clumsy, imprecise, and uncontrolled. Overcoming these fears requires developing certain forms of self-control.

Thus, Collins argues that the issue for those who plan to use violence is how to prolong violent encounters for more than a few seconds. For the robber, this is the main challenge. To prolong violence requires learning to control one's body rhythms or creating a situation of immediate and total dominance by a display of force or by selecting a weak victim.

Typically, muggers seek out victims who are smaller and/or physically weaker and often with the advantage of two or three against one. Robbers who carry a weapon have an immediate advantage over unarmed victims, but they still tend to choose a moment when their victim is off guard and can be physically and emotionally dominated. The aim among armed robbers is to gain total control not just physically but also emotionally.

A standard strategy of professional armed robbers is to create mayhem and to demonstrate such a show of force that victims and onlookers quickly become compliant. Thus, a widely used *modus operandi* adopted by those engaging in commercial robberies is to smash the counter screens with a hammer or fire shots into the ceiling. In both cases, the aim is to create a large amount of mess and disruption in order to eradicate any potential resistance.

Injuring or killing a victim is detrimental to the objective of getting the money or goods and escaping as quickly as possible. Injuring victims can be a major impediment to conducting the robbery and may lead to committing a more serious crime carrying longer jail time. Indeed, there is an inverse relationship between the display of force and the likelihood of an injury. Paradoxically, the more force used, the less likely it is that there will be resistance and an injury. However, when

ineffective and unconvincing weapons are used (e.g., a small knife), there is a greater chance of victim retaliation. All of these factors make violence unpredictable. Therefore, there is always the propensity for a robbery to turn into something more serious or even disastrous.

Victim Selection

Besides targeting weak individuals and trying to gain emotional and physical control, robbers tend to select victims in much the same way as other offenders. As Richard Sparks pointed out in a 1981 article, the selection of victims is not random, and there are some people who can be described as victim-prone.

Although there is some degree of rationality in victim selection, mainly in terms of accessibility, attractiveness, and vulnerability, it is something of an exaggeration to see the selection of the victim or target as the outcome of a strictly rational process. For the robber, targeting a commercial premises or an individual victim may be highly structured and circumscribed. However, robbers are also influenced by a number of contingencies and are guided by hunches, prejudices, and intuitions as well as other irrational considerations. As Dermott Walsh points out in his 1986 discussion of victim selection, robbers will often refrain from a robbery because it does not *feel right*. Walsh also points to the role of luck and fatalism in influencing decisions. Within this complex framework, the apparent rationality of the decision-making process attributed to the offender may actually be a rationale imposed by the researcher after the event rather than an accurate depiction of the actual decision-making process itself.

Robbers will often choose sites with which they are familiar. Such sites are more likely to *feel right*. Being familiar with a particular premises or area can have a significant influence on the offender's sense of control and in some cases his or her ability to find an escape route. This in part explains why there is such a high level of repeats in relation to commercial robbery. Research by Peter van Koppen and Robert Jansen in the Netherlands has indicated that more professional robbers will normally be prepared to travel further afield in search of more lucrative targets, whereas more inexperienced robbers will tend to choose targets close to home.

The Meaning of Money

In many cases of robbery, the offenders have only a vague idea of the amount of money they might get. Occasionally, they are pleasantly surprised, as with the famous Brinks Matt robbery in 1983 at Heathrow airport involving a record £26 million worth of gold bullion, diamonds, and cash. Most of the time, however, they are disappointed.

When targets are selected with little or no planning, the amount of money available is largely a matter of luck. However, even among the more experienced commercial robbers, there is a considerable amount of guesswork because different commercial organizations have learned to remove cash from the premises on a regular basis to vary the amounts held at any one time. A review of robberies carried out in London between 1994 and 1995 found that there were considerable differences in the average take from different types of commercial premises. The premises that had the highest level of takings were found to be jewelers followed by cash in transit. According to a 1996 report by Shona Morrison and Ian O'Donnell, the takings from banks were in the region of £3,000 and £4,000. In the United States, it is estimated that the average takings from a bank robbery is around US\$4,000.

Research based on convicted armed robbers in prison found that one in three commercial robberies are unsuccessful and nothing is taken. In a number of cases, the amount stolen was less than £500. In many cases, robberies are poorly planned, and the offenders are caught and therefore unable to spend the money that they have stolen.

Policing Robbery

The strategies that have been used to deal with both street robbery and commercial robbery have been fairly diverse. Different forms of target hardening as well as strategies have been implemented to increase risk and reduce rewards. Marking goods and installing security devices, for example in the case of mobile phones, have been widely adopted. It is also recognized that street robbery tends to be located in specific areas, and measures can be taken to monitor these sites by installing surveillance systems or making them less attractive through forms of environmental design.

In relation to commercial robbery, an array of security measures including screens, alarms, cameras, and of ink dye in security cases have been adopted since the 1980s. These are now standard features of many commercial premises.

For avid viewers of crime thrillers, there is a tendency to believe that most commercial robbers are caught through forms of surveillance or matching DNA samples or fingerprints. However, a detailed investigation into the policing of commercial robbery reveals that it is not through the gathering of forensic evidence or the use of closed-circuit television that robbers are caught. Rather, it is through the use of informants that most commercial robbers are apprehended. A study of 340 commercial robbers carried out in England and Wales in the 1990s found that the primary way offenders were apprehended was through the information and tips provided by informers. This study concluded that the principal method of detection in 40% of cases was information gathered from informants. The second most common strategy was through protracted police investigation. Surveillance, forensics, and video footage played a minor role as the principal reason for arrest and tended to serve as sources of confirmation during the process of prosecution. It was also found that there is some variation in the clear-up rates for different premises, with banks and building societies having a considerably higher clear-up rate than post offices, garages, or shops. This appears to be because those who rob post offices and shops tend to be inexperienced and in many cases unknown to the authorities, whereas those who target more lucrative targets are more professional criminals who are more easily identified by the authorities.

The Decrease in Robbery

In line with other offenses, the incidence of robbery has decreased in a number of different countries since the early 1990s. According to the Crime Survey for England and Wales, the number of robberies reported has fallen from 315 in 2007 to 252 in 2011. U.S. data from the Uniform Crime Reports indicate that the incidence of robbery has decreased from 146 per 100,000 in 2002 to 112 per 100,000 in 2012. Australia experienced a similar decline and decreased from 11,000 in 2001 incidents to 6,000 in 2005.

One of the leading explanations for the decrease in robbery and other offenses is the growing use of security measures as a result of which a wide range of targets are now better protected than they were in the past. Consequently, the risks associated with these crimes have increased, thereby deterring prospective offenders. Other explanations include the incapacitation effect of imprisonment, changing patterns of drug use, the development of new styles of policing, and demographic shifts.

Given the hundreds of million pounds and dollars spent since the 1980s, it is inconceivable that crime prevention and target hardening measures have not served to reduce armed robberies. However, in England and Wales, many of these measures were introduced in the 1980s, whereas the period for the most systematic decrease in armed robberies was from 1993 onward.

Probably more effective in reducing commercial robberies are those measures that are designed to prevent robbers from taking control. Strategies that increase uncertainty and introduce contingencies into the situation are likely to be most effective. These uncertainties can be maximized by changing the internal design of the premises, limiting the robbers range of vision, and by the staff employing delaying tactics.

Although such measures can be surprisingly effective, they are at best only partially responsible for the decrease in recorded robberies. What seems to be happening is a significant change in the cultural attributes of armed robbers. During the 1970s and 1980s, there were a relatively large number of career armed robbers in the United Kingdom who were organized and professional. Robberies were planned, firearms were carried, and escape routes identified. However, since the early 1990s, these career and professional robbers have been in decline. Dick Hobbes has argued that there has been a decline in the number of professional armed robbers and an increase in amateurs with a low level of competence operating with a minimal level of planning.

The image of the classic armed robber wearing a balaclava and overcoat and carrying a sawn-off shotgun appears to be a thing of the past. This change in turn seems to be linked to changing attitudes toward (male) violence as we move into a post-Fordist service economy that places less

value on strength, aggression, and the pursuit of interpersonal violence. As a result, the incidence and nature of robbery is changing involving a shift toward more amateurish, spontaneous attacks against weaker and less protected targets.

Roger Matthews

See also Burglary; Policing; Shoplifting; Violent Offenders

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RUIZ V. ESTELLE (1980)

Ruiz v. Estelle is a significant case in U.S. jurisprudence regarding prison reform: It shaped modern-day practice and policy with regard to corrections management, prison reform, and judicial oversight. It was also the first of its kind: Prior to *Ruiz*, federal courts had avoided involvement in states' management of their prisons and prisoners. *Ruiz* continued through appeals and judicial oversight of reform efforts for decades, also spurring congressional lawmaking.

In 1972, inmate David Resendez Ruiz filed a petition against the Texas Department of Corrections (TDC) director William J. Estelle, alleging his incarceration conditions violated his rights under the U.S. Constitution. Ruiz's claim alleged violations of his Eighth Amendment right against cruel and unusual punishment and his Fourteenth Amendment right to due process of law, a right to receive fair procedures before being deprived of liberty. To support his claim, Ruiz described overcrowding, with two or three inmates being housed in cells designed for one; poor medical and mental health care in terms of quality, limited availability, and provision by other inmates and unlicensed/untrained civilian medical assistants; improper oversight, with guards assigning *building tenders* (specially chosen inmates) the duties of a corrections officer (including disciplinary authority); unsafe conditions, with inmates exposed to increased risk of harm given inadequate security; and general mistreatment, with inmates subjected to severe and sometimes arbitrary physical punishment by guards and building tenders.

Although an inmate of the state of Texas (and therefore subject to state jurisdiction over prison affairs), Ruiz, like all inmates, was entitled to federal court review of alleged breach of his Eighth and Fourteenth Amendment rights. In 1974, the petition became a class action suit when seven other inmates' petitions were consolidated with Ruiz's. In December 1980, Federal Chief Judge William Justice of the U.S. District Court for the Southern District of Texas agreed that the conditions of their imprisonment under the TDC was indeed a violation of their Eighth and Fourteenth Amendment rights. However, Texas challenged

the ruling and its enforcement, and the court revisited the case many times in the following years.

A final judgment was issued in 1992, but back and forth between Texas and Judge Justice continued until 1999, when Judge Justice acknowledged the state's progress but still found certain areas of compliance deficient. In 2001, the Fifth Circuit Court of Appeals reversed Judge Justice's most recent 1999 opinion, declaring his reasons for not vacating the 1992 final judgment inadequate. In 2002, the Fifth Circuit dismissed *Ruiz*, thus ending Judge Justice's oversight over Texas prisons.

Judge Justice's 1979 ruling was noteworthy as the first case in which a federal court ruled on state prison conditions, a reversal of the prior *hands off doctrine*. *Ruiz* was also unique due to Judge Justice's *judicial activism*: He aggregated individual inmate complaints by topic, found a representative plaintiff for each type of claim, found counsel to represent the plaintiffs, and issued an order for the U.S. Department of Justice to become involved in the litigation. Due to this order, the Department of Justice conducted its own investigation of the TDC prison system, which moved it to join the plaintiffs in their suit against TDC. Judge Justice took these unusual steps to correct what he saw as systematic procedural injustice: Individual inmates without counsel, with poorly presented complaints, had no chance at redress of their grievances when faced with state attorneys representing TDC in court. *Ruiz* was therefore also revolutionary regarding the role of the justice system and judges within it and addressed power imbalances that may hinder inmate claims and the claims of other individuals against powerful systems.

Judge Justice's ruling issued specific and copious directives to TDC to correct its constitutional violations, which was also unheard of in this context. Texas was able to comply with many of Judge Justice's orders, but the problem of overcrowding proved more challenging. Texas sought to comply by reducing prison populations through the use of parole and probation. This contributed to higher rates of violent crime, which resulted in public outcry for the convicted to serve more time behind bars. That backlash, combined with increased convictions due to the War on Drugs, caused prison populations to begin rising again. In an effort to satisfy both the court order and public

demand, Texas constructed more prisons. When the initial rulings were made in the early 1980s, the state had 18 prison facilities and about 25,000 inmates; by the early 1990s, it had constructed 89 new prisons across the state to house over 100,000 inmates.

Despite *Ruiz*, further prison reform litigation efforts were hindered by Congress's passage of the Prison Litigation Reform Act (PLRA) in 1996. The PLRA was intended to prevent what supporters deemed frivolous litigation and judicial activism on the part of judges like Judge Justice. Because federal prison reform cases are based on constitutional violations (the purview of the Supreme Court), Congress could not change the substantive law, but the PLRA rewrote procedures and remedies. For example, among other provisions, it strongly constrained relief that could be granted, required inmates to first exhaust all remedies provided by the prison system before filing a complaint in court, limited damages and attorneys' fees, imposed filing fees that inmates were required to pay, and required district court judges to screen out and dismiss certain complaints without a hearing, often without notice to the plaintiff. Inmate civil rights cases decreased after the passage of the PLRA.

Nevertheless, *Ruiz* serves as an important example of the challenges faced by inmates both in terms of prison conditions and seeking redress for grievances through the justice system and

represents one effort to mitigate the power imbalance between inmates and the prison system that houses them. *Ruiz* is also a crucial part of the context and history of prison reform litigation and resulting federal legislation and can be viewed as either an exemplar of prisoner civil rights litigation or a failed attempt to stem the tide of retributive criminal justice policies that have led to the construction of myriad new prisons and new overcrowding problems.

Michael E. Keesler and Suraji Wagage

See also Correctional Management; Corrections; Courts, Federal; Incarceration Rates, U.S.; Prison Overcrowding; Prison Reform Prisons

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S

SADISM

Sadism is generally defined as enjoyment derived from inflicting pain or suffering on other individuals. Sadistic acts can involve inflicting physical, verbal, or psychological harm to an individual. The term is typically discussed as it pertains to extreme behaviors, such as those found in criminal and sexual contexts (e.g., serial murderers, serial rapists, sexual sadists). However, sadism can be nonsexual as well, referring to the enjoyment of domination and the cruelty of others. In fact, some have referenced a milder version of sadism, *everyday sadism*, to describe sadistic tendencies that may be normative and characteristic of human nature. This entry explores the history of sadism, the differences between sadism and sexual sadism, and the challenges inherent in the sadistic personality disorder diagnosis.

History

The term *sadism* was originally derived from the work of Marquis de Sade (1740–1814) a French author who wrote about his personal experience of deriving sexual arousal from the physical suffering of others. The first medical description of sadism was observed by Richard von Krafft-Ebing in 1886 in his book *Psychopathia Sexualis*. Krafft-Ebing described sadism as a type of sexual perversion by which an individual gains sexual gratification through cruel acts. Specifically, he

stated that sadism is “the experience of sexual, pleasurable sensations (including orgasm) produced by acts of cruelty” that may “consist of an innate desire to humiliate, hurt, wound, or even destroy others” (p. 109). In 1905, Sigmund Freud described sadism in his book *Drei Abhandlungen zur Sexualtheorie* [Three essays on the theory of sexuality]. He wrote that sadism stemmed from abnormal psychological development in an individual’s childhood. Since these initial writings, there has been a great deal of confusion and ambiguity about how to define and operationalize sadism. Sexual sadism and sadistic personality disorder are two commonly cited diagnoses related to sadism.

Sexual Sadism

Researchers stress the distinction between *sadism* and *sexual sadism*. While *sadism* can refer to physical, sexual, or mental suffering of the victim, the term *sexual sadism* is reserved specifically for individuals whose sexual gratification results from sadistic acts. Importantly, there are some sadists who do not sexually offend, and most sexual offenders are not sadists. Rape has been commonly associated with sexual sadism, given that it involves forcible penetration of a victim. However, not all rapes can be classified as sadistic. Classification systems of rapists typically include a sadistic subtype, which describes offenders who engage in excessive force against the victim in order to achieve sexual gratification.

Furthermore, individuals who commit sexually motivated murders are not necessarily sexual sadists. While sexual sadism may be associated with sexual offenders or sexual murderers, it is a distinct diagnosis.

Sexual sadism was first described in the 1952 edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, First Edition (DSM-I)* as a subtype of sexual deviation, though no specific diagnostic criteria were outlined. In the third edition of the DSM (*DSM-III*), published in 1980, sexual sadism was described as a paraphilia (i.e., an abnormal sexual desire). To be diagnosed with sexual sadism, a person must meet one of the following three criteria: (1) the infliction of repeated and intentional suffering on a nonconsenting individual in order to gain sexual arousal, (2) the individual prefers to achieve sexual arousal from humiliation and simulated or mild suffering of a consenting partner, or (3) the individual achieves sexual excitement from extensive, permanent, or potentially fatal bodily injury on a consenting person. The diagnosis of sexual sadism was included in subsequent editions of the DSM such as the *DSM-III-R* (1987), *DSM-IV* (1994), and *DSM-IV-TR* (2000), with some minor changes in criteria across editions.

Published in 2013, the fifth edition of the DSM (*DSM-5*) includes the diagnosis of sexual sadism disorder as a paraphilia. An individual must meet two criteria in order to be diagnosed with the disorder: First, over the span of at least 6 months, the person is sexually aroused by the physical or psychological suffering of another individual, which is present in fantasies, urges, or behaviors. Second, the person has acted on the sexual desires with a nonconsenting person, or the sexual interest causes significant distress or impairment in important life domains.

It should be noted that attempts to operationally define sexual sadism have been largely unsuccessful to date. Various methods of diagnosing sexual sadism including phallometric responses, self-report measures, crime scene data, and rapist classification systems have been found to be unreliable. Therefore, the validity of the sexual sadism disorder diagnosis has been called into question.

Within forensic settings, the prevalence of sexual sadism disorder diagnosis ranges between 2%

and 30%. For sexual offenders who have been civilly committed, the prevalence is less than 10%. The prevalence among those who committed sexually motivated homicide is between 37% and 75%. In regard to gender differences, the majority of those diagnosed with sexual sadism disorder are males. Sexual sadism is believed to persist throughout an individual's life, though the levels of distress or presence of behaviors with nonconsenting individuals may fluctuate over time. Differential diagnoses include antisocial personality disorder, sexual masochism, and substance use disorders. Those diagnosed with sexual sadism are commonly diagnosed with other paraphilic disorders as well.

The concept of sexual sadism is commonly associated with *sexual masochism*, which refers to individuals who are sexually aroused by being humiliated or physically hurt themselves. Sexual masochism disorder is an official diagnosis in the *DSM-5*. The International Classification of Diseases and Related Health Problems, 10th Revision of the World Health Organization describes a diagnosis of *sadomasochism* to describe the process of inflicting (sadism) or receiving (masochism) pain or humiliation as a form of sexual excitation. Sadomasochism in its nonclinical form is often called *bondage/domination sadomasochism*. It must be noted that those who engage in consensual sadomasochistic activities do not necessarily meet criteria for sexual sadism disorder. Sexual sadism disorder is reserved for instances of nonconsensual sadistic acts and those that cause clinically significant distress or impairment in the individual's life.

Sadistic Personality Disorder

In 1987, the *DSM-III-R* outlined the diagnosis of sadistic personality disorder as an appendix for areas for future research. Criterion A stated that the person must display a pattern of cruel and aggressive behaviors starting in early adulthood, which is evidenced by at least four of eight criteria. The eight criteria are (1) physical aggression used to establish dominance over another, (2) humiliating someone in the presence of others, (3) treating someone under his or her control harshly, (4) taking pleasure in the psychological or physical suffering of others, (5) lying in order to

harm another person, (6) using intimidation to get others to do what he or she wants, (7) taking away the autonomy of those they are in close relationship with, and (8) fascination with violence, injury, or torture. Criterion B requires the behaviors from Criterion A be directed toward more than one individual and not be limited to sexual sadistic behaviors.

It is worth noting that none of the sadistic personality disorder criteria in the *DSM-III-R* referred to *sexual acts*; rather, the focus was on a person's desire to dominate others and gaining pleasure from others' pain. The diagnosis was commonly associated with violent and criminal behaviors. Then, in 1994, sadistic personality disorder was removed from the *DSM-IV* due to controversy over the diagnosis. The main controversies surrounded whether the diagnosis was distinct from other personality disorders, whether the diagnosis had adequate validity and reliability, and whether the diagnosis had clinical utility.

Final Thoughts

Nonsexual sadism is a colloquial term that has been difficult to define and operationalize. Within the psychological community, specific diagnostic criteria for sexual sadism have been established, and sexual sadism is commonly associated with individuals who commit sexual offenses or sexually motivated homicide. Further research is needed on both general sadism and sexual sadism to garner a better understanding of individuals who display these tendencies.

Georgia M. Winters

See also Rapists, Theories of; Rapists, Typologies of; Sexual Offenders; Sexual Offending

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SCREENING ASSESSMENT FOR STALKING AND HARASSMENT (SASH)

The SASH is a brief assessment designed to help frontline professionals prioritize stalking and harassment cases for further response. The SASH was developed due to the dearth of frontline assessment tools specifically for stalking, which differs from intimate partner violence in important ways (both the context of the behavior and who it affects). The number and variety of harassment and stalking cases can overwhelm the resources of first responders such as police, victim shelters, and security services. The SASH is designed to help workers in these agencies make informed decisions about prioritization of resources toward cases that are most likely to require additional investigation or management to prevent harm. This entry describes the development and structure of the SASH, its use, and empirical findings regarding its reliability and validity.

Development of the SASH

The SASH was developed by a team of Australian and Swedish clinicians and researchers with expertise in risk assessment of stalking, harassment, and intimate partner violence. Originally called the *Stalking Assessment Screen*, a 15-item version was developed in 2010 from a review of relevant stalking, violence, and intimate partner violence risk assessment literature. When creating SASH items, the authors also considered the content of three existing structured professional judgment risk assessment instruments that were relevant to stalking: the Stalking Risk Profile (SRP), the Guidelines for Stalking Assessment and Management, and the Brief Spousal Assault Form for the Evaluation of Risk. After reliability and validity trials in Sweden and Australia, the instrument was updated and published as the SASH in 2015.

The SASH does not provide a comprehensive assessment of stalking risk. Rather, it aims to accurately identify cases that require no more than a standard frontline response and separate them from cases that may require additional assessment or management to protect the victim. In this way, the SASH can help frontline workers to make evidence-based decisions about prioritizing cases for further attention or referral to specialist services.

Using the SASH

The SASH is a single-page instrument available in English, Swedish, Dutch, German, and Italian, accompanied by a 20-page user guide. The SASH is designed for use by first responders in stalking situations, such as in general and specialist police teams, domestic violence shelters, security or threat management teams, mental health and forensic mental health agencies, and probation or correctional services. No specialist training or expertise is required to use the SASH, though users are recommended to read the guidelines that provide additional information about rating items and developing responses.

The SASH helps to identify cases that are more likely to involve physical violence or prolonged stalking behavior, both of which can be highly damaging to victims. The SASH should be used only in cases where there is evidence of a current pattern of stalking or harassment—that is, a pattern of repeated, unwanted communications or contacts that cause the target apprehension, distress, or fear that occurs outside of an ongoing intimate relationship. The SASH can be used with perpetrators of either sex, when both the perpetrator and target are over the age of 18 years, and where there is no ongoing relationship between them.

Structure of the SASH

The SASH consists of 16 items, 13 scored in all cases, and 3 scored only if the stalker is a former dating partner or sexual intimate of the target. All items are scored as present, absent, or not known. SASH items evaluate the pattern of current stalking behavior, the background of the perpetrator and the perpetrator's relationship with the victim, situational factors that may exacerbate the

stalking, and the current mental state of the perpetrator and victim. The user is required to make a judgment about his or her level of concern based on the number and nature of items that are known at the time of the assessment. Although concern levels should be closely tied to the number of items present, they can be adjusted if there is something unique about the case that warrants greater or lesser concern. The level of concern is recorded as follows:

- Low: Only 1 or 2 items are present. Standard organizational procedures for stalking/harassment cases should be followed.
- Moderate: Several items are present. The case should be prioritized and given an enhanced response.
- High: Many risk factors are present or specific risk factors suggest imminent and/or severe negative outcomes. The case requires an urgent and comprehensive response.

Given the variety of settings in which the SASH can be used, only general guidance on recommended responses for each concern level is provided. Users are instructed to develop specific responses for each concern level that are relevant to their setting.

Reliability and Validity of the SASH

The authors' unpublished development evaluation of the SASH examined interrater reliability from file review of 34 cases, finding significant κ values for all items (ranging from 0.47 to 0.88) and average-level agreement between raters that an item is present or absent of 90% (ranging from 75% to 97%, depending on item). Convergent validity was investigated by comparing SASH results with those of the SRP in 75 cases (SRP completed at client assessment, SASH from file review). SASH and SRP outcomes were significantly and positively related, with approximately 13% of cases resulting in a problematic incorrect outcome, being judged low concern with the SASH but moderate or high risk with the SRP. Predictive validity in a subsample of 37 stalkers was promising, with no stalkers judged low concern having subsequent police charges for stalking over the following 12 months, one third of

moderate concern cases, and just over half of high concern cases.

In an evaluation by the Netherlands National Police published in 2017, the SASH concern level was shown to have a moderate to strong ability to discriminate between stalkers with and without further victim reports to police (area under curve = .68), while interrater reliability was assessed by comparing the results of five police members in five cases. Item ratings were consistent 81% of the time (with variability by item), though reliability of concern judgments was lower, achieving only 59% agreement, which motivated the development of training and translation of the user manual to ensure greater consistency.

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See also Criminal Risk Assessment, Stalking; Cyberstalking; Stalking; Stalking Assessment and Management (SAM), Guidelines for; Stalking Risk Profile (SRP)

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SECURE CONFINEMENT

The term *incarceration* connotes confinement in a jail or prison; however, when referring to non-criminal juvenile offenders, the term *secure confinement* is typically used. In all 50 U.S. states,

persons who have not been convicted of—or even charged with—a crime can be placed in secure confinement under civil law. What these persons have in common is that they are children and are under the jurisdiction of the juvenile court. Their secure confinement may take place in facilities called juvenile halls, rehabilitation camps, or state training schools—or even a cottage, camp, or group home. Regardless of the term used for the facility, a minor placed in such confinement—and in some cases even at home with parents—remains subject to the juvenile court's power and, if found to have disobeyed a valid court order, may be incarcerated. This entry reviews the court systems and procedures involved in the secure confinement of noncriminal juvenile offenders.

Jurisdiction

Every state has a specialized court within its judicial system, designed to provide individualized care, custody, and control for children. The juvenile court has broad jurisdiction over children who are found to be *dependent*, *delinquent*, or *status offenders*. Dependent children are those found to be abused, neglected, or abandoned by their parents. A delinquent is a minor who commits an offense that would be criminal for an adult, ranging from a misdemeanor to a felony, including a serious or violent act such as rape or murder. A status offender is a minor who engages in behavior that, although legal for an adult, is unlawful because of the *status* of minority. Examples of such behavior are running away from home, truancy from school, violation of age-specific curfews, and disobedience of parents' reasonable commands.

Parens patriae refers to the state's power to act in the place of parents when necessary to protect children. *Parens patriae* is the basis of juvenile court jurisdiction over status offenders and dependent children and, joined with the state's *police power* to protect public safety, supports its jurisdiction over delinquents.

Due Process

Under the Constitution of the United States, children have a protected right to liberty and privacy, just as do adults. The Fourteenth Amendment

provides that the state cannot restrict or deny these rights without providing *due process of law*. This term encompasses both substantive and procedural due process. *Substantive due process* means that the state has an interest sufficiently important to justify its action and that the means it uses has a sufficient nexus to that interest. For example, the state's interest in preventing child abuse can justify enacting laws prohibiting such abuse and removing abused children from their parents' custody.

Procedural due process requires that the state provide procedural protections to sufficiently reduce the risk of an erroneous decision. At a minimum, this includes notice to children and parents of the state's proposed action and a hearing before a neutral decision maker, at which relevant evidence is presented and legal assistance is provided. The Supreme Court of the United States has ruled that in juvenile court proceedings alleging delinquency, the minor is entitled to most of the same procedural protections as would be provided in an adult court, including a right to counsel and to have the state's allegations proved beyond a reasonable doubt. As of 2018, the Court had not yet ruled on whether a minor has the same rights in status offense cases, and so states vary in the degree of procedural protections they offer. However, it has been argued that the Constitution requires the most stringent procedural due process in any case where the state seeks to deprive the minor of liberty, that is, where there is a risk of secure confinement.

Juvenile Court

The juvenile court is a civil rather than criminal court. To avoid the stigma of criminal conviction, it uses a special vocabulary: instead of arrested, a child is *taken into custody*; instead of the defendant being jailed pretrial, the *minor* is held in *detention* while the *intake officer* and district attorney decide what action to take. Instead of a criminal charge, the state files a *petition* asking the court to *find that it has jurisdiction* over the minor as a delinquent, a status offender, or a dependent. There is no right to bail in juvenile court, but once a petition is filed, the judge decides whether the child should be *detained* in a locked facility such as a juvenile hall, or in a foster home, or released to his or her parents.

Instead of a trial, there is a *jurisdictional hearing* or *adjudication* at which the judge either sustains (grants) or denies the jurisdictional petition. There is no jury in juvenile proceedings; the judge has sole authority to rule on the petition. In most cases, in juvenile (as in adult criminal court), there is no full trial or adversarial hearing; rather, after consulting with legal counsel, the minor enters a plea. The judge finds jurisdiction over the minor based on the plea, and then he or she pronounces not a sentence but a *disposition*. The *disposition* determines the nature and duration of any secure confinement of the child.

The original concept of the juvenile court, first established in Illinois in 1899, was to intervene in the lives of youth seen as *at risk* of a life of crime as adults. The court was created to prevent future criminal conduct through using techniques and providing services to reform and rehabilitate these children. This primary rehabilitative purpose, consistent with the state as *parens patriae*, is still referenced in every state's juvenile code. However, *preserving public safety* is the juvenile court's important secondary purpose, reflecting the state's police power.

Overuse and Misuse

From the outset, the juvenile justice system's emphasis on preventing future crime coupled with inadequate funding and staffing of juvenile programs produced misuse and overuse of secure confinement. In counties where there was no juvenile hall, intake of children took place at police stations and detention in adult jails. Runaway and truant juveniles were placed with serious offenders, who sometimes subjected them to violence. Open-ended disposition laws meant that children found to be delinquent could be confined in prisonlike state training schools for years longer than an adult would have served for the same offense. The conditions in juvenile facilities were often worse than those of their adult equivalents, failing to provide minimally adequate custodial care, much less education and rehabilitative treatment.

In response to these systemic failures, in 1974, the U.S. Congress passed the Juvenile Justice and Delinquency Prevention Act. The Juvenile Justice and Delinquency Prevention Act, which has since been renewed several times, provides financial

grants to states to improve their juvenile systems. As a condition of receiving continuing financial assistance, the states must remove children from all facilities that also confine adult offenders and eliminate secure confinement for dependent children and status offenders. At the time, juvenile court judges and officials agreed in principle that dependent children and status offenders should be separated from adult offenders and delinquents and rarely if ever placed in secure confinement. A range of nonsecure alternative programs would be developed in which dependents, status offenders, and even nondangerous delinquents could be educated and rehabilitated. Secure juvenile halls and state training schools would be reserved only for the most difficult delinquents. By the end of the 1980s, every state amended its juvenile code to comply with the Juvenile Justice and Delinquency Prevention Act's requirements.

However, despite the language of both federal and state laws, in 2018, the overuse of secure confinement for children remains a serious issue. Contributing factors are well-documented by criminologists and social scientists and cited in court opinions and preambles to reform legislation. These include:

- large caseloads and too few case workers, court staff, judges, and attorneys to give adequate attention to each case
- lack of training for court personnel in areas (e.g., child development, behavioral science, substance abuse, family dynamics) needed to make appropriate pre- and posthearing placement decisions
- influence of conscious or unconscious prejudice (e.g., based on race, gender, nationality, or religion) in assessing dangerousness
- political pressure on decision makers to err on the side of confining children to appease public fear of crime
- the lack of less restrictive, alternative programs that enable children to remain in or return to their families and communities

Children placed in secure confinement must be released when they reach the age of majority or when the juvenile court disposition order expires. The court's decision to confine them may have been correct or it may have reflected the

mentioned contributing factors. In either case, consistent with the purpose of the juvenile court, these children have a right to receive appropriate, individualized care, education, and rehabilitative treatment during secure confinement. Without it, each faces a risk of incarceration as an adult offender.

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See also Juvenile Offenders; Juvenile Offenders: Developmental Treatment Considerations

SEGREGATION IN PRISON, PHYSICAL CONSEQUENCES OF

A great deal has been written about the effects of prison life and of special conditions of confinement such as segregation, particularly in regard to mental health. Segregation occurs when an inmate is placed in a cell separate from the general population. However, much less is known about the effects of segregation on inmates' physical health. There are two perspectives on this matter. One is that prison life is stressful and should manifest itself in negative physical health outcomes especially in the case of extreme forms of lockup—like segregation, where inmates are cell bound for 23 hr and experience less cognitive and physical stimulation which may be harmful to their health. Another perspective, however, contends that offenders lead a far more risky life outside the institution; since they have more access to medical services when incarcerated, their health could possibly improve in prison, including in conditions that include segregation. This entry provides an overview of the health-care outcomes experienced by those in segregation, then examines the limitations of the relevant research.

Health-Care Outcomes

The results from primary studies and meta-analyses indicate that life in prison may produce slightly elevated levels of heart rate and blood pressure in inmates when living conditions are crowded. In the case of segregation, the research

indicates a lowering of Electroencephalogram (EEG), to more of a somnolent state, heightened attention to sensory stimuli, and lower stress levels. These reactions are not pathological but rather a natural reaction by the inmate's perceptual system to less sensory input. Thus, at first glance, it seems that segregation does not jeopardize the inmate's health in any significant way. Indeed, it seems that segregation actually lessens stress levels in the inmate.

Methodological Problems in the Research

However, this conclusion is very tentative because of major methodological problems in the research on the physical effects of segregation on inmates. These particular concerns exist with respect to segregation:

- a) To date only a limited number of health variables have been studied and sample sizes are small. Replication of existing studies is critical.
- b) It is quite plausible that health problems seen in segregation exist prior to segregation. Thus, in future studies, evidence of the physical health of the inmate must be gathered before incarceration, during incarceration, before and after being placed in segregation, and upon release.
- c) Evidence is needed about the quality of living conditions (i.e., hygiene, inmates' safety, prison recreational activities, treatment programs, the prison *climate*, abrupt changes in population, management practices) and the quality of health care in the prison. Prisons that do not meet adequate standards/practices in this regard likely will produce negative results that cannot be attributed to segregation per se.
- d) Individual differences that may be associated with health care have yet to be studied. These include inmate demographics (e.g., age, race), risk level, and personality factors (e.g., temperament).
- e) Higher rates of self-injury and suicide are found in segregation, but it is quite plausible that these findings are due to selection factors. Inmates with self-harm behavior have more misconducts and as a result are placed in segregation. Much needed research remains to be done in this area.

Only when these methodological issues are addressed will it be possible to ascertain a complete picture of the effects of segregation on inmates' physical health.

Paul Gendreau

See also Prison Reform; Punishment, Effective Principles of; Segregation in Prison, Psychological Consequences of; Segregation in Prisons; Segregation in Prisons, Administrative; Segregation in Prisons, Disciplinary; Segregation in Prisons: Best Practices

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SEGREGATION IN PRISON, PSYCHOLOGICAL CONSEQUENCES OF

Each year in the United States, approximately 80,000 justice involved individuals are placed in segregation (i.e., housed separately from the general prison population). Although the practice occurs frequently, ongoing debate exists as to whether it is humane, whether it exacerbates mental health problems in justice involved individuals, and whether it is an effective punishment to modify problematic institutional behavior. Research oscillates between concluding whether segregation is an inhumane practice associated with a wide range of negative psychological and physiological effects and whether it is a humane practice that does not result in long-term negative psychological and physiological consequences for justice involved individuals. However, recent research concludes that segregation does not produce lasting emotional damage, but it also does not modify or decrease problematic behavior. It is possible that short-term segregation may not be any more harmful than the overall experience of being incarcerated. To assist

policy makers' decisions regarding whether the practice of segregation should continue to be used, there is a need to examine the psychological effects of segregation as it relates to long-term or short-term use, preexisting individual mental health conditions, institutional adjustment, and recidivism.

It is important to note that a large percentage of justice involved individuals already have existing mental health problems upon incarceration. Segregation can contribute to psychological effects, including emotional, cognitive, and psychosis-related symptoms. Research indicates long-term segregation of justice involved individuals with serious preexisting emotional and behavioral problems can exacerbate their mental health symptoms. For some justice involved individuals, it is possible that long-term segregation is harmful to their mental health, particularly psychosis, because it restricts meaningful social contact, which is essential for healthy human functioning.

It can be argued that segregation is counterintuitive because the lack of social connectedness and social support contributes to poor institutional adjustment in justice involved individuals with already existing mental health problems. Long-term segregation has been linked to institutional adjustment problems both during and after confinement including increase in prison misconduct and increased hostility toward correctional officers. Research suggests justice involved individuals adapt to the segregation environment by changing their patterns of thinking, acting, and feeling to accommodate the isolation and rigidity of living in segregation. After placement in segregation, justice involved individuals may become uncomfortable with even small amounts of freedom because they have lost the sense of how to behave in the absence of constantly enforced restrictions, tight external structure, and the ubiquitous physical restraints.

Although the practice is highly criticized, other research has identified a psychopathological condition, known as *segregated housing unit* syndrome. The effects of segregated housing unit syndrome have been associated with specific psychiatric symptoms including the following: hyper-responsivity to external stimuli; perceptual distortions; illusions and hallucinations; panic attacks; difficulties with thinking, concentration, and memory; intrusive obsessional thoughts; overt

paranoia; and problems with impulse control. It can be argued that individuals with preexisting mental health problems and a longer duration in segregation would experience the segregated housing unit syndrome more severely.

In addition to already discussed psychological effects, research suggests rates of self-harm and suicide are more common in segregated justice involved individuals as compared to non-segregated justice involved individuals. Research examining a Canadian prison sample of 967 justice involved individuals reported that 86.6% who had a history of self-injury also had a history of segregation, as compared to a rate of 48.1% in the general population. Interestingly, close to one third of the reported self-harm incidents in the sample occurred in segregation. Furthermore, several researchers have concluded the literature is clear that short-term and long-term segregation can increase the risk of suicidal behavior.

Finally, warranting further consideration is the research reporting justice involved individuals who spent time in segregation have higher rates of recidivism. Researchers have attempted to answer why segregation contributes to future offending and hypothesized the psychological and behavioral effects of increased anger, hostility, aggression, and lack of opportunity to learn prosocial ways of self-regulation act in a criminogenic (causing crime) fashion. However, controlling for risk of recidivism would be important in examining the relationship between the psychological effects of segregation and recidivism, institutional behavioral problems. Within higher risk individuals, it is possible the effect becomes stronger with longer periods of segregation.

In summary, research concluding segregation does not contribute to serious long-term psychological effects is based on samples in which placement in segregation was less than a year. It is important to further examine the impact of longer term segregation and environmental factors (e.g., overcrowding, prison subculture including relationship between staff and inmate) on the psychological and behavioral well-being of justice involved individuals. It is possible under certain prison environmental conditions segregation may contribute to more serious psychological pathology than that produced by incarceration alone.

However, research conducted in 2016 suggests segregation may not contribute to psychological harm in the majority of justice involved individuals and the case that it does for some may be overstated. It is possible identifying for which justice involved individuals the use of segregation may have psychological impact may be where the field needs to move instead of abandoning the use of segregation altogether.

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See also Segregation in Prison, Physical Consequences of; Segregation in Prisons, Administrative; Segregation in Prisons, Disciplinary

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SEGREGATION IN PRISONS

Although first implemented in the late 1700s as a measure of criminal justice reform, contemporary prison segregation is an increasingly popular, yet contentious, correctional practice aimed at containing difficult-to-manage behavior that

threatens institutional safety and management. High-security housing blocks designed to separate at-risk and problematic inmates from the general prison population are referred to by a variety of names depending on the institution, including administrative segregation (AS; *ad-seg*), special housing units (*the shoe*), special management, and restrictive housing. Although less often used in an official capacity, segregation is also commonly described as solitary confinement or *the hole*.

Despite the interchangeable use of these labels, there are two general types of segregation used in most U.S. correctional facilities: disciplinary segregation (DS) and AS. DS typically refers to the use of segregated housing as a punishment for a specific incident of rule-violating behavior. The duration of DS is usually specified in advance (e.g., 7 days, 30 days) and is determined based on the severity of the misconduct or its consequences. AS is typically associated with indeterminate placements (i.e., the detainee's release date is unknown) and is primarily used to reduce the risk of harm to the inmate or others. Among other things, an inmate may be placed in AS as a result of repeat violent or riotous behaviors, having an escape history or being at risk of escape, expressing suicidal ideation or gestures, identifying as a sexual or other minority prone to discrimination, or being a known or suspected gang affiliate. It is not uncommon for AS inmates to spend years in these restricted units. Regardless of how an inmate gets to segregation or whether her or his time is made explicit or not, DS and AS terms tend to be carried out under similar conditions.

This entry provides an overview of segregation in prisons, including its history in the United States, the contentious debates surrounding its use as a correctional practice, and its effects on inmates' well-being.

History of Prison Segregation in the United States

Prior to the late 1700s, crimes were punished based on the eye-for-an-eye philosophy, and sentences were served in the form of public humiliation, torture, and death by hanging. However, around the turn of the century, the Quakers—a Christian sect that dominated the American

colonies—began a revolution in criminal justice advancement and reform. The Quakers set out to establish a more organized penal system that focused not on punishment, but on rehabilitation. By introducing wrongdoers to puritan values, such as piety and work ethic, the Quakers believed that anyone, no matter how evil the act, was capable of positive change and spiritual growth. While the Quakers have been praised for this progressive view of incarceration, they were also responsible for initiating a prison practice that today has become regarded by many scholars and human rights activists as cruel and inhumane. The Quakers first used isolation (reportedly in 1790 at the former Philadelphia Walnut Street Jail) as a means to reform and manage prisoner behavior. At the time, this practice was seen as consistent with the overall goal of rehabilitation, as it was intended to provide offenders with the quiet solitude necessary to think about the consequences of their behaviors, repent to God and seek His forgiveness, and eventually emerge as a changed person. Except when working hard labor, inmates were expected to abstain from conversing at all times—a Quaker principle known as *quietism*—and were held in private cells with minimal activity or resources other than silent prayer and a copy of the Holy Bible.

In the 1820s, Pennsylvania carried on the Quaker tradition of isolated repentance and built what is now considered to be the first state-of-the-art prison structure, Eastern State Penitentiary. The penitentiary, which included only solitary cells, came to house some of America's most violent and notorious criminals, including several stints by the well-known prohibition gangster Al Capone. With prison expansion, the incarceration pendulum began to swing back in favor of punishment, and solitary confinement quickly moved from a place of atonement to a place of torment and containment. Inmates were subjected to small, dark, and filthy rooms with little sensory stimulation or human interaction beyond occasional visits from reverends or prison guards. Anecdotal reports of the times described men who became *violently insane* or resorting to suicide as a result of enduring lengthy periods of time in complete isolation. In 1890, Supreme Court Justice Samuel Freeman Miller (134 U.S. 160) expressed concern about the negative consequences of isolation and

noted that prisoners did not appear to be reformed through the process.

Despite growing opposition and activism in response to the maltreatment of inmates held in segregation units, the use of isolation as a method of punishment and behavioral control has persisted across the United States. In addition to continued establishment and maintenance of segregation blocks within prisons, the mid-1990s also saw a surge in the creation of the so-called supermax facilities (e.g., Federal Administrative Maximum Facility in Florence, Colorado) that, such as Eastern State Penitentiary, only operate restricted-access cells. By 2005, at least 40 states were running a supermax prison. In 2014, a national survey published out of the Yale University School of Law estimated that nearly 80,000 to 100,000 inmates were being held in segregated housing. However, this survey was likely an underestimate, as it did not include local jails, juvenile facilities, or military and immigration detention centers. These numbers suggest that, as of 2016, the United States was not only the prison capital of the world, but also the leader in implementing segregation practices.

Today, the conditions of segregation look a bit different from those in the early days of the Quakers and Eastern State Penitentiary, yet diminished interpersonal contact and restricted activity remain key features. In most modern correctional institutions, segregated inmates are confined in their cells (usually alone, but sometimes with a cellmate) from 22 to 24 hours a day with approximately 1 hour allocated to exercise or shower each day. Other facilities may only permit showers 3–4 days of the week. Recreation time is generally conducted in individualized, fenced-off, outdoor areas that are maintained within the segregation block. Meals, medications, mail, and other properties are delivered to inmates through a slot in their metal cell door (this slot is also used to handcuff inmates prior to the release from their cell). All segregation units, regardless of the facility, closely monitor inmate movement and may limit access to mental health programming, educational classes, religious services, the library, personal possessions, and physical exercise.

However, it is important to recognize that the isolation experience can differ substantially depending on the criteria and policies established by the

facility. Segregation can range from an inmate being completely locked down and dressed in security clothing with no sources of entertainment (e.g., during crisis or suicide watch), to a relatively active area with a variety of material possessions. Most U.S. Department of Corrections, for example, allow segregated inmates to receive mail call, visitations, commissary, and telephone privileges on a restricted basis, as well as in-cell access to reading materials, stationery, and art supplies. On the basis of good behavior and personal finances, in some jurisdictions, inmates may be permitted to have private radios or televisions.

The Great Segregation Debate

The use of segregated housing as a correctional practice became a hotly debated social and criminal justice issue. As the war between proponents and opponents waged on, three theoretical perspectives emerged, each offering differing predictions about the effects of prison segregation. The first perspective is grounded in the long-standing *tough on crime* mentality in the United States that advocates that prisons should be an adverse experience and that the more severe the punishment, the greater the impact it will have on deterring future criminal activity. Prison policy makers who support this general position see segregation as a useful punisher that suppresses antisocial behavior in prison and, eventually, postrelease.

In contrast to the *get-tough* approach, the second perspective holds that segregation causes undue psychological stress to inmates, so much so that it becomes a form of torture. Thus, rather than deterring crime, segregation essentially breaks down the psyche of those detained there and may lead to worse behavioral and emotional consequences. Some scholars and activists have postulated that even short periods of isolation (e.g., from 3 to 90 days) can result in long-term psychological damage, cognitive impairment, and psychosis. Therefore, segregation should be abolished. Abolitionists see no rehabilitative effect of segregation and strongly contend that placement in these units does disproportionately more harm than good. As a result, concerns about the inhumane treatment of segregated inmates triggered a number of lawsuits across North America (e.g., Canadian Human Rights Tribunal, *Desmarais v.*

Correctional Service Canada, *Madrid v. Gomez*, *Ashker et al. v. Governor et al.*, *Silverstein v. Federal Bureau of Prisons*).

The third perspective borrows from the idea that prisons create a behavioral deep freeze, meaning that life behind bars does not in fact worsen an offender's behavior. In the early 1990s, Canadian prison researchers Don Andrews and Paul Gendreau proposed that the prison environment, including long-term segregation, produces less intense psychopathology than previously believed and that much of the maladaptive behavior the inmates display in prison existed well before their incarceration. This idea assumes that the general conditions in prisons meet basic standards of humane care. Those who ascribe to this position point to other factors operating within the prison milieu (e.g., managerial policies, how inmates across the institution are treated by staff), as the more direct cause of observed and reported iatrogenic consequences rather than segregated placement itself. That is, the negative effects attributed to segregation are, in actuality, due to broader systemic and/or preexisting conditions. These researchers, and others in their camp, argue that the impact of prison segregation on offender well-being has been generally overstated and largely unsupported in the empirical literature (to be reviewed next). In fact, it has been suggested that the transition from community to prison is incrementally more challenging than the transition from general prison population to segregation.

Effects of Segregation on Prisoner Well-Being

The topic of prison segregation has always been a rather contentious issue; however, the argument over its use gained momentum around the 1950s (notably, over 150 years after its conception) with the emergence of some dramatic results—allegedly funded by the U.S. Central Intelligence Agency—stemming from research in the field of sensation and perception on the effects of confinement as a psychological interrogation technique. This research was directed by neuropsychologist Donald Hebb and psychiatrist Donald Cameron (the latter of whom was infamously known for his process of *de-patterning the mind*, which involved large, repeated doses of electroconvulsive shocks

combined with psychedelic drugs as an attempt to alter behavior).

Attracting particular attention were Hebb's sensory deprivation (SD) experiments in which sensory input (e.g., light, sound) in the environment was restricted. Typically, findings showed that participants' cognitive and perceptual abilities deteriorated markedly, even after just 1 hour of deprivation. Acceptance of these findings persisted into the late 1960s until they were challenged by a number of researchers who demonstrated that uncontrolled experimenter and setting dynamics introduced response bias in the early SD studies. For example, Martin Orne and other skeptics argued that Hebb's SD studies were confounded by demand characteristics, such that participants exhibited symptomology consistent with SD because they knew or guessed the expected results.

An interest in SD influenced later research by Peter Suedfeld and colleagues beginning in the mid-1970s. In 1975, Suedfeld summarized the effects of SD to date following a review of extant studies involving more than 3,300 participants with varying backgrounds. Through this work, he concluded that "one rarely finds, particularly in more recent studies, extreme emotionality, anger, and anxiety" (p. 62). Suedfeld went on to objectively study the effects of solitary confinement on incarcerated offenders. In a well-known study published in 1982, Suedfeld and his team collected inmate self-report data on mental health functioning (e.g., measures of personality, mood, stress, creativity, and intelligence) from five institutions across the United States and Canada that operated segregation units. Increased time in solitary confinement was associated with higher levels of inhibition, submissiveness, depression, anxiety, and hostility. However, the findings also highlighted the variability in inmate reactions to solitary confinement. That is, some inmates reported extreme stress, others reported their experience as unpleasant but tolerable, yet others found it relaxing and considered it as an opportunity for contemplation and self-reflection. These researchers thus concluded that solitary confinement is not universally damaging, aversive, or intolerable and that the symptoms experienced by inmates in solitary confinement were not significantly different from those of prisoners in the general population. This finding seems

to support the perspective of Andrews and Gendreau that prison segregation in and of itself is not damaging to inmates' well-being. Suedfeld's 1982 study was replicated by Ivan Zinger in 2001 (nearly 20 years later) and showed similar results.

Contrary to the work of Suedfeld, Stuart Grassian, who was conducting research around the same time, came to a much different conclusion following a study involving 14 inmates who were part of a class action lawsuit alleging violations of the Eighth Amendment to the U.S. Constitution (protection against cruel and unusual punishment) in relation to their placement in solitary confinement. Grassian interviewed each inmate individually and identified a cluster of symptoms that have since been coined as the special housing unit syndrome. Aversive symptoms reported by inmates in Grassian's 1983 study included perceptual changes (e.g., hypersensitivity to external stimuli, distortions, hallucinations, paranoia, and derealization experiences), intense anxiety, cognitive difficulties (e.g., thinking, concentration, and memory problems), loss of impulse control, and aggressive thoughts of revenge, torture, and mutilation of the prison guards. However, Grassian's study also showed a rapid drop in symptom breadth and severity upon release from isolation. Furthermore, the study contained several noteworthy limitations. In addition to the small sample size, only inmates who were involved in the lawsuit (which was ongoing at the time of data collection) were interviewed, and all interviews took place at inmates' cell doors where they may have been more likely to disclose information supporting the claims made in the lawsuit. Thus, the participants had a conflict of interest that likely biased their responses.

Since Grassian's study, other research supporting the negative effects of segregation has emerged. Largely spearheaded by Craig Haney, it has been suggested that psychological symptoms such as anxiety, paranoia, depression, and perceptual distortions of inmates are exacerbated by the conditions of restricted confinement. In addition, individuals with preexisting mental disorders, who appear to be overrepresented in segregation because their odd or disruptive behaviors are seen as otherwise unmanageable, are arguably at the greatest risk of more permanent and disabling adverse effects. A 2007 study by David Lovell and

colleagues showed that inmates released directly from segregation to the community had higher rates of recidivism than those not released directly from segregation. Furthermore, despite the intention to reduce incidents of self-harm, several studies in the 2010s found that segregated inmates engaged in these behaviors (including suicide attempts) at higher rates compared with those detained in the general population. Despite Grassian's earlier finding that the effects of solitary confinement are quickly remediated upon release, some scholars have since suggested that longer periods of exposure to segregation may be associated with more lasting psychological changes. Thus, many researchers in this school support the perspective that segregation is psychologically debilitating and a form of torture.

However, most studies on prison segregation and solitary confinement generally lacked scientific integrity and varied widely in their methodology and data collection procedures. For example, the majority of the existing studies evaluated data retrospectively rather than assessing psychopathology before and after segregation was imposed. Similar to the criticisms of Grassian's 1983 study, many subsequent studies also used small sample sizes that were not generalizable across other segregated populations or institutions. Other shortcomings in the literature were again attributed to methodological issues such as selection bias, qualitative outcomes, and failure to control for response bias when the inmates would benefit from secondary gain by reporting or denying symptoms.

In the Colorado Department of Corrections, Maureen O'Keefe and her research team perhaps conducted the most methodologically sophisticated study on the psychological effects of prison segregation to date. O'Keefe and colleagues compared inmates detained in AS, the general prison population, and a psychiatric correctional facility on mental health functioning. Inmates were assessed after 1 year of incarceration on various symptom categories (i.e., psychosis, anxiety, depression, hopelessness, somatization, social and cognitive functioning, anger, and hypersensitivity). The results revealed that individuals in AS were not statistically significantly worse off than their study counterparts. Furthermore, only 7% of inmates in AS reported an increase in psychological

symptoms. Interestingly, 20% improved and the remaining participants were unaffected after the 1-year period. However, this study had limitations of its own. For example, only inmates who had 1 year or less in AS were included in the study. As was mentioned earlier in this entry, AS inmates have been known to spend years or even decades in confinement.

Some 30 years after Suedfeld's and Grassian's initial studies, researchers, policy makers, and the general public remain divided on whether or not (and to what extent) the use of prison segregation is psychologically, emotionally, and socially damaging to the well-being of prisoners. In a 2016 attempt to clarify the effects of segregation, Robert Morgan, Paul Gendreau, and their colleagues undertook two independent meta-analytic reviews (published together) and reported small to marginal effects across most physical (e.g., sensory arousal), behavioral (e.g., prison misconducts), and mental health (e.g., mood, anxiety, anger/aggression, psychosis, and hypersensitivity) outcomes. Consistent with Suedfeld's declaration decades earlier, the authors concluded that the adverse effects of segregation appear to be overstated; however, in light of several limitations within the literature base (primarily those noted earlier), they advocated for additional research to confirm the problems (or lack thereof) associated with segregated placement. Specifically, research that employed pre-post testing to account for baseline functioning and included inmates with longer segregation sentences was greatly needed.

Segregation Moving Forward

Regardless of which side of the argument people fall on, most would likely agree that segregation is not the best method for dealing with young offenders or the severely mentally disturbed and that its use should be limited to the extent possible. In fact, in January 2016, President Barack Obama issued a statement calling for a significant reduction in the use of segregation to punish prisoners and restrict their access to rehabilitative services. Perhaps prison segregation does have a purpose in the U.S. prison system, but perhaps it is also time to rethink that purpose. That is, rather than serving as an idle place to contain bad

behavior, it may be more productive to view segregation as an opportunity for disruptive and/or disordered inmates to focus on positive growth. While this proposition sounds similar to the ways of the Quakers, the delivery of evidence-based step-down programming (rather than strict religious practices) within the context of humane housing conditions and hope for release could prove beneficial. Certainly, prisoners should be continually monitored by mental health staff for behavioral changes, with those evidencing physical or emotional decompensation transitioned out of the unit for further care.

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See also Prisons; Segregation in Prison, Physical Consequences of; Segregation in Prisons, Administrative; Segregation in Prisons, Disciplinary

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SEGREGATION IN PRISONS, ADMINISTRATIVE

Administrative segregation—also known as *solitary confinement*—involves the housing of an inmate in conditions characterized by substantial

isolation from other inmates. The use of administrative segregation in the United States has risen precipitously since the 1980s, as have concerns about its effects and utility. Some claim that administrative segregation is a necessary tool for managing correctional populations, while others insist it is an overused management strategy that produces many damaging effects on inmates and staff. The use of this correctional practice not only raises empirical questions but also moral, ethical, and legal concerns. This entry focuses on some of the current issues surrounding the contemporary use of administrative segregation in the United States.

Administrative Segregation

The historical origins of administrative segregation in the United States can be traced to the silent penitentiaries in early 19th century, where inmates were subjected to very extreme forms of social isolation and sensory deprivation. Things changed in the 1980s when several *get tough* penal policies were enacted, which led to a significant increase in the number of incarcerated offenders (e.g., mandatory minimum sentencing laws, three-strikes laws, War on Drugs). During this time, overcrowded living conditions and increased institutional violence led to growing concerns for staff and inmate safety in prison. In response, many correctional officials across the United States increased their reliance on segregated confinement as a means to ensure reductions in violence and other serious disruptions within the prison system.

The modern use of administrative segregation includes the removal of inmates who are suspected of posing a threat to the well order of the institution from the general prison population. This includes those inmates who have demonstrated an inability to adjust to the general population or those whose presence in the general population is believed to likely seriously disrupt the orderly operation of the institution. There is a widely held belief among policy makers and corrections officials that the use of administrative segregation is an effective risk management strategy for increasing safety and promoting order throughout the prison system. However, those critical of the practice contend that the use of administrative

segregation raises constitutional and humanitarian concerns, and charge the practice constitutes cruel and unusual punishment, is inhumane, and violates the minimum standards of decency.

Conditions in Administrative Segregation

The conditions in administrative segregation have often been characterized by intense isolation and absolute control. Prisoners housed in these settings are typically confined to a single cell for up to 23 hr of the day and are further subjected to increased cell restrictions and heightened security procedures. These prisoners are granted limited access to education, vocation, visitation, recreation, and other services that are available to the general prison population. Prisoners in segregation are often taken out of their cells for only 1 hr per day, usually for a shower or exercise. Recreation in many administrative segregation units takes place in a small fenced area that is exposed to the weather. Likewise, prisoners must choose whether to go into these exercise areas during extreme weather conditions or remain in their cells and take no out-of-cell exercise for the day. Before leaving their cell for any reason, inmates are usually handcuffed, and, sometimes, they are even shackled at the waist and placed in leg irons.

Inmates in administrative segregation must eat, sleep, and go to the bathroom in their cells. Food is delivered through a slot in the door, meetings with counselors and mental health providers are often conducted through the cell door, and exercise is taken alone. Visits are often restricted and can be prohibited for a certain period of time when the inmate first arrives in the administrative segregation unit. When family visits are allowed, the interactions are generally conducted via a telephone, and the visitor and the inmate sit on separate sides of a thick glass window. Finally, even mental health and medical services are extremely limited for prisoners in segregation, which further reduces their opportunity for human contact.

The Use of Administrative Segregation

Administrative segregation is often enforced for indeterminate periods of time. In some systems, inmates are not told the reason for their transfer to administrative segregation, and options for

reevaluation or release back to the general prison population may be few. For those inmates considered to be a continued threat to safety and security of the facility, segregation may be imposed for very long periods of time. Several studies in the 2010s reported that inmates are placed in such settings for durations ranging from fewer than 30 days to several years. In some cases, inmates are held in segregation until they are discharged to the community at the expiration of their sentence.

It has been difficult to obtain reliable prevalence estimates of the use of administrative segregation in the United States, particularly because many jails and prisons do not track this information in a way that can easily be accessed. Likewise, previous estimates have varied widely from 20,000 to 100,000. The extent of the use of segregation also appears to vary widely among states. In a 1998 survey of state departments of corrections, some organizations (e.g., Pennsylvania) reported incarcerating less than 1% of inmates in such settings, while others (e.g., Mississippi) reported incarcerating up to 12%. However, as definitional and reporting issues have been well-documented, in all likelihood, these estimates are low. In a 2015 report conducted by researchers from the U.S. Bureau of Justice Statistics, it was estimated that approximately 18% of jail and prison inmates in the United States spent time in a restricted confinement setting in the previous year. However, it should be cautioned that this estimate includes inmates in segregation for both administrative and disciplinary reasons.

Inmates in Administrative Segregation

Administrative segregation is often described as targeting those inmates deemed to be the *worst of the worst*, which includes those belonging to certain groups such as escape risks, gang members, predators, and high-profile or notorious inmates. This practice has also been highly criticized for segregating a higher proportion of mentally ill inmates and those with developmental disabilities. A review of the available literature reveals that inmates who are placed in administrative segregation settings tend to be younger, more likely to be an ethnic minority, have a mental disorder, be a member of a gang, as well as be rated as high risk to recidivate when compared to

inmates from the general prison population. Administrative segregation inmates are also found to be more likely to have a violent criminal history, have prior juvenile justice involvement, and be rated higher risk on their initial institutional classification rating. Finally, inmates in administrative segregation are also more likely to have been found guilty of an institutional misconduct and have previously served time in segregation.

The Effects of Administrative Segregation

There are three schools of thought on the effects of administrative segregation. The first position—which appears to be the conventional wisdom among prison wardens—suggests the use of administrative segregation increases safety, order, and control in prisons. In contrast, a second school of thought insists that administrative segregation causes serious psychological and other health problems as well as increases criminogenic risk. Finally, a third perspective contends that under conditions in which segregated confinement meets the standards of humane care, relatively few inmates are adversely affected. This position maintains that there are other factors (e.g., how inmates are treated) in the prison environment—beyond simply being confined in a segregation setting—that have more dire consequences.

Despite its long history of use and increase in attention, administrative segregation has remained an elusive subject of empirical research. Within the available administrative segregation literature, the most contentious debates have been around the psychological effects of the setting, although more recently an increased amount of attention has been given to what effect the setting may have on behavioral outcomes (e.g., institutional behavior, postrelease recidivism).

The belief that segregated confinement causes psychological damage is not new. In fact, after visiting some of the early U.S. penitentiaries in the 19th century, several notable European contemporaries condemned the practice, suggesting that the setting caused its inhabitants undue psychological distress. Beginning in the mid-1980s, there has been an increased amount of scholarly attention given toward the study of administrative segregation. The majority of the available research conducted to date has been qualitative in nature and

has generally involved interviews with inmates and mental health professionals in segregation settings. As a group, these anecdotal reports have tended to use powerful excerpts from these interviews in order to suggest that administrative segregation violates prisoners' constitutional rights, contributes to psychological problems, increases criminogenic risk, and is used excessively in the United States. Subsequently, there has become a strong consensus in the literature, as well as a growing public sentiment, that administrative segregation is responsible for producing these devastating effects.

Other scholars, however, have pointed out that much of the literature from which this conclusion is based suffers from many serious methodological limitations (e.g., selection bias, response bias, inadequate or no control groups), which in their estimation should limit the types of conclusions that should be drawn from this research. Two meta-analytic reviews on this topic have found that not only has administrative segregation been an elusive subject of empirical research but also that the effects found from the available studies tend to be *small to moderate*, rather than *large* as has been predicted by those critical of the practice. Despite these disagreements in the interpretation of the available literature, there is clearly a need for more empirical research in this area.

The Future of Administrative Segregation

The primary purpose reported for the use of administrative segregation is that the practice increases system-wide order, safety, and control. However, there is little evidence available that supports these settings are effectively achieving these goals. Recently, there has been a strong consensus in the literature, as well as a growing public sentiment, that the experience of administrative segregation, especially in long durations, is responsible for producing serious psychological problems. It has been these perceived negative effects that have helped make this practice an issue of national attention. Many have argued that given the substantially greater costs associated with administrative segregation that the onus ought to be on those that continue to advocate its use to produce evidence of its benefits. Several efforts have been made recently to reduce the

number of offenders in administrative segregation, particularly for those subpopulations of the mentally ill, juveniles, and women offenders. One of the challenges for ensuring that such reductions will occur is to develop safe alternatives to segregation—and several attempts are currently underway across the country.

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See also Segregation in Prisons; Segregation in Prisons: Best Practices; Segregation in Prisons, Disciplinary

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prevent high-risk, justice involved individuals from escaping, protect these individuals from harming others, or as a disciplinary response for behavioral misconduct within jail or prison settings due to punishment or protective custody. Through the years, in the United States, litigation at the state level has prompted a call for reform leading to a decrease in the use of segregation. Studies from states that have reduced the use of segregation have found no increase in violence and in some cases experienced a decrease in institutional violence. Those states have also saved more money because of how costly segregation is for the facility. These savings can be invested in other programs that can prevent the need for segregation, such as education and employment programs, drug treatment, and rehabilitation.

For example, in 2009, Mississippi's segregation unit had inhumane living quarters with little impact on inmate behavior. A step-down unit was created as an intermediate-level treatment program to move inmates from segregation back to the general population. The program provided treatment to offenders with a serious mental illness who were required to still be segregated, but not for 23 hr a day, thus allowing more movement and access to activities. The group program was implemented in phases and provided psychoeducation about mental disorders and coping skills in an effort to increase the sense of community and interconnectedness. This program's implementation yielded positive outcomes, including a decrease in the use of force by staff as well as violent offender institutional misconduct. Rule violation reports per offender also decreased from 4.7 to 0.6 per inmate 6 months after release from the step-down program. Offenders are now requesting to participate in the program offered in the segregation step-down unit. This entry discusses how to best use the practice of segregation in prison settings.

SEGREGATION IN PRISONS: BEST PRACTICES

Segregating inmates is an overused practice to manage problematic offender behavior. *Segregation*, also known as *solitary confinement* or *administrative segregation*, is the isolation of an offender in a separate cell. It is commonly used to

Segregation Policy Review

In 2015, President Barack Obama ordered a review of segregation practices in the United States. The review attempted to answer how, when, with whom, and why segregation is used in U.S. prisons. It also worked to develop and implement best practice strategies to reduce the use of

segregation. After completion of the review, it was determined that there are times when segregation must be used to ensure the safety of involved individuals, staff, the institution, and the public. However, when it must be used, it should be done so in a safe, humane manner; serve a specific penological purpose; and be imposed only for as long as necessary to accomplish that purpose.

Based on a review of 47 jurisdictions, including 46 states and the U.S. Federal Bureau of Prisons, five *purpose-based* categories of segregation were identified. These are:

- 1) *investigative segregation*—immediate nonpunitive placement of an inmate in restrictive housing, while officials attempt to determine whether longer term segregation is appropriate;
- 2) *disciplinary segregation*—An offender is placed for a determinate period of time as a punishment for violating a specific institutional disciplinary rule;
- 3) *protective segregation* (or *protective custody*)—An offender is placed to protect him or her from a real or perceived threat within the correctional facility;
- 4) *preventative or administrative segregation*—An offender is placed for an indeterminate amount of time to prevent him or her from threatening the safety and order of the correctional facility; and
- 5) *transitional segregation*—An offender is placed for a nonpunitive and indeterminate, although brief, period of time awaiting a transfer to a new location.

Not all correctional systems use all (or any) of these terms. The lack of consistent definition of what constitutes the purpose of segregation makes it difficult to suggest a standardized set of best practices or alternatives to the use of segregation.

The review articulated guiding principles to direct the development of best policy segregation practices in a report called U.S. Department of Justice Report and Recommendations Concerning the Use of Restrictive Housing. It is suggested when a correctional facility lacks the resources, staffing, or legal authority to implement the

guidelines, a clear plan for building the necessary infrastructure to implement the guidelines should be developed.

Massachusetts implemented the recommended policy changes and decreased their overall population in segregation to 1% of the total population of inmates. Other states generally have at least 3% of their populations segregated. Success in implementing policy change was related to shifting the mindset of the correctional officers in how they use segregation. The use of segregation is considered a last resort, rather than a default solution, for problematic institutional behavior. The correctional cultural shift occurred as a result of far-reaching reform that engaged the entire correctional workforce in the implementation of the reforms.

Policy Recommendations

Correctional facilities should develop clear, specific policies for determining under what conditions an offender is placed in segregation. However, offenders should always be placed in the least restrictive environment necessary to ensure their own safety, as well as the safety of staff, other inmates, and the public. When an offender is placed in segregation, the specific purpose (investigative, protective, disciplinary) should always be documented and supported by objective evidence. Duration in segregation should be no longer than necessary to address the documented purpose. Placement in segregation warrants ongoing review of the offender by a multidisciplinary team, including the leadership of the institution, the medical team, and mental health staff. Upon placement in segregation, a clear and individualized release to a least restrictive environment should be developed and ideally shared with the offender. Offenders in segregation should have access to time outside of the prison cell, confidential psychological services, and visits whenever possible. Segregation units should always maintain adequate conditions to ensure environmental, health, and fire safety as well as basic human needs.

An inmate should not be placed in investigative segregation unless the inmate's alleged offense, or his or her presence in general population, poses a danger to the inmate, staff, other inmates, or the public. In making this determination, officials should consider the seriousness of the alleged

offense, including whether the offense involved violence, escape, or represents a threat to institutional safety. Correctional staff should complete their disciplinary investigation as quickly as possible and any time an offender spends in investigative segregation should be credited toward the amount of disciplinary segregation. An offender's initial placement in investigative segregation should be reviewed within 24 hr by an appropriate security staff member not involved in the initial segregation placement decision.

Offenders who engage in institutional misconduct and violate disciplinary rules should be placed in disciplinary segregation as a last resort when it has been determined other available sanctions are insufficient to serve the purposes of punishment. Segregation should be applied consistently with behavioral principles in a manner that is swift, certain, and fair. Correctional staff should complete the disciplinary investigation as quickly as possible. Any time spent in investigate segregation is credited toward time spent in disciplinary segregation.

When offenders require protection, segregation should only be used when transferring the threatened offender to the general population of another institution or to a special-purpose housing unit for offenders who face similar threats. When the offender is transferred for protective reasons, the offender's reentry community should be considered. Regular review of offenders in preventive segregation should occur with the goal of transition back to a less restrictive environment as soon as possible. For example, offenders in preventive segregation should be given the opportunity to participate in programming or step-down units that facilitate placement in a less restrictive environment.

Offenders with serious mental health problems should not be placed in segregation unless an immediate and serious danger is present and there is no other reasonable option. A qualified mental health professional must determine immediately whether the offender is at risk of suicide and whether he or she possesses any active psychotic symptoms. Offenders with serious mental illness in segregation should receive intensive, clinically appropriate mental health treatment until released from segregation. At least once per week, a multidisciplinary committee consisting of correctional staff and mental health staff should review the

need for segregation and engage in face-to-face contact to monitor the inmate's mental health and identify signs of deterioration. After 30 days in segregation, offenders with serious mental illness should be released unless the warden determines transfer to an alternative housing is not possible. Multiple times per day, correctional officers trained in identifying signs of mental health decompensation should check in with the offender. In addition, at least once per day, medical staff should conduct medical rounds. After 30 days in segregation all offenders should receive a face-to-face psychological review by mental health staff.

Correctional staff training should occur regularly concerning the correctional facilities' segregation policies and support the mind-set that segregation is to be used as the last resort in managing problematic offender behavior. Evaluation of correctional staff compliance with segregation policy should be reflected in yearly employee evaluations. Standing committees, consisting of high-level correctional officials, should be established to ensure regular oversight and evaluation of existing segregation practices. These committees can also develop safe and effective alternatives to segregation.

One of the driving forces behind the aforementioned policy recommendations was the acceptance of the belief that segregation contributes to negative psychological consequences for involved individuals. Meta-analytic research concludes segregation does not produce lasting emotional damage when used for less than 1 year but also does not modify or decrease problematic behavior. The use of segregation may actually increase poor institutional adjustment due to an increase in hostility and aggression. It may also increase recidivism rates. Given this research, it is important to understand what the best practices for programming within segregation units are because segregation will continue to be used in U.S. correctional facilities.

Programming Recommendations

An identified set of best practices for programming in segregation units does not exist. Forensic psychologists, scholars, and correctional officials have, however, started to design, implement, and evaluate programming based on the

evidence-based correctional assessment and treatment principles of risk, need, and responsivity. For example, research indicates educational programming has been related to a decrease in recidivism and institutional misconduct. It has also been positively correlated with postrelease employment. Employment programming is associated with a decrease in prison misconduct and an increase in postrelease employment. Cognitive behavioral therapy has been found to have the best effect on decreasing prison misconduct and recidivism. Social support programming also decreases prison misconduct and recidivism. Interestingly, research indicates reentry programs have improved postrelease employment but less of an impact on prison misconduct and recidivism.

As the research moves forward in identifying effective programming with segregated offenders, correctional officials will need to consider a combination of treatment strategies targeting criminogenic needs associated with a reduction in institutional adjustment and recidivism. The Risk-Need-Responsivity framework provides clear guidance about the approaches most likely to be beneficial in this regard. These include:

- radical behavioral approaches based on the principles of classical and operant conditioning;
- social learning approaches that involve modeling and behavioral rehearsal techniques contributing to self-efficacy; and
- cognitive approaches focused on cognitive skills training, problem-solving therapy, self-control procedures, self-instructional training, and stress inoculation training.

Other promising programming being implemented with segregated offenders includes the application of applied behavior analysis: applying learning theories and behavioral interventions to change specific target behaviors. Promising preliminary results have been reported. Radical behavioral approaches including, at a minimum, tangible, token, and social reinforcers may also be successful. Preliminary results suggest contingency management is an important component of motivating offenders to learn the behavioral skills necessary for positive institutional adjustment.

Small group interventions targeting skills building may also be effective using adapted, structured

treatment curricula focused on emotional regulation. Programming and treatment can be organized into a phase or level system in which inmates can progressively earn privileges and advance through treatment options by demonstrating desired behaviors.

Finally, innovative strategies using telepsychology, such as videoconferencing systems, increase access to of mental health services to segregated offenders. However, early research based on 49 offenders indicated telepsychology was less preferred than in-person therapy sessions. Due to implementation difficulties, before any firm conclusions can be drawn, further research is warranted.

A great deal of support exists for finding alternatives to the use of segregation as a way to manage problematic offender behavior. However, it is likely that some form of segregation will always be a facet of correctional practice to ensure the safety of offenders, institutions, and the public. Therefore, continued work developing a set of best practices for policy and programming with segregated offenders is essential.

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See also Federal Prisons; General Violence in Prisons; Imprisonment and Stress; Isolation in Prisons; Offenders With Mental Illness; Meta-Analysis; Prison Reform; Prisons; Risk-Need-Responsivity, Principles of; in Prisons, Treatment for; Segregation in Prison, Physical Consequences of; Segregation in Prison, Psychological Consequences of; Segregation in Prisons; Segregation in Prisons, Administrative; Segregation in Prisons, Disciplinary

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SEGREGATION IN PRISONS, DISCIPLINARY

Disciplinary segregation—often referred to as solitary confinement—is a type of restricted housing used in many prisons and jails throughout the United States. The practice of segregation involves the housing of an inmate in conditions characterized by substantial isolation from other inmates. Some claim that disciplinary segregation is a necessary tool for increasing safety and promoting order throughout the correctional system because it deters criminal activity, whereas others insist that the practice actually increases institutional misbehavior, thereby making institutions and the individuals inside them less safe. Many moral, ethical, and legal concerns are raised with the use of this correctional practice. This entry discusses several of the current issues surrounding the contemporary use of disciplinary segregation in the United States.

Disciplinary Segregation

In practice, correctional institutions segregate inmates for several reasons. For example, segregation provides increased supervision and control over inmates who represent a threat to themselves (i.e., *protective custody*) or others (i.e., *administrative segregation*) or who have engaged in serious disciplinary misconduct (i.e., *disciplinary segregation*). Protective custody is used when an inmate needs to be separated from the general inmate population due to personal physical safety concerns (e.g., sex offender, gambling debt, vulnerable inmate). Administrative segregation is used for managerial purposes, including as a response to an inmate who has demonstrated a chronic inability to adjust in the general population or when an inmate’s presence in the general

population is believed likely to seriously disrupt the orderly operation of the institution. Administrative segregation can also be used in some correctional facilities as a temporary housing assignment for inmates pending transfer to another institution, those awaiting a judicial proceeding, when needed to facilitate a criminal investigation, or when limited bed space options necessitate the use of an otherwise empty segregation cell.

In contrast to these other forms of restricted housing, disciplinary segregation is used as a form of punishment for inmates who violate the institution’s rules of conduct. Whenever an institutional violation occurs, a staff member may write up the perpetrator of the incident for the misconduct, and a hearing will be conducted to determine the facts in the case. At the hearing, evidence is presented against the accused, and he or she can either accept the blame (i.e., plead guilty) or defend himself or herself against the charges (e.g., call witnesses on his or her behalf). If the inmate is found guilty by the rule infraction board, a range of sanctions may be imposed upon the offender. These punishments can include the removal of specific privileges, loss of good conduct time, or a sentence for a specific length of time in disciplinary segregation. The type and severity of the specific sanction for any one case is largely contingent upon the nature of the misconduct and the perpetrator’s prior behavioral history in the facility. Departmental regulations often place limits on the amount of time an inmate may be housed in disciplinary segregation depending on the severity of the offense (e.g., 30 days). However, if the inmate has been charged with multiple violations, or if he or she violates the rules while in segregation, the length of stay in disciplinary segregation may be extended.

Conditions in Disciplinary Segregation

The conditions in disciplinary segregation are designed to be unpleasant. These settings provide tight controls over inmates and isolate them from the general population of offenders. The inmates housed in these settings are typically confined to a single cell for up to 23 hours of the day and are only allowed out of their cell for specific purposes, usually for a shower or for exercise. Before leaving their cell for any reason (e.g., medical

appointment, disciplinary hearing), inmates are typically handcuffed and sometimes even shackled at the waist and placed in leg irons. Food is delivered through a slot in the door, meetings with counselors and mental health providers are often conducted through the cell door, and exercise is taken alone in a small, fenced yard area. These inmates are further afforded very few privileges, and they are generally not allowed to participate in any educational, vocational, or other services or programs that are otherwise available to the other inmates living in the general population. Even mental health and medical services are limited for prisoners in segregation. Family visits in disciplinary segregation are often prohibited, and in the rare event that a family visit is allowed, the interactions are usually noncontact and are conducted via a telephone with a thick glass window separating the inmate from his or her family member.

Prevalence of Disciplinary Segregation

Many jails and prisons do not track their use of disciplinary segregation or do so in an accessible way, so it is difficult to determine the prevalence of disciplinary segregation in the United States. Estimates of the number of offenders in restricted housing have ranged from 20,000 to 100,000. Furthermore, the extent of the use of segregation also appears to vary widely among states—for example, a 1998 survey of State Department of Corrections reported percentages of inmates in such settings as ranging from less than 1% (e.g., Pennsylvania) to 12% (e.g., Mississippi). Another challenge for determining the extent of the use of disciplinary segregation is that inmates are often subjected to the setting for relatively short durations (e.g., <30 days). This means that any estimate derived from taking a snapshot of the inmates in segregation at only one point in time is likely to underreport the true number who have experienced disciplinary segregation because there may be many inmates who occupy a specific segregation cell over a given length of time.

In 2011 and 2012, researchers from the U.S. Bureau of Justice Statistics conducted a study that surveyed a national representative sample of prisoners incarcerated across the United States. This study found that approximately 18% of jail and prison inmates surveyed spent time in a restricted

confinement setting in the previous year. This estimate includes inmates in segregation for both disciplinary and administrative reasons, so it is still largely unknown how widely disciplinary segregation is specifically used in the United States.

The Effects of Disciplinary Segregation

There is a widely held belief among policy makers and corrections officials that the use of disciplinary segregation increases safety, order, and control in prisons. In contrast, those critical of the practice maintain that the segregation setting itself is responsible for causing serious psychological and other health problems as well as increases criminogenic risk. Despite its long history of use and recent increase in public attention, segregation more broadly, and disciplinary segregation specifically, has remained an elusive subject of empirical research.

A review of the segregation literature reveals that there are several limitations to understanding what effect disciplinary segregation may have on inmate outcomes. For example, the majority of the research in this area has been qualitative in nature rather than empirical. That is not to say that impressive empirical evaluations do not exist, but rather that they are the exception and not the rule. Therefore, most of what is known about the effects of this practice on inmate outcomes is based on subjective evidence. Qualitative researchers in this area have primarily used information from interviews with inmates and other mental health professionals working in segregation settings to show that the practice violates prisoners' constitutional rights, contributes to psychological problems, increases criminogenic risk, and is used excessively in the United States. These anecdotal studies have often been found in the popular press and other media outlets and tend to promote the idea that segregation has serious detrimental effects on inmates. It has been these perceived negative effects that have helped make this practice an issue of national attention.

Other scholars, however, have pointed out several methodological limitations on which much of this literature is based (e.g., selection bias, response bias, inadequate or no control groups). These scholars caution that researchers and practitioners should be cautious in drawing firm conclusions

from this group of works. Two meta-analytic reviews on this topic have found that the magnitude of the effects from the available empirical studies tends to be much smaller than that has been predicted by those critical of the practice.

The majority of the research in this area has further been limited to examining the effects on inmates residing in administrative segregation settings—and in particular those in supermax facilities—rather than on those who are held in segregation for disciplinary reasons. What is more, most of the research that has examined the behavioral effects of segregation has been limited to postrelease (e.g., recidivism) rather than institutional outcomes (e.g., institutional misconduct). There are now a handful of empirical studies that indicate that the experience of segregation may increase offender postrelease recidivism. One study in particular found that these effects were much worse for those inmates who were released directly into the community from the segregation setting compared with those who were stepped down from segregation into the general prison population before being released.

The available empirical research in this area has also been plagued by some serious limitations. For example, it has often been difficult for evaluators to acquire comparable control groups for those inmates housed in segregation (e.g., the modal response to violent behavior in prison is to place inmates in segregation). Therefore, if researchers are not careful in their selection of an appropriate control group, they may attribute a cause of placement in segregation for its effect. It is worth noting that for the studies that are of higher methodological quality (i.e., those that are able to match on a wide variety of other known predictors of criminal behavior), the magnitude of the effect sizes has been much smaller and in some studies has been reported as zero, whereas those studies with less rigorous research designs (i.e., do not control for other predictors of criminal behavior) have tended to yield much larger effects. Nonetheless, there is a tentative support for the contention that segregation may increase offender postrelease recidivism; however, much less is known about how this practice influences inmate adjustment in prison. In 2015, two studies found that short-term disciplinary segregation had a null effect on measures of subsequent institutional misconduct. However,

there is clearly a need for more empirical research on the effect of disciplinary segregation on subsequent institutional behaviors.

The Future of Disciplinary Segregation

The primary purpose reported for the use of disciplinary segregation is that the practice is necessary to ensure reductions in violence and other serious disruptions within the prison system. The use of segregation as a response to inmate misbehavior may be appealing to some correctional authorities because of its simplicity; however, there is little evidence available that supports these settings as an effective strategy for reducing inmate misconduct and postrelease recidivism. Furthermore, disciplinary segregation is only theoretically capable of influencing inmate behavior, as a specific deterrent, after an initial infraction has been committed. Many argue that if disciplinary segregation does not improve inmate behavior, and it costs considerably more than standard housing, it is perhaps time for policy makers to seriously consider other alternative strategies for dealing with such rule violators. There are several attempts currently underway across the country to develop safe alternatives to segregation that will both ensure institutional safety and improve inmate outcomes.

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See also Segregation in Prison, Physical Consequences of; Segregation in Prisons; Segregation in Prisons, Administrative; Segregation in Prisons: Best Practices

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SELF-APPRAISAL QUESTIONNAIRE (SAQ)

The Self-Appraisal Questionnaire (SAQ) is a theoretically and empirically based instrument. It is the first multidimensional self-administered questionnaire that was specifically designed to predict violent and nonviolent offender recidivism among correctional and forensic populations and to assist with the assignment of these populations to appropriate treatment or correctional programs and different institutional security levels. It was designed to be multifaceted, covering content areas that have been demonstrated to be important for measuring criminogenic factors related to the assessment of recidivism and treatment of offenders. After further describing the SAQ, this entry discusses its uses, describes how to score and interpret, and reviews its reliability, validity, and advantages.

Description of the SAQ

The SAQ was developed in 1996 and published in 2005 with the Mental Health Systems, Toronto. It was designed to cover the predominant predictive areas found in the offender recidivism literature, as some of these areas were ignored or not adequately covered by other tools. The SAQ consists of 72 items, with seven subscales that measure quantitative criminogenic risk/need areas. The first subscale, Criminal Tendencies, taps antisocial attitudes, beliefs, behaviors, and feelings. These tendencies are considered central to the major theories of criminality and the prediction of recidivism. Previous studies, including meta-analysis studies, indicated that the best

individual predictors of recidivism were attitudes, values, and behaviors that support a criminal lifestyle.

The second SAQ subscale is Antisocial Personality Problems. This subscale covers characteristics similar to those used to diagnose antisocial personality disorder, which has been the psychiatric diagnosis traditionally used to predict recidivism. Self-reported antisocial personality characteristics have been shown to predict static and dynamic factors of violent recidivism.

The third subscale, Conduct Problems, assesses childhood behavioral problems. Research has indicated that conduct problems during childhood are among the best predictors of later offending and the development of a criminal career. The fourth subscale considers the offender's Criminal History, as past criminality has been shown to be a robust predictor of future criminal acts.

The fifth subscale is Alcohol/Drug Abuse. The relationship between substance abuse and crime, including violence, is well documented and has been found to correlate with recidivism. The sixth subscale assesses Anti-Social Associates, an area with demonstrated value in the prediction of recidivism.

The seventh subscale, Anger, measures the offender's reaction to anger. This scale is not included in the total score of the SAQ due to the controversial and unconfirmed relationship between anger and recidivism. This subscale could be useful in assigning offenders to anger management or control programs. The Validity scale is a subscale that can be used to validate the offender's truthfulness in responding to the SAQ's items.

Uses of the SAQ

The SAQ can be used for several purposes. First, the SAQ can be used to predict postrelease adjustment such as violent and nonviolent recidivism, parole violations, and probability of being convicted of a new offence. The SAQ can also be used to assign offenders to institutional security levels and predict institutional adjustment. Another purpose of the SAQ is the assignment of offenders to treatment programs such as substance abuse, anger management, cognitive skills, and programs dealing with antisocial attitudes, antisocial behavior,

antisocial feelings, antisocial beliefs, insight, and similar types of programs. In addition, the SAQ provides information that may assist with diagnosing a substance abuse problem, conduct problems, and antisocial personality disorder. Finally, the SAQ can be used as a pretreatment and posttreatment measure to assess the effect of treatment and determine changes in offenders' attitude and attributions, particularly those related to the offender's criminal tendencies.

Uses of the SAQ by Correctional and Forensic Professionals

The SAQ can be used by professionals and non-professionals alike due to its ease of use. Psychiatrists and psychologists may use the SAQ to reach diagnoses related to antisocial personality disorder, conduct disorder, and substance abuse. They may also use the SAQ to make predictions regarding the level of risk a particular offender may pose upon release from prison as well as predictions regarding institutional adjustment. Furthermore, psychiatrists and psychologists may use the SAQ for program participation suggestions, to design individualized treatment plans to deal with offenders' inappropriate responses to the SAQ's items, and to follow up treatment gains. Case managers may use the SAQ to help them make decisions regarding the level of risk a particular offender may pose if released, to determine program needs, and to make appropriate referrals. Program delivery officers may use the SAQ to assign offenders to appropriate programs according to their needs; for example, offenders with high scores on the SAQ Criminal Tendencies subscale could be offered a cognitive behavior program. Similarly, offenders with high scores on the SAQ Alcohol/Drug Abuse subscale could be offered participation in substance abuse programs. Likewise, offenders with high scores on the SAQ Anger subscale may be offered an anger management program. Parole officers/case managers, program officers, and counselors can design individualized treatment plans to deal with offenders' inappropriate responses to the SAQ's items. Staff, regardless of their professional background, can use the SAQ as a pre- and a postmeasure to assess changes in offenders' attitudes and beliefs. Lastly, researchers can include the SAQ in research projects.

Instructions for Completing the SAQ

After explaining the purpose of the questionnaire, the person administering the SAQ simply asks the offender to read the instructions for completing the SAQ aloud. Essentially, the offender is asked to answer with a true or false response to the included statements. The person administering the SAQ may respond to an offender's request for clarification in a manner that does not influence the offender's response. After the offender completes the SAQ, the person administering the SAQ checks for unanswered questions, as ideally, no item should be left unanswered. Occasionally, an offender may not be able to easily answer a question, so the person administering the SAQ can explain the question to the offender and obtain a response. If more than 3 items are left unanswered, the results of the particular scale that those items contribute to may be affected but not necessarily the result of the whole test.

Offenders who can read and comprehend what they read can complete the SAQ. If a client does not have the requisite literacy skills (e.g., fifth-grade reading level), the person administering the SAQ can read the items to the client without interpretation and entered the client's responses on the answer sheet.

Scoring the SAQ

Scoring the SAQ typically takes just a few minutes. The total SAQ score is the aggregate of the SAQ subscale scores. Completing the Validity scale of the SAQ involves verifying the accuracy of the offender's responses on some items through his or her criminal history.

Interpreting and Reporting the Results of the SAQ

The offender's level of risk/needs is reported, according to the established norms, the in either Low, Low-Moderate, High-Moderate, or High range of committing a violent and nonviolent offense within a period of approximately 2 years after the offender's release from prison. Results could also be reported in percentiles. Some clinicians prefer to include the offender's scores on the subscales, especially if the scores are elevated.

Instructions on the SAQ answer sheet provide direction about the level of risk/needs and possible management consideration. For example, a score of 43 or more indicates a high probability for violent and nonviolent recidivism and indicates a need to assign the offender to a maximum-security institution. An offender with a score from 23 to 42 is considered at a moderate-to-high risk of violent and nonviolent recidivism and may be considered for medium-security institutions. Suggestions for program assignments based on SAQ subscale scores are also included in the instruction sheet. An offender with a score from 11 to 22 is considered at a low-to-moderate risk of violent and nonviolent recidivism, and assignment to a minimum- or medium-security institution should be considered. An offender with a score of fewer than 11 is considered at a low risk of violent and nonviolent recidivism and could be considered for assignment to a minimum-security institution. He or she may not need to participate in programs.

User Qualifications

The SAQ can be administered and scored by clerical staff after a short training session; however, interpretation should be done by a psychologist, behavior specialist, case manager, social worker, or other staff member who is experienced in the assessment of human behavior in a correctional or forensic setting. Minimal training is required for correctional and forensic professionals to be able to administer and interpret the SAQ.

Reliability and Validity of the SAQ

Numerous studies have demonstrated the concurrent, construct, and predictive validities of the SAQ. The follow-up predictive studies demonstrated the predictive validity of the SAQ over 2-, 5-, and 9-year periods on Canadian offenders. The SAQ has also been validated on samples from the United States, Australia, Canada, Great Britain, Singapore, Spain, South Africa, and several European countries. Samples included Caucasians, African Americans, Asians, Aboriginals, Hispanics, and offenders from other origins. The SAQ has also been validated on women, youth, and offenders with mental illness. Comparative predictive studies—which included other measures—over 2- and 5-year periods have demonstrated that

the SAQ is at least as effective as well-recognized clinician-administered measures. A meta-analysis study that included 10 measures indicated that the SAQ was more predictive of violent reoffending than eight other well-known predictive measures. In addition, two studies have demonstrated that the SAQ as a self-report is not affected by self-biases, lying, and/or deception. The results of these two studies and the result of the meta-analysis refute the claim that self-report measures are not as effective as professionally administered measures.

Advantages of the SAQ

There are practical advantages of using the SAQ in addition to its coverage of the predominant content areas supported by the prediction literature. The SAQ is a self-report questionnaire, and there is evidence that self-report questionnaires can be equivalent to traditional methods of predicting violent recidivism and nonviolent recidivism. Self-report ensures maximal objectivity by avoiding possible misinterpretation of offenders' responses and reducing the possibility of assessor biases. It also decreases the possibility of litigation due to the offender's perception of misrepresentation by engaging the offender in the assessment process. In addition, the SAQ is more convenient and economical to use than traditional methods of risk assessment. Instructions are provided and can be given by paraprofessionals. It usually takes approximately 15–20 minutes to complete, with offenders providing *yes* or *no* responses to the items. The SAQ may also be administered in a group session. Interpreting the results requires minimal professional time and training, so prior extensive experience and/or special skills are not needed to credibly and reliably interpret its results.

Furthermore, the SAQ incorporates a large number of dynamic risk factors, in contrast to some other well-established risk tools that do not include any dynamic factors. In addition, when applying the SAQ, one may subsequently use many of the offender's responses as part of an individualized cognitive treatment plan. For example, irrational or faulty cognition demonstrated through the endorsement of statements such as "I can fool most people if I want" or "Almost anyone would lie to save himself from trouble" can be challenged during treatment. Moreover, the endorsement of some of

the SAQ's statements could aid clinicians in the diagnosis of antisocial personality disorder and a history of conduct disorder and substance abuse. A focus on content areas particularly related to the prediction of violent recidivism during the development of the SAQ is also an advantage, as is its lack of reliance on the results of other tools or sources. A final advantage of the SAQ is that neither its items nor its total score may be used to attach negative labels to the offenders.

In spite of the several studies that demonstrated the reliability and validity of the SAQ, a 2006 study by Ojmarrh Mitchell and Doris Layton MacKenzie questioned the predictive validity of the SAQ. However, in 2007, Gurmeet K. Dhaliwal, Wagdy Loza, and John R. Reddon demonstrated their erroneous conclusion.

Wagdy Loza

See also Criminal Risk Assessment, General Offending; Criminal Risk Assessment, Violence

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SELF-REGULATION

Self-regulation refers to the monitoring of one's own behavior through the lens of prevailing moral and social conventions and the subsequent modification of behavior that is discrepant with personal goals and/or standards. Criminal behavior is inherently tied to the construct of self-regulation. Behaviors such as sexual offending, violence, and general antisociality are associated with a failure to modify behavior according to societal standards. Within the criminal justice system, there is a significant heterogeneity with respect to crimes committed and characteristics of criminal offenders. Accordingly, there are numerous factors that undermine self-regulatory capacity and thus contribute to criminal behavior. This entry focuses on mechanisms underlying self-regulatory failure that contributes to criminality, explains how these mechanisms are linked to distinct criminal types, and then explores the implications for treatment and prevention.

Processes Involved in Self-Regulation

In general, self-regulation relies on a feedback loop involving the establishment of a desired state, assessment of the current state, comparison of the two states, and behavioral reform to reduce the identified discrepancy between the two states. For instance, an inmate recently released on parole may have the goal of following parole requirements, such as not using controlled substances and not associating with criminal influences, to avoid reincarceration. Fundamentally, self-regulation depends on the ability to focus selectively on relevant stimuli and ignore nonrelevant stimuli. Self-regulation can be conceptualized as the context-appropriate allocation of attentional resources to dominant (i.e., related to an individual's dominant response set) and nondominant information. A dominant response set is a prepotent or well-learned response. Dominance is defined in terms of neural network activation, with the most dominant response relating to the most active network. In the case of the parolee, dominant responses relate to overlearned behaviors (e.g., doing drugs or associating with other felons), while

nondominant responses relate to other, less automatic behaviors (e.g., seeking out the company of a nondelinquent peer or looking for employment opportunities). When a dominant response is adaptive for a given context, self-regulation is unnecessary since the dominant network determines the behavior. However, when the most adaptive response is nondominant, selective attention is necessary to activate this network. For instance, selective attention would be required to shift attention from drug cues to parole conditions. Dysregulation often reflects a failure of selective attention to activate more adaptive, nondominant neural networks or failure to keep a relevant network activated while suppressing irrelevant ones.

Pathways to Undersocialized Behavior

Multiple pathways contribute to self-regulatory failure. First, attention may be overallocated to dominant cues, precluding the accommodation of nondominant information. Second, maladaptive emotional cues might hijack attention. Third, deviant developmental influence may encourage misregulated (or wrongly regulated) behavior. Lastly, intellectual deficits can impede the ability to control one's thoughts, behaviors, and feelings to reach goals.

Failure to Integrate Bottom-Up Input

Attentional dysfunction can undermine self-regulation by restricting the processing of contextual information that guides adaptive behavior. Difficulty automatically shifting attention to accommodate nondominant or set-incongruent information would undermine the ability to register contextual information or response conflict. As a result, peripheral information needed to inform self-regulation would not be integrated with ongoing goal-directed behavior. Failure to integrate nondominant information may relate to difficulty simultaneously processing multiple streams of information or to the overallocation of top-down resources to dominant cues. For instance, a salesman may focus on reaching a sales goal and overlook the long-term implications of selling a product below cost: bankruptcy and the ultimate termination of his job. Alternatively, a corporate

official may overlook the detrimental impact of an embezzlement scheme on her or his employees' livelihoods due to her or his focus on her or his own monetary gain.

Emotion-Based Overfocusing

An alternative mechanism underlying dysregulation involves the overallocation of attention to maladaptive, affectively laden cues. Differences in attentional allocation to affective stimuli relate to differences in temperamental reactivity. Neuroticism is a personality trait characterized by emotional lability and proneness to negative affect. It is associated with attentional biases toward certain types of information. Individuals high in neuroticism and extraversion typically overallocate attentional resources to rewards cues, while *neurotic introverts* preferentially allocate attention to punishment cues. The presence of salient information can hijack attentional resources necessary for adaptive inhibition, thereby disrupting the balance of attention toward dominant and nondominant cues and causing dysregulation. Examples include a recently sober drug addict who relapses after walking past a former hangout or an individual initiating a physical fight following a perceived insult.

Inadequate Socialization

Inadequate socialization is a third pathway to dysregulation. Socialization is the process by which individuals learn social norms and values to help them function in their environments. Environments characterized by violence or parental malfeasance (e.g., abuse, addiction, crime) may reinforce deviant acts, as these behaviors enable an individual to cope with and succeed in the environment. For example, an adolescent might be exposed to new opportunities to participate in criminal activities following indoctrination to a local gang, which he sought in the absence of parental involvement.

Cognitive Deficits Hampering Socialization

A final pathway to dysregulated behavior involves cognitive deficits that undermine interpersonal functioning and impulse control. Low verbal intelligence (i.e., poor verbal

comprehension) can interfere with social skills learning and the development of positive interpersonal relationships, placing an individual at a heightened risk of conflict with social rules and low peer acceptance. Executive functioning deficits are associated with emotional immaturity, poor decision-making skills, and reduced capacity for effortful self-control. Low self-control is, in turn, associated with difficulty deferring gratification and increased risk of impulsive aggression. These factors, in combination with adverse early environments, can increase the risk of delinquent behavior among juveniles. For instance, an adolescent with low self-control might have insufficient ability to resist stealing a desired article of clothing when the opportunity arises and then might lack sufficient insight to see the connection between her or his behavior and its consequences.

Self-Regulation and Criminal Types

The criminal justice system historically recognizes four criminal typologies resulting from psychopathological disorders in childhood: unsocialized–psychopathic, disturbed–neurotic, subcultural–socialized, and inadequate–immature. Each of these criminal types reflects a different pathway to undersocialized behavior.

Psychopathy

Psychopathy is a clinical construct characterized by diverse interpersonal, affective, and behavioral symptoms, including shallow affect, grandiosity, impulsivity, and antisociality. Undermining psychopathic offenders' self-regulatory abilities is their difficulty automatically shifting attention to and integrating nondominant cues during goal-directed behavior. Failure to fully process secondary information or multicomponent stimuli precludes constraining influences on ongoing behavior. In the case of psychopathy, this is perhaps the most salient in situations necessitating the processing of secondary affective or inhibitory cues (e.g., victim distress or the presence of law enforcement). Psychopathic offenders are also less likely to experience self-conscious emotions (i.e., guilt and empathy) since the experience of these emotions relies on shifting attention toward the self.

Externalizing

The externalizing construct pertains to a latent etiological factor underlying antisocial personality disorder, conduct disorder, and substance abuse and dependence. The core features of externalizing disorders overlap significantly with psychopathy, although the processes underlying these conditions are distinct. Externalizing is characterized by high levels of neuroticism and extraversion, which predispose individuals to preferentially overallocate attention to affectively valenced information. The preferential recruitment of attention for processing motivationally significant information undermines effective effortful control (i.e., cognitive control). Effortful control enables the inhibition of prepotent impulses to permit the performance of subdominant responses. Externalizers demonstrate poor effortful control when confronted with reward cues, frustration, and interpersonal slights and have difficulty overriding maladaptive, impulsive behavior to act in an adaptive manner.

Sociopathy

Although sociopathy is largely indistinguishable from psychopathy (i.e., both are characterized by callousness, impulsivity, and criminal tendencies), the mechanisms underlying the conditions differ. Whereas psychopathy involves a fundamental deficit in attentional processes, sociopathy stems from maladaptive social learning. Early exposure to disorganized environments characterized by violence or neglect can produce long-lasting changes in affective and neuroendocrine responsiveness to stress and can increase aggressive behavior. Additionally, factors such as inconsistent or hostile parenting can undermine the process of socialization, cultivating a disregard for social norms. Social influences can also contribute to the disengagement of internal regulatory mechanisms that restrain violence. This process is often seen in radical terrorist groups. Predisposing developmental factors influence individuals to join terrorist groups, while dogma surrounding the justifiability of violence and the minimization of harm, combined with anger, alienation, disenfranchisement, and group kinship, can encourage the misregulated behavior.

Inadequate/Immature Delinquency

Offenders within the inadequate/immature typology typically demonstrate poor social skills, learning problems, and deficient impulse control. They are typically easily overwhelmed and lack mature judgment. As noted, individuals with various neuropsychological deficits are at a heightened risk of socialization difficulty, particularly in the context of criminogenic environmental influences. Reduced cognitive capacity may prevent inadequate/immature offenders from learning effective emotion regulation or social skills and from understanding the legal ramifications of engaging in delinquent behavior. These individuals have difficulty resisting temptations afforded by environmental circumstances and the leadership of a more mature peer.

Implications for Prevention and Treatment

The heterogeneity of mechanisms underlying self-regulatory dysfunction has important treatment implications. Specifically, it suggests that there is no panacea for dysregulation and criminality. Regardless of the cause, early intervention is likely to optimize outcome effectiveness.

Cognitive Remediation

Cognitive remediation is an intervention designed to improve various cognitive abilities, including attention and components of executive functioning. As noted, psychopathy is characterized by attentional difficulties resulting in a failure to integrate contextual or multicomponent information necessary for effective regulation of goal-directed action. There is evidence demonstrating generalized improvements in attention to context following cognitive remediation therapy for psychopathic offenders. Psychopathic individuals show increased responsiveness to information outside their attentional focus following laboratory-based training balancing attention between primary and secondary information. There is further evidence that training children with callous-unemotional (i.e., psychopathic) traits to attend to and identify facial emotion improves empathic responding.

Affective Cognitive Control

Early interventions show promising results in decreasing disinhibition that typifies externalizing psychopathology. Treatment programs that focus on improving emotion regulation skills and on teaching caregivers effective parenting skills relating to communication, discipline, and boundary-setting are associated with significant decreases in aggressive behaviors and improvements in emotion identification and management. Treatment approaches aimed at the development of emotion regulation skills also demonstrate efficacy in adult offenders with externalizing problems. Specifically, externalizing offenders show decreased hyperreactivity to affectively charged circumstances following training in affective cognitive control.

Social Interventions

Prevention efforts for sociopathy should target environmental factors that perpetuate delinquency. From a socioecological perspective, crime stems from the interaction of individual vulnerabilities, interpersonal relationships, and societal variables. Accordingly, treatments that overlook adverse social influences to focus on individual factors will ultimately fail. Effective interventions for decreasing dysregulation include reducing social isolation and increasing positive peer involvement, cultivating economic opportunities in neighborhoods, and developing prosocial programs and policies within school and workplace settings.

Verbal and Social Skills Training

Interventions focusing on improving language-based verbal skills (i.e., comprehension and communication) and diffusing emerging conflicts by nonphysical means significantly reduce dysregulated behavior among individuals with the specified neuropsychological deficits. If an intervention occurs at an early age, it may help at-risk youth or behavior-disordered children with low verbal intelligence overcome the language deficit that contributes to maladaptive social behavior. Individuals with limited self-awareness and poor decision-making skills may benefit from compensatory cognitive training in areas such as

prospective memory, attention, learning, problem-solving, and cognitive flexibility.

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See also Criminal Lifestyle; Personality Pathology; Psychopathy; Social Skills Training

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SELF-REPORT MEASURES OF PSYCHOPATHY

The use of self-report measures to assess psychopathic personality or psychopathy (i.e., a constellation of personality traits and behaviors encompassing guiltlessness, superficial charm, grandiosity, callousness, poor impulse control, and manipulateness) has been fraught with controversy. Until approximately the 1990s, the overwhelming majority of psychopathy research was conducted in forensic and clinical settings. Since the 1990s, however, interest in studying psychopathic traits in nonclinical settings, such as college and community samples, has burgeoned. Moreover, accumulating research evidence suggests that psychopathy differs in degree rather than kind from normality and is probably underpinned by one or more subdimensions. Given these findings, some researchers have argued that psychopathy can be studied profitably among noncriminal populations by means of self-report measures. Self-report measures have become the predominant mode of psychopathy assessment among nonclinical participants, such as those in college

and community samples. This entry addresses the potential disadvantages and advantages of self-report psychopathy measures.

Criticisms and Potential Disadvantages

Self-report psychopathy measures have been met with some criticism. Critics of self-report psychopathy measures point to a variety of features associated with psychopathy, including dishonesty, manipulateness, grandiose sense of self, and lack of insight, which preclude individuals' ability to report accurately on their attributes. These criticisms typically reflect skepticism that individuals with extreme psychopathic features are either unwilling or unable to present themselves accurately. This notion is held widely in clinical psychology and psychiatry circles, even among psychopathy researchers.

Dishonesty

The most obvious characteristics of psychopathy believed to adversely affect the validity of self-reports are dishonesty and manipulateness. Psychiatrist Hervey Cleckley, who introduced the psychopathy construct to the clinical community in 1941, noted astutely that “the psychopath shows a remarkable disregard for truth.” The lion's share of research investigating this concern has focused on psychopathy's relations with response bias, reflecting either a conscious or an unconscious motivation to present oneself inaccurately. Nevertheless, when examined meta-analytically, psychopathy does not relate markedly to various indices of response bias, such as social desirability. In fact, psychopathy is typically negatively associated with underreporting of negative features (i.e., *faking good*) and positively associated with overreporting of negative features (i.e., *faking bad*). Contrary to clinical lore, psychopathic individuals are willing to admit to many socially undesirable characteristics and are consistent with higher levels of negative emotionality found in those with chronic antisocial behaviors and impulsivity, which are commonly associated with psychopathy.

Lack of Insight

A second characteristic of psychopathic individuals thought to adversely affect their self-reports is lack of insight. Cleckley conjectured that

psychopathic individuals lack the capacity to see themselves as others see them, calling into question their ability to introspect accurately. Nevertheless, scant research has examined *blind spots* in psychopathic individuals' self-perception. It is well established that psychopathic individuals are higher in blame externalization, a trait that is assessed explicitly in certain self-report psychopathy measures. Although there are several potential explanations for this finding, the presence of elevated levels of this trait leaves open the possibility that psychopathic individuals possess little insight into their problematic behavior.

Self-Report Versus Informant Report

Another line of research has explored the convergence of self-reports and informant reports of psychopathic traits. The findings in this domain are somewhat mixed, but most studies demonstrate that self-reports and informant reports of psychopathy demonstrate modest to high overlap. These findings suggest that psychopathic individuals are not entirely devoid of the capacity to report accurately on their traits and behaviors. Moreover, there is only modest support for the notion that psychopathic individuals rate themselves as less psychopathic than their peers rate them. Nevertheless, the lack of complete overlap between the two types of reports leaves open the possibility that lack of insight attenuates the validity of self-reports among psychopathic individuals. It is also possible that self-reports are equally as valid as other forms of psychopathy measures. Along these lines, self-reports need not be factually accurate to yield diagnostically useful information. For example, a psychopathic participant may respond *True* to the item "I've never done anything I ought to feel guilty about" even though such a response is almost surely factually inaccurate. Indeed, the lack of overlap between reports may implicate a lack of insight and reflect a distorted, yet sincere self-perception.

Potential Advantages

Psychologist Gordon Allport argued that the self is in a privileged position and that if psychologists want to understand people's personalities, they should just ask them. Consistent with this position, self-report psychopathy measures possess

important potential advantages over other types of measures. First, self-reports are economical, and they are often more efficient in terms of cost and ease of administration compared with interview-based measures. Second, self-reports circumvent the problems posed by interrater reliability and subjective clinical inference. Third, an often-overlooked advantage of self-reports relative to interview-based measures is that they allow for the systematic assessment of response biases, which can be measured using built-in validity scales designed to detect lying, social desirability, and malingering, all of which may be more prevalent among psychopathic individuals than among nonpsychopathic individuals.

Final Thoughts

The debate over the validity of self-report psychopathy measures remains contentious. On balance, despite skepticism and criticisms, self-reports have been shown to be reliable and reasonably valid indicators of psychopathic personality features. Perhaps for this reason, self-reports are becoming the most widely used instruments for assessing psychopathy in nonforensic, nonclinical populations. Nevertheless, future research is needed to explore the validity of self-reported personality measures and the extent to which these tools compare with, and perhaps add to, interview-based measures in the prediction of important life outcomes (e.g., criminal behavior and interpersonal deception).

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See also Psychopathic Personality Inventory–Revised; Psychopathic Traits, Structure of; Psychopathy; Psychopathy Checklist (PCL); Psychopathy Checklist–Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL:SV); Self-Reports and Questionnaires

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SELF-REPORT PSYCHOPATHY (SRP)

The SRP scale was designed by Robert D. Hare as a self-report version of his Psychopathy Checklist (PCL) and its revision (PCL-R). Originally created using correctional and forensic populations, the PCL-R is a 20-item construct rating scale that conceptualizes psychopathy as a superordinate dimensional construct composed of four correlated factors: *interpersonal* (glibness/superficial charm, grandiose sense of self-worth, pathological lying, conning/manipulative), *affective* (lack of remorse or guilt, shallow affect, callous/lack of empathy, failure to accept responsibility for actions), *lifestyle* (need for stimulation/proneness to boredom, parasitic lifestyle, lack of realistic long-term goals, impulsivity, irresponsibility), and *antisocial* (poor behavioral controls, early behavior problems, juvenile delinquency, revocation of conditional release, criminal versatility). Based on a structured interview and file review, PCL-R items are scored on a 0–2 ordinal scale with a recommended *diagnostic* cutoff score of 30 or above for research and forensic purposes.

The PCL-R is considered the international standard for the assessment of psychopathy and helped to significantly advance understanding of the construct by providing a common metric for researchers and clinicians. However, as with any psychiatric interview, the PCL-R requires extensive training and skilled clinicians or researchers to administer it. Thus, the time and cost to train and administer the PCL-R, along with the low prevalence of clinically diagnostic psychopathy in the general population (approximately 1%), lead it to be less practical for nonforensic settings. In addition, certain PCL-R

items that are relevant in offender settings (e.g., revocation of conditional release, criminal versatility) may not be appropriate for community samples. For research in the general population, Hare and colleagues developed the SRP. This entry focuses on the development and utility of the SRP, as well as its strengths and critique of other psychopathy self-report measures.

SRP Development

Hare developed the initial versions of both the SRP and the PCL in 1985 after finding that early measures used to assess psychopathy (e.g., Psychopathic Deviate scale from the Minnesota Multiphasic Personality Inventory and the Socialization scale from the California Psychological Inventory) had weak associations with each other and the early PCL. The SRP was developed using standard item reduction procedures to identify items related to psychopathy. Despite developing the initial SRP in the same theoretical framework as the PCL, the agreement between the two instruments was modest. To refine the SRP, Hare and colleagues developed the SRP-II in 1991 to reflect the two-factor structure of the PCL-R. Factor 1 of the PCL-R includes the interpersonal and affective components of psychopathy, and Factor 2 combines lifestyle and antisocial factors. To reflect the PCL-R changes, the SRP-II was expanded to a comprehensive 60-item measure with 31 items specifically designed to capture the two-factor structure. The validity of the SRP-II was bolstered by robust positive correlations with the PCL-R in both clinical and forensic samples. In nonforensic settings, Delroy Paulhus and his colleagues found that SRP-II total scores correlated positively with a variety of antisocial behavioral (e.g., delinquency) and personality (e.g., disagreeableness, promiscuous sexual attitudes) variables.

Despite these positive findings, Paulhus and his colleagues found limitations in the SRP-II. One limitation was that the factor structure did not mirror that of the PCL-R. Instead, the first factor was a combination of antisocial behavior, impulsivity, and interpersonal manipulation, which Paulhus termed *impulsive trouble-making*; the second factor, emotional stability, contained items pertaining to low anxiety and high self-confidence. The latter factor corresponded to low

scores on the neuroticism factor of the Five Factor Model of personality.

To address these limitations, Paulhus, Hare, and colleagues refined the SRP-II. They suggested that the inclusion of anxiety-related items and the absence of items related to antisocial behavior were major reasons for the discrepant factor structure. It became evident that (low) anxiety was not an essential feature of SRP psychopathy. Similarly, research with other SRP measures with anxiety-related items (e.g., the Minnesota Temperament Inventory) found that they did not covary meaningfully with core psychopathy traits, thus warranting their removal. In addition, meta-analytic research has shown that low constraint and poor threat detection are more fundamental to psychopathy than low anxiety. Another limitation of the SRP-II was that it did not reflect the four-factor model of psychopathy, initially proposed in the second edition of the PCL-R in 2003. As Hare and Craig Neumann have documented, there is extensive evidence for the four-factor model based on behavioral, genetic, longitudinal, and latent variable modeling research.

To address these issues, Paulhus and colleagues removed items related to anxiety and added several items tapping into the four dimensions of psychopathy, which resulted in a 77-item experimental measure referred to as the SRP-E. Research with the SRP-E found a correlated four-factor structure: with factors labeled interpersonal manipulation, criminal tendencies, erratic lifestyle, and callous affect. This four-factor model mirrored the four-factor model of the PCL-R as well as scales developed in the same theoretical network such as the screening and youth versions of the PCL-R. Further refinement of the SRP-E led to the development of the modern 64-item SRP-III, which can also be reliably administered as a short 29-item form called the SRP-SF, developed via model-based measurement theory. Despite some minor differences, the SRP-III and the SRP-SF are strongly intercorrelated (e.g., $r = .92$), show significant overlap in predicting relevant variables related to psychopathy, and both replicate the PCL-based four-factor latent variable model of psychopathy.

Drawing on the SRP-III and SRP-SF research, the SRP-4 was published in 2016. The SRP-4 comes with an in-depth manual that provides

norms based on large community, college, and offender samples; scoring procedures; and a comprehensive body of construct validation evidence for both the full and short form versions. Although the total scores on all versions of the SRP yield virtually identical results, only the SRP-4 and SRP-III have the four-factor structure that permits scoring of all four subscales commensurate with the PCL-R.

Strengths

The modern SRP, a self-report analogue of the PCL-R, has several notable attributes. A major strength is the mathematically strong and theoretically sound latent structure of the measure. On a practical level, this means that responses to the SRP items are highly discriminating of persons who are low versus elevated on psychopathic propensities. In addition, the four-factor structure is invariant across gender and provides a model that can capture psychopathic features across diverse samples (i.e., student, community, offender). Moreover, based on a mega-world sample of 33,016 individuals, the four-factor structure of the SRP showed excellent fit, suggesting that it can be used to assess psychopathic personality across the globe. Furthermore, the SRP has demonstrated strong relationships with the Youth Psychopathic Traits Inventory, measures of *dark* personality traits, and a psychopathy self-report based on the Five Factor Model of personality (Elemental Psychopathy Assessment), indicating that there is a sound theoretical framework surrounding the SRP and this set of measures.

Additional construct validity comes from the fact that elevated SRP scores are associated with relevant external correlates. Specifically, the SRP has been found to be predictive of violence and serious offending behavior, above and beyond other indicators of offending risk. In addition, elevated SRP scores are associated with less empathetic concern and amoral reasoning. Furthermore, the SRP is significantly linked with reduced amygdala activation and volume, an area of the brain associated with emotional processing, in concordance with previous neuroimaging psychopathy research on forensic samples. In the general population, researchers have also found that elevated SRP scores are associated with

behavioral indicators of scholastic cheating, fraud, bullying, and drug use. These findings illustrate that SRP traits predict critical external variables associated with psychopathy.

Critique of Other Popular Self-Report Measures of Psychopathy

Since the development of the first SRP, several self-report scales putatively measuring psychopathy have emerged, though questions have been raised regarding their theoretical basis and the items used in the scales. In contrast to the concordance between the SRP, the PCL scales, and other psychopathy assessments (e.g., Elemental Psychopathy Assessment, Youth Psychopathic Traits Inventory), the Psychopathic Personality Inventory (PPI) and the Triarchic Psychopathy Measure (TriPM) have been derived from another theoretical conceptualization of psychopathy that emphasizes the role of low anxiety. While it may be suggested that these measures have construct validity based on their associations with various external correlates, the precise nature of these associations is ambiguous due to evidence of problematic factor structures and the paucity of rigorous research examining latent structure and item-to-factor relations. As the PCL scales have accumulated extensive validation, it is important to consider the associations the PPI and TriPM have with the PCL-R as well as the coherence of the latent structure of these measures.

Concerns about the structure and construct validity of the PPI and its revision have been raised. The PPI is a 187-item measure consisting of eight subscales, seven of which are thought to be loaded onto two factors termed *fearless dominance* (FD) and *self-centered impulsivity*, which are believed to be associated with Factor 1 and Factor 2 of the PCL-R, respectively. However, FD and PCL-R Factor 1 share only 4–5% of variance, the FD factor has demonstrated opposing relationships with a number of external correlates, and the scales that comprise FD lack sensitivity in discriminating individuals with psychopathy from those without psychopathy from community and offender samples. In addition, researchers have found that the subscales of the PPI lack item homogeneity and the

two-factor model to be an untenable model. Taken together, the psychometric properties of the PPI introduce ambiguity to its interpretation, which attenuates the validity of the instrument.

The TriPM has demonstrated notable statistical issues that warrant attention. A 58-item self-report measure, the TriPM, conceptualizes psychopathy as a compound condition that emerges from interactions among three trait domains: boldness, disinhibition, and meanness. Although these three domains have been proposed to be elemental *building blocks* of psychopathy, item-level analyses have called this into question. Researchers have found poor fit for the TriPM three-factor structure due to the presence of subfactors nested within the three trait domains, with differential correlations among the subfactors and with external correlates. This pattern indicates that correlations between the three factors of the TriPM and other constructs will be imprecise due to the lack of item homogeneity and differential subfactor associations. With regard to construct validity, the TriPM domains evidence low to moderately low correlations with multiple facets of the PCL-R except the affective domain, which correlates with none of the TriPM traits. This pattern illustrates that the three proposed TriPM domains are multidimensional and may not assess psychopathy with the specificity demonstrated by PCL-R four-factor model.

Limitations and Future Directions

The SRP may have some limitations. Self-report measures can be subjected to dishonest responding or lack of insight. However, studies have found that psychopaths do not engage in impression management when completing self-report measures with no secondary gain. Future research should directly compare the statistical properties of the SRP with other SRP measures to see whether they are assessing the same construct. The SRP, with its robust relationship with the PCL-R and mathematically sound latent structure, is an ideal research tool for investigating psychopathy in a wide variety of samples.

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See also Psychopathic Personality Inventory–Revised; Psychopathic Traits, Structure of; Psychopathy; Psychopathy Checklist (PCL); Psychopathy Checklist–Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL:SV); Psychopathy Versus Antisocial Personality Disorder; Self-Report Measures of Psychopathy

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SELF-REPORTS AND QUESTIONNAIRES

Self-reports and questionnaires can be used by qualified evaluators who conduct assessments for the criminal justice system. These evaluators are expected to employ objective, reliable, and valid self-reports and questionnaires that meet rigorous test development and scientific standards. The purpose of assessments for the criminal justice system is to aid triers of fact (e.g., judge, jury) in responding to specific legal questions. Legal questions typically involve the evaluation of competencies (e.g., competency to stand trial [CST]); criminal responsibility (e.g., mental state at the time of the offense); and sentencing, parole, or release (e.g., dangerousness). Although self-reports and questionnaires offer a number of advantages, they also have limitations that may compromise their validity. This entry addresses the value and limitations of self-reports and questionnaires and

then examines the specific self-reporting tools used in the criminal justice system: clinical assessment instruments (CAIs), forensically relevant instruments (FRIs), and forensic assessment instruments (FAIs).

Advantages and Disadvantages of Self-Report Measures

Perhaps the most compelling value of self-report measures is that they give individuals an opportunity to report thoughts, feelings, sensations, and behaviors that may be difficult to observe publicly or that take place only in private. Checklists and questionnaires are standardized, efficient, inexpensive, and easy to score and interpret. Interviews are another form of self-report. Even though they are less efficient and require more training to administer compared with questionnaires, they have an advantage because the interviewer can probe responses to clarify meaning and interpretation.

A disadvantage of self-report measures is that they may not be credible or accurate. There are many reasons for this, ranging from unintentional memory lapses and distortions to deliberate deception for attention or secondary gain. *Malingering* is a form of intentional deception in which external incentives motivate an individual to purposely exaggerate or falsely claim to experience physical or psychological symptoms. Individuals may also purposely attempt to conceal genuine symptoms in order to appear psychologically healthy, a form of deception known as *dissimulation*. Other forms of deception may be less severe, but also threaten the validity of self-report. For instance, some individuals may simply be unwilling to reveal thoughts that they consider to be socially undesirable, while other self-reports may be invalidated by the tendency to respond to items in a similar way independently of their content (i.e., individuals may answer questions with an affirmative or a negative response, without regard to their actual preference or experience).

Concerns Regarding Self-Report in the Criminal Justice System

There are a number of disadvantages associated with self-reports that are especially problematic in

the criminal justice system. Individuals involved within this system are advised that their disclosures cannot be kept confidential. Although constitutional safeguards protect an individual against self-incrimination, there are also other reasons that individuals may resist honest self-disclosures. The high stakes of criminal proceedings may motivate dishonesty in order to avoid conviction, reduce culpability with an insanity defense, seek a more lenient sentence, or gain admission to a psychiatric hospital. The potential for these secondary gains makes malingering a concern when considering individuals involved with the legal system. There are two types of malingering that may invalidate an individual's self-report: (1) grossly exaggerating or fabricating psychiatric symptoms and (2) feigning intellectual or cognitive deficits.

Malingering of psychiatric symptoms may be most commonly observed among individuals who are seeking an insanity defense, more lenient sentencing, or transfer to a psychiatric facility. Richard Rogers has provided the most comprehensive framework for evaluating malingering in the context of psychiatric symptoms. Within this framework, malingering is suspected when someone displays patterns of symptom endorsement that have certain characteristics. These patterns can include a frequent endorsement of obvious, extremely severe and/or rare symptoms; an endorsement of symptoms that have an outrageous or fantastic quality (e.g., honeybees command the individual to kill the president); or an endorsement of symptoms that represent misconceptions about mental illness (e.g., schizophrenia means having two personalities). Patterns can also include pairing unlikely symptoms (e.g., "I sweat when I hear voices") and random or indiscriminate responses. Malingering may also be suspected when an individual's self-report does not match clinical observations or collateral information.

Feigning intellectual or cognitive deficits may be observed among individuals undergoing competency evaluations, who may want to show evidence of intellectual disability, memory problems, or brain injury. In this form of malingering, a person tries to persuade the evaluator that low ability or poor performance is a genuine representation of his or her best efforts. Individuals who feign cognitive impairment typically show distinct patterns of responding to test items that vary in

the level of difficulty. Honest responders are expected to answer easy test items correctly, but they are not expected to perform much better than chance on difficult test items. In contrast, individuals suspected of cognitive malingering do not usually consider item difficulty when deciding which test questions to answer incorrectly. As a result, these individuals are more likely to score incorrectly on easy test items that even the most impaired individuals answer correctly, to score below what one would expect based on chance alone, or to show fewer mistakes on difficult test items compared with easy ones.

As understanding of malingering has grown, so too have efforts to successfully deceive evaluators and misrepresent impairments. These efforts include coaching examinees so that they can deceive the evaluator to avoid being suspected of malingering. Specifically, examinees may be educated about psychiatric symptoms or cognitive impairments, as well as methods used to differentiate an authentic presentation from a fabricated one. Research suggests that it is difficult to coach defendants on specific psychiatric symptom presentation (i.e., even with knowledge of bona fide psychiatric symptoms, individuals cannot successfully present themselves as experiencing a genuine psychiatric condition). In contrast, coaching on intellectual or memory impairments related to brain injury or intellectual disability has shown some success in enabling individuals to avoid detection.

Self-Report in the Criminal Justice System

Despite concerns about self-report, a number of self-report assessments may be used for evaluations related to legal questions in the criminal justice system, particularly if they are accompanied by an assessment of malingering or other threats to valid disclosures. Experts have divided these assessments into three categories: CAIs, FRIs, and FAIs. CAIs assess general clinical constructs, such as intelligence, psychiatric symptoms, and personality. This category of instruments is least likely to be relevant because of its broad scope and variable relevance to specific legal questions. They are typically used to inform treatment recommendations that may be part of a sentencing evaluation or to provide evidence of psychiatric

disorder or intellectual disability that may be relevant for evaluations of competency or criminal responsibility. FRIs also assess general constructs; however, these constructs have more direct relevance to legal questions that arise in the criminal justice system. For instance, violence risk assessment and indicators of psychopathy may be especially important considerations for evaluating dangerousness and risk for recidivism, which are important for legal decisions. The assessment of malingering also falls into this category. In contrast to CAIs and FRIs, FAIs are specifically designed for use in the legal process. A comprehensive review of CAIs, FRIs, and FAIs exceeds the scope of this entry; however, several commonly used, psychometrically sound, and empirically validated instruments are summarized in the following sections.

CAIs

Self-report assessments of personality, intelligence, and psychiatric disorders are among the most commonly evaluated constructs in assessments conducted within the criminal justice system. The most widely used self-report questionnaires of personality and psychiatric symptoms in the United States are the Minnesota Multiphasic Personality Inventory-2, Millon Clinical Multiaxial Inventory-III, and the Personality Assessment Inventory. Each of these inventories has been found to be reliable and valid with established norms. They all also include validity scales to evaluate potential sources of invalid responding due to missing information, indiscriminate responding, or response styles, such as acquiescence (i.e., yea-saying). Elevated scores on validity scales may also suggest efforts to intentionally overreport, exaggerate, or fabricate personality or psychiatric impairment or, conversely, to minimize or deny such impairment and present in a socially desirable manner. However, validity scales on the Minnesota Multiphasic Personality Inventory-2, Millon Clinical Multiaxial Inventory-III, and Personality Assessment Inventory are not definitive tests of malingering or dissimulation.

Self-report of psychiatric symptoms can be obtained through an interview or a questionnaire. Two commonly used interviews include the Structured Clinical Interview for Diagnostic and

Statistical Manual of Mental Disorders, which is a reliable and valid interview guide for establishing Diagnostic and Statistical Manual of Mental Disorders psychiatric diagnoses, and the Brief Psychiatric Rating Scale, which is another interview guide that is used to assess positive, negative, and affective symptoms of individuals who have psychotic disorders. There are dozens of specific checklists and questionnaires that can also be used to evaluate the severity of specific symptom clusters or diagnostic categories (e.g., Symptom Checklist 90-Revised). Unlike the personality inventories, however, there is no systematic and objective method for scoring the validity of these interviews and questionnaires.

Forensically Relevant Inventories

Psychopathy is considered to be a personality disorder that is characterized by persistent antisocial tendencies, a lack of empathy and remorse, deception, and impulsive and irresponsible behavior. Given the high co-occurrence of psychopathy with criminal behavior, its assessment has obvious relevance to predicting the likelihood of criminal reoffense and rehabilitation. Beginning in the 1970s, Robert D. Hare developed the Hare Psychopathy Checklist-Revised (PCL-R) to evaluate this set of personality features using a semi-structured clinical interview and a review of records. The PCL-R is considered to be the general standard for evaluating psychopathy. Its reliability and validity are buttressed by decades of rigorous empirical work. A number of self-report questionnaires have also been established to measure psychopathy. Unfortunately, research has shown that these questionnaires are highly susceptible to dissimulation; examinees appear to be able to easily mask their psychopathy. Moreover, self-report questionnaires show only moderate convergence with the PCL-R. Other risk assessment strategies rely heavily on review of official arrest records and other related documents.

Although self-reports and questionnaires are suspect in known offender populations, one self-report questionnaire has shown promise for predicting violent and nonviolent reoffense over a 5-year period: the Self-Appraisal Questionnaire. On this questionnaire, respondents answer questions about their criminal tendencies, behavior

problems, alcohol/drug abuse, anger, antisocial personality, criminal history, and antisocial associates. It has been shown to predict reoffense as well or better than other established measures, such as the PCL-R. It can also discriminate well among individuals at low, medium, and high levels of risk of violent and general criminal reoffense. Still, when it comes to risk and violence prediction, self-reports are not usually the most preferred approach.

Although many questionnaires include validity scales to evaluate response styles and intentional symptom exaggeration or fabrication, there are several self-report interviews and questionnaires that are specifically designed to detect psychiatric or cognitive malingering. These include the Structured Interview of Reported Symptoms, the Miller Forensic Assessment of Symptoms Test, Test of Memory Malingering, and the Rey 15-Item Memory Test. Each of these self-report instruments has well-established reliability and validity.

Forensic Assessment Inventories

Increasingly, self-reports and questionnaires have been used to evaluate competencies of individuals involved with the criminal justice system. The most well-established area of competence evaluation is CST. Although some evaluators use CAIs or FRIs when evaluating competency, the usefulness of these tools is limited because they do not provide specific information relevant to legal elements of competency. Since the 1970s, investigators have developed the Competency to Stand Trial Assessment Instrument and the Georgia Court Competency Test, interviews that explicitly evaluate the legal elements relevant to CST-related questions. Self-report questionnaires have also been developed to evaluate CST, with generally acceptable psychometric properties.

Practical Recommendations

There are several considerations when it comes to the use of self-reports and questionnaires in the criminal justice system. First, the measures must meet rigorous scientific standards for reliability and validity. Second, there must be a strategy for evaluating the credibility and accuracy of the individual's answers in order to rule out response

biases (e.g., random response, yea- or nay-saying, and social desirability) as well as deliberate falsification or exaggeration. Third, self-report should be supplemented with collateral information from other informants and with a review of official records. Doing so will provide valuable, accurate, and objective information to decision makers in the criminal justice system.

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See also Lie Detection; Mental Health Assessment; Mental Health Assessment: Screening Tools; Offender Risk Assessment: Use of the Professional Override; Offenders With Mental Illness; Psychopathy Checklist (PCL); Psychopathy Checklist-Revised (PCL-R) and the Psychopathy Checklist Screening Version (PCL:SV); Self-Appraisal Questionnaire (SAQ); Self-Report Measures of Psychopathy; Self-Report Psychopathy (SRP)

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SENTENCING

Sentencing refers to a sanction or punishment imposed for the conviction of a criminal act. Sentencing decisions are generally made by the presiding judge and can take place in federal, state, or local courts. There are typically two types of sentences that can be imposed: custodial and noncustodial sentences. Each type of sentence can vary greatly, depending on many legal and extralegal factors. Since the 1970s, guidelines and reforms have been implemented to reduce judicial discretion and disparities in sentencing. This entry focuses on sentencing in the United States.

Sentencing Philosophies

Many common philosophies exist regarding the purpose of sentencing an individual for a crime that he or she committed. These philosophies range from attempting to change the behavior of the specific criminal before and after a crime was committed, to outright punishment for engaging in crime. Sentencing philosophies include retribution, incapacitation, rehabilitation, and deterrence.

Retribution refers to punishing an individual based on the crime that he/she committed. The sentence imposed under this philosophy must be proportionate to the crime that was committed. Retribution serves no greater purpose than to punish an individual for committing a crime.

Incapacitation is used as a sentencing philosophy to restrict an individual's ability to engage in crime by incapacitating the individual. Incapacitation can be used to protect the greater good of society.

Rehabilitation is guided by the notion that an individual should only receive enough punishment to alter the individual's future behavior. Rehabilitation as a sentencing philosophy is tailored to a component of individualized justice.

Deterrence is used to discourage the individual from engaging in future crime with fear of future punishments. Deterrence is also used to dissuade the general public from engaging in criminal behavior through fear of likely penalties or sanctions that would be imposed if caught committing a crime.

Types of Sentences

A sentence for the violation of a criminal code can be custodial and/or noncustodial. Custodial sentences are punishments that require that the defendant be remanded to prison, jail, or some other types of closed institution where the defendant will remain for the duration of the sentence. With some exceptions, misdemeanor charges can result in a jail sentence of up to 1 year, while felony charges result in prison sentences of longer than 1 year. Noncustodial sentences include probation, suspended execution/imposition of sentence, and fines. In some instances, defendants may receive a sentence that includes both custodial and noncustodial components. For instance, a defendant may receive a jail sentence and a fine or a short jail sentence followed by a term of probation. The type of sentence imposed can vary greatly based on legal factors, such as crime severity and defendant's prior record, as well as extralegal factors, such as the defendant's age.

Sentencing Systems

Two main systems can account for the structure of sentencing policies in the United States, each of which is based on a different theoretical approach about the purpose of punishment. The two systems include indeterminate and determinate sentencing. Until the mid-1970s, most states followed the indeterminate approach. Indeterminate sentencing systems are rooted in the notion of rehabilitation and individualized justice, leaving the time that will actually be served on the sentence to the discretion of judges and parole boards. In this approach, judges have great discretion on the sentence length handed down, so long as the upper limit of the sentence does not violate previously established maximum penalties. For example, a judge may impose a sentence of 2–8 years for a defendant charged with a felony that has a maximum penalty of 10 years. The time then served on the sentence is at the discretion of a parole board. A parole board may deem the defendant rehabilitated after 2 years but can also deny release and make a defendant remain incapacitated until the upper limit of their sentence has been served. Since the 1970s, indeterminate sentencing has been criticized for being applied indiscriminately, leading to disparities in sentencing as a result.

During the 1970s, backlash about the effectiveness of indeterminate sentencing and criticism about the ability of prisons to rehabilitate offenders led many states to abandon indeterminate sentencing systems for determinate, or *fixed*, sentencing schemes. Determinate sentencing systems eliminated parole boards and placed the decision of sentence lengths entirely at the control of judges. A sentence that is set at 12 years would have to be served out entirely, minus any good time credits. Under the determinate sentencing approach, the purpose of punishment shifts from rehabilitation and is placed on the notion of incapacitation. Sentencing under this scheme is more about holding and punishing offenders, rather than treating prisoners to reduce future criminal behavior. A major criticism of determinate sentencing systems is the lack of motivation it provided for inmates to improve themselves. Since rehabilitation was no longer the guiding philosophy behind sentencing, inmates who tried to improve themselves through education or training, for example, would spend the same amount of time incarcerated as those who did nothing to improve themselves. A second criticism of determinate sentencing laws is the inability of the criminal justice system to oversee the behavior of offenders once they are released, since parole is no longer an option.

Sentencing Guidelines

The vast amount of discretion held by judges and parole boards under the indeterminate and determinate sentencing systems led many states in the early 1980s to establish sentencing guidelines to limit discretion and disparities. Many of these guidelines are outlined by state-sponsored sentencing commissions. Although there was a push for all states to establish permanent sentencing commissions, only about half did so and many have been dismantled. As of 2007, there were 17 permanent sentencing commissions in the United States. Sentencing commissions are made up of many actors of the criminal justice system, such as prosecutors, judges, and defense attorneys. The primary purpose of sentencing commissions is to draft sentencing guidelines, publish related reports, and amend any sentencing guidelines as needed.

Following the role of some states, the U.S. Congress passed the Sentencing Reform Act in 1984,

which went into effect on November 1, 1987, that established federal sentencing guidelines. Sentencing guidelines do not entirely remove discretion from the judges but provide a much more narrow range of possible sanctions for a crime. Sentencing guidelines rely on the current charge that a defendant is facing, in combination with the defendant's criminal history. Based on these two components, guidelines would provide judges with an acceptable sentence range to be imposed. When judges depart from the established sentencing guidelines, they are required to provide justification for the departure.

In 2005, two Supreme Court decisions changed the way that sentencing guidelines could be implemented. *United States v. Booker* and *United States v. Fanfan* both challenged the factors that judges could take into account when making sentencing decisions. The U.S. Supreme Court ruled that sentencing guidelines could act as a recommendation template for judges, but that guidelines could not be used to definitively restrict criminal sentences. Both decisions were meant to reduce disparity in sentencing but have been found to have the opposite effect and led to increased disparities based on the offender's characteristics.

Other Sentencing Systems

Sentencing in the United States has also been influenced by other sentencing schemes, including mandatory minimum sentencing and habitual offender legislation. Mandatory minimum sentences impose a fixed penalty, target specific crimes, and do not allow judges to take into account mitigating factors when deciding punishments. As of 2010, there were over 195 federal offenses that had mandatory minimum sentences. While mandatory minimum sentences apply to a wide range of crimes, they are more commonly associated with sentences for drug crimes. For example, the Fair Sentencing Act that was passed in 2010 imposed an 18:1 differential for powder cocaine and crack. This means that the sentence for having 1 gram of crack will be equivalent to being charged with possession of 18 grams of powder cocaine.

Habitual offender sentencing laws target defendants who are charged with similar crimes on multiple occasions. Habitual offender laws allow judges to hand down increased sanctions each time the defendant is sentenced. Three-strikes

legislation is an often-imposed type of habitual offender law. *Three strikes* was initially implemented in Washington in 1993 and was adopted in 24 other states within the next year. Three-strikes laws are meant to provide long-term sentences for individuals charged with a third violent or serious felony.

There are widely held criticisms regarding mandatory minimum sentences and habitual offender legislation. The design of the policies still allows for a great deal of discretion by both judges and prosecutors, leading to differential treatment of offenders charged with similar crimes. Prosecutors may choose to reduce the charge of the crime to bypass the legislation or to coerce a guilty plea. Another criticism is the fact that these sentencing policies may lead to relatively low-level offenders, who pose little risk of reoffending, being incarcerated for prolonged periods of time. In general, mandatory minimum sentencing and habitual offender laws have been applied inconsistently and have led to sentencing disparities.

Results of Sentencing Policies

The aftermath of the shifts in sentencing policies in the United States has led to several consequences that affect society. One of the major costs of sentencing policies is the growth in incarceration rates in the United States. Sentencing policies were enacted as a response to the rise in violent crime experienced throughout the 1970s and 1980s, leading to more defendants being incarcerated. Despite the decline in violent crime during the 1990s, more punitive sentencing policies were continued to be implemented and enforced. This has resulted in an incarceration rate much higher than any other developed nation. In 2016, prisons in the United States held more than 655 inmates per 100,000 people. Sentencing policies have further resulted in inmates being incarcerated for much longer periods, leading to an aging process in U.S. prisons. Habitual offender laws, for instance, have resulted in low-risk elderly offenders to be required to remain in prison, despite the decreased likelihood of recidivism.

Another result of sentencing policies that afforded great discretion to judges and prosecutors at the charging and sentencing phases of criminal case processes has led to pronounced disparities in

the application of sentencing. Many of the sentencing policies that have been implemented in the United States are tied to specific crimes, which are generally highly correlated with race. It is argued that even when taking into account criminal involvement and many other legal factors, racial minorities are much more likely to be sentenced to prison and to receive longer sentences.

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See also Criminal Courts; Deterrence; Mandatory Minimum Sentencing; Punishment; Rehabilitation

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SEQUENTIAL INTERCEPT MODEL

The Sequential Intercept Model (SIM) is a conceptual framework that addresses the overrepresentation of individuals with serious mental illness in the criminal justice system. Due to a lack of access to community mental health services, individuals

with serious mental illness are significantly more likely to be arrested and detained for long periods of time compared with those without serious mental illness. The goals of the SIM are to prevent individuals with serious mental illness from being arrested and jailed, provide them with prompt and easy access to treatment services, limit the duration that they spend in the criminal justice system, provide linkages to community treatment services, and decrease recidivism. Therefore, the SIM identifies five potential points of interception of and intervention for individuals with serious mental illness along the criminal justice continuum. Provided that a jurisdiction has interventions at multiple intercepts, the intercepts are designed to act as a filter, with decreasing numbers of individuals needing to be served at each intercept. This entry provides an overview of the SIM intercepts.

Intercept 1: Law Enforcement and Emergency Services

In an era of deinstitutionalization, law enforcement and emergency services personnel are often the first point of contact for individuals with mental health emergencies. Police officers have discretion in deciding what course of action to take when they encounter individuals in mental health crisis, but a lack of crisis training and knowledge of available mental health resources often leads officers to believe that arrest is the only option available. Therefore, Intercept 1 is focused on developing strategies to help law enforcement officers deal effectively with individuals in mental health crisis. Such strategies may include employing a mobile crisis team composed of mental health professionals to consult with officers either in person or remotely while officers are in the field or providing officers with specialized mental health training to prepare them to respond to calls with individuals in mental health crisis and to refer them to appropriate services in lieu of arrest.

Intercept 2: Initial Hearings and Initial Detention

Intercept 2 focuses on postarrest diversion. Though preferable, it is unrealistic to think that police will always be able to successfully refer individuals with serious mental illness to appropriate services;

it is inevitable that some of those individuals will be arrested. At this stage, individuals with serious mental illness who have been charged with less serious offenses may be candidates for diversion to treatment in lieu of prosecution or incarceration. Such diversion programs include having court-employed mental health workers assess individuals for serious mental illness and offer recommendations for treatment or having courts forge relationships with community mental health resources to conduct assessments and identify and provide linkage to appropriate treatment services.

Intercept 3: Jails and Courts

The focus of the third intercept is on jails and courts. This is the last intercept where individuals with serious mental illness can be diverted from standard criminal justice processing to community-based alternatives. The primary alternatives at this stage are problem-solving courts. Although there are many types of problem-solving courts (e.g., drug courts, mental health courts), only a few types have been empirically examined, with drug courts being the most rigorously and extensively researched. For over two decades, drug courts have been providing treatment services and judicial supervision to individuals struggling with addiction and substance use. Drug courts provide resources, supervisors, and services to address criminological risk factors associated with substance use and criminal activity. This strategy provides offenders with serious mental illness with an opportunity to obtain the treatment services they need, while simultaneously keeping them out of the criminal justice system. A large body of research has shown that drug courts significantly decrease relapse and recidivism in a cost-effective manner.

Intercept 4: Reentry From Jails and Prisons

The fourth intercept of the SIM targets reentry. Individuals with severe mental illness are vastly overrepresented in the criminal justice system, and the recidivism rates for these offenders are higher than those of offenders without serious mental illness. The fourth intercept was developed to help

identify offenders with serious mental illness and provide them with an effective reentry program. A collaboration between the criminal justice system and community-based providers (i.e., mental health and substance abuse clinics) is required to address the different risks, needs, and responsivity of offenders returning from jail or prison. The most widely used theoretical framework for reentry is the Risk-Need-Responsivity model. This model calls for an assessment of an individual's risk of reoffending, identification of his or her current criminogenic needs and appropriate interventions, and tailoring those interventions according to the individual's learning style and motivation levels.

Intercept 5: Community Corrections and Support

The fifth intercept targets offenders with serious mental illness who are on parole or probation. Because these offenders are deeply entrenched in the criminal justice system, a balance of mental health and criminal justice services is necessary to reduce recidivism. To accomplish this goal, specialty mental health probation and parole programs have been developed. These programs provide mental health training to parole/probation officers and reduce overall caseloads for parole/probation officers. Additionally, Forensic Assertive Community Treatment, a derivative of Assertive Community Treatment, can be used in conjunction with standard parole/probation services to help provide mental health treatment. Forensic Assertive Community Treatment involves the use of a multidisciplinary team (e.g., mental health, medical, substance abuse counseling), smaller caseloads than those in traditional probation, and frequent contact for individuals with previous criminal justice involvement. Among other roles, Forensic Assertive Community Treatment provides services including assistance with housing, transportation to parole meetings, and community-based treatment, in an effort to prevent individuals from having further involvement with the criminal justice system. Focusing on criminogenic needs or mental health symptoms alone does not effectively reduce recidivism, but targeting both domains and providing adequate community support have been shown to lower

recidivism rates among offenders with serious mental illness.

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See also Drug Courts; Mental Health Courts; Mental Illness and Crime, Etiological Linkages Between; Mental Illness and Violent Behavior: Perceptions and Evidence; Mental Illness as a Predictor of Crime and Recidivism; Offenders With Mental Illness

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SERIAL MURDER

Serial murder is a form of aberrant violent crime that, in simple terms, can be characterized by the commission of multiple murders perpetrated at intervening periods of time by the same offender or offenders. In comparison with other modes of crime and even other forms of homicide, the prevalence of serial murder is very rare. Cases of serial murder have been recorded throughout history and across most nations in the world. Despite the comparatively infrequent occurrence of serial murders, such crimes nonetheless attract a disproportionate notoriety, largely due to the numerous popular and sensationalistic media depictions of such crimes. The police investigation of serial murder is often difficult because criminological patterns typically observed in the perpetration of murders are often absent in the circumstance of serial murder. Nonetheless, specialized mechanisms such as computerized crime-tracking databases and criminal profiling have been developed to augment law enforcement responses to serial murder.

The Concept of Serial Murder and Its Definitional Problems

Although there appears to be an almost universal colloquial recognition of the term *serial murder*, the underlying concept of what precisely constitutes serial murder is not an easily defined issue. Essentially, when the detailed examination of this point is undertaken, it becomes apparent that serial murder does not actually reflect a singular construct but instead is better understood as a multifaceted phenomenon wherein there exist many different forms of serial murder that can be perpetrated for disparate reasons. To appreciate some of these issues and thus the complexities inherent to the diversity surrounding serial murder, some of the problems associated with defining it should be considered.

The term *serial murder* was originally coined to describe the sequential perpetration of multiple murders by the same offender or offenders. From the outset, even this very early definition embodies a number of potentially complicated explicit and implicit conceptual factors. Some examples of the explicit features include the recidivistic nature of the crimes (i.e., conveyed by multiple victims) as well as the time interval between the various murders. With respect to implicit features, there are the underlying motivational factors and drives, which account for the aforementioned explicit features and thus markedly differentiate these murders from more common forms of homicide.

Starting with the seemingly elementary issue of how many murders need to be committed before the crimes can collectively be classified as *serial* in nature has been the source of debate, with arguments ranging from a single murder being sufficient to a minimum of five murders. These differences are typically related to circumstantial factors that can influence the classification of the crime. For example, if an offender is apprehended immediately after his or her first murder but, given the opportunity, would have continued to commit further murders, does this exclude the offender from being classified as a serial murderer? Alternatively, if due to available evidence an offender is only convicted of a single murder although it is likely that he or she is responsible for many others, does this circumstance preclude classification as a serial murderer? Similarly, the time interval between murders has proven to

be an equally controversial issue as other forms of murder such as mass shootings or murders committed by professional assassins feature multiple victims whose murders are often separated by time intervals.

Underpinning all of these explicit factors are motivational dynamics, psychological mechanisms, and possible psychopathologies that might explain why these murders are being perpetrated. Once again, a gamut of different factors may be in operation which may account for multiple different forms of serial murder. For example, some murders are attributable to the operation of pathological sexual drives wherein a combination of fantasy mechanisms, sexual sadism, and fetishes are operating within the offender. Alternatively, some offenders are driven by an extreme hatred of some identified type or class of individual and set about murdering those people, and no overt element of sexuality underpins the murders. As a consequence of these contentious conceptual issues, *serial murder* should ideally be viewed as a simplistic term used in colloquial parlance to describe the occurrence of aberrant violent murders.

Police Response and Investigation of Serial Murders

As serial murders often do not feature criminological variables typically encountered in the perpetration of more common forms of murder (e.g., a readily identifiable nexus between the victim and the offender), a number of mechanisms have been specifically developed to assist police with their investigations. Possibly the two most prominent are violent crime databases and the technique of criminal profiling. One of the preliminary problems confronted by law enforcement when investigating serial murder is its actual identification. While the discovery of murder victims per se does not necessarily pose a significant investigative conundrum, the determination as to whether murder victims found at differing locations and at differing points in time are indeed related in terms of having been murdered by the same offender can prove to be a difficult task. To counteract the problems associated with the sheer volume of recorded crimes as well as legal jurisdictional boundaries that may hinder the sharing of information among law enforcement operatives,

computer databases have been developed. These systems collate and analyze recorded murders to determine whether behavioral similarities exist that suggests that two or more crimes within the database may have been committed by the same offender and thus related in terms of being suggestive of a serial murderer.

Another mechanism developed to assist with the investigation of serial murders is the technique of criminal profiling whereby behaviors apparent in various murders are analyzed for the purpose of developing a template of probable characteristics inherent to the offender or offenders of the murders. With the information contained in a *profile*, police investigators can prioritize their inquiries with any preexisting suspects. Alternatively, information from a criminal profile can be used as a means of potentially generating new lines of investigation. For example, a criminal profile may indicate that the probable offender is likely to possess an interest in a specific hobby, and equipped with this information, police may make inquiries of various clubs associated with the identified hobby.

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See also Criminal Profiling; Violent Offenders

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SERVICES MATCHING INSTRUMENT (SMI)

Many assessments of mental illness (e.g., symptom checklists, diagnostic oriented symptom assessment) and criminal risk (e.g., level of criminal risk, criminal thinking) exist independently; however, the SMI is the first measure to simultaneously

assess both symptoms of mental illness and criminal risk in one measure. Using a multifaceted approach to improved mental health functioning, reduced criminal risk, and reductions in psychiatric and criminal recidivism, specific constructs were identified as influential to the justice involved person with mental illness functioning (i.e., symptoms of mental illness, substance abuse, resilience, social support and occupational functioning, problem-solving skills, antisocial attitudes, antisocial associates). Items were then generated by the test developers to assess these target areas. This entry provides an overview of the SMI, exploring the need for this tool, detailing its features, and discussing related study findings and future research areas.

Why the SMI Is Needed

Individuals with mental illness are overrepresented in the criminal justice system. Specifically, persons with mental illness are up to 3 times more likely to end up incarcerated than they are to end up receiving mental health services. Research has demonstrated that individuals with mental illness who are criminal justice involved share similar psychiatric symptoms with those with mental illness who are not criminal justice involved and share criminal risk factors with those who are incarcerated but not mentally ill. Thus, it stands to reason, when treating persons with mental illness within the criminal justice system, it is important to consider both the individual's co-occurring mental illness and criminogenic risk factors. Effective treatment of persons with mental illness within the criminal justice system begins with the assessment of these constructs, so professionals can gain a better understanding of the individual's specific treatment needs, decreasing the potential of reoffending.

A Closer Look at the SMI

The SMI consists of 94 theoretically derived items with a true or false response style. The 94 items produce eight theoretically derived clinical scales including psychiatric symptomology, criminal history, antisocial attitudes and associates, social networking, substance abuse, negative affect, social functioning, and traumatic history.

The psychiatric symptomology scale is an 18-item scale that asks about the presence of delusions, hallucinations (auditory and visual), and the individual's psychiatric history. These questions are aimed at assessing for the possibility of a psychotic disorder or related severe mental illness that may contribute to the risk of psychiatric recidivism. The criminal history scale is an 11-item scale that assesses for the occurrence of common criminal activities and behaviors. The theoretical underpinning of this scale supports the idea that the best predictor of future behavior is past behavior. The antisocial attitudes and associates scale is a 9-item scale that targets the individual's belief system, including his or her values and cognitions that disregard the rights of others and support a criminal lifestyle, and assesses the individual's social support network of criminal and noncriminal others. The social networking scale is composed of 9 items that focus on the individual's interpersonal functioning and ability to form and maintain healthy (i.e., prosocial) relationships. The substance abuse scale is a 9-item scale that assesses for the presence of alcohol- and drug-related disorders. The negative affect scale is a 15-item scale that assesses for the presence of persistent negative emotion and related depressive symptoms. The social functioning scale is a 12-item scale that evaluates the individual's ability to perform expected duties and contribute to society in a positive manner. Finally, the traumatic history scale is a 7-item scale that provides information about the individual's exposure to trauma to inform treatment (to allow for trauma-informed services), as well as a possible important target of treatment. The final four questions of the SMI form the infrequency scale that provides information about test-taking attitudes and screens for potential overreporting or exaggeration of symptoms and experiences.

It is hoped that this measure can provide clinicians with one self-report measure to determine clinical service needs to more efficiently match offenders with mental health and rehabilitation services. For example, if the SMI identified antisocial attitudes and associates as a potential problem area, the offender would be matched with appropriate services targeted at reducing criminal thinking and forming prosocial friendships.

Study Findings and Future Research

Initial research has focused on providing support for the internal consistency, test-retest reliability, and factor structure of the measure. With respect to internal consistency (i.e., how well the items on a scale measure the same trait), α values ranged from .767 to .937, suggesting strong cohesion of items within each subscale. The SMI also demonstrated a significant test-retest reliability (i.e., test of trait stability over time) over a 2-week time period ($r = .908$), an important issue given the purpose of this measure is to link offenders with clinical services. Research to date is promising, but ongoing and future research will focus on providing support for the validity (i.e., the degree to which a measure is testing what clinicians think it is) of the measure and confirming the proposed factor structure.

Given the overrepresentation of people with mental illness in the criminal justice system, but also the number of individuals in the mental health system that have criminal justice involvement, it is anticipated that this measure will be of clinical utility during all phases of assessment. For example, this measure can help identify areas of treatment need during initial mental health or criminal justice screenings or during the assessment intake when an individual is admitted to a new institution or program. The SMI may also be administered pretreatment and posttreatment to assess treatment change. Importantly, it is intended that the SMI will be helpful to mental health and criminal justice professionals working in correctional agencies (jail, prison, probation, parole), forensic mental health units, and general psychiatric facilities to more efficiently assess and subsequently guide clinical decision-making and case management strategies.

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See also Mental Illness and Crime, Etiological Linkages Between; Mental Illness and Violent Behavior: Perceptions and Evidence; Mental Illness as a Predictor of Crime and Recidivism

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SEX OFFENDER RISK APPRAISAL GUIDE (SORAG)

The Sex Offender Risk Appraisal Guide (SORAG) is a 14-item static actuarial risk assessment tool developed to assess risk of general violence (sexual and nonsexual) with adult male sex offenders. After reviewing the development and content of the SORAG, this entry discusses its predictive accuracy, strengths, limitations, and applications and concludes with a look at a recent revision merging the SORAG with a companion measure.

Development and Item Content

The SORAG was developed in 1998 by Vernon Quinsey, Grant Harris, Marnie Rice, and Catherine Cormier at the Mental Health Centre Penetanguishene in Ontario, Canada, a maximum-security psychiatric facility. Although intended to be used with sex offenders, the broad scope of the SORAG is based on the premise that violence as an aggregate outcome is sufficiently serious to merit assessment. For instance, the public is no less deserving of protection from an individual who has committed a nonsexual homicide than an individual who has committed a sexual assault. Furthermore, there is evidence that men who commit sexual offenses (e.g., sexual assault of an adult woman, sexual abuse of a child) have some unique risk factors that set them apart from other violent offenders (e.g.,

deviant sexual interests, sexual offense history) which are predictive of violence and enough to justify the development of a separate scale.

The SORAG was originally developed on 288 adult male sex offenders from four independent samples who were released from Mental Health Centre Penetanguishene and followed up in the community. The rate of violent recidivism observed in the overall sample was 42% over 7 years and 58% over 10 years. The items for the SORAG were identified through statistical procedures aimed at identifying combinations of predictors that optimized the prediction of violence. In all, 14 variables that discriminated violent recidivists from nonrecidivists are listed in Table 1. The correlation for each individual item with binary violent recidivism (i.e., yes–no violently reoffended) is presented in Table 1, along with the weighting of each item.

Briefly, correlations are statistics ranging in value from -1.0 to $+1.0$ representing the strength of association between two variables. When a correlation is computed between one binary variable (i.e., a variable that can take one of only two values, such as inpatient or outpatient or criminally insane or not criminally insane) and another variable with a range of values, this is called a *point biserial correlation*. Point biserial correlations from $.10$ to $.23$ are considered small in magnitude, while those ranging from $.24$ to $.36$ are moderate and $.37$ and above are high. These 14 items were used as the foundation for developing the SORAG. After the best predicting items were identified, a technique known as *the Burgess method* was used to differentially weight predictor variables shown to successfully discriminate violent recidivists from nonrecidivists. For each category or value of a predictor demonstrating a 5% increase or decrease in recidivism from the overall rate, a weighting of $+1$ or -1 , respectively, is assigned. The weights are increased in either direction based on the degree of difference from the overall recidivism rate associated with a given category or value on a variable. In this manner, stronger predictors—that is, variables with the best discriminating power—were given the heaviest numerical weights (see Table 1). As the SORAG is part of a collection of instruments that were developed in a purely data-driven

Table 1 SORAG Items: Associations With Violent Recidivism and Range of Individual Weights

<i>Item</i>	<i>Correlation</i>	<i>Weights Range</i>
1. Lived with biological parents to age 16	.19	-2 to +3
2. Elementary school maladjustment	.18	-1 to +5
3. History of alcohol problems	.07	-1 to +2
4. Marital status	.18	-2 to +1
5. Prior nonviolent offenses	.10	-2 to +3
6. Prior violent offenses	.05	-1 to +6
7. Prior sexual offenses	.17	-1 to +5
8. Sex offenses against girls under age 14 only	.13	0 to +4
9. Failure on prior conditional release	.13	0 to +3
10. Age at index offense	.18	-5 to +2
11. <i>Diagnostic and Statistical Manual of Mental Disorders, Third Edition</i> personality disorder	.25	-2 to +3
12. <i>Diagnostic and Statistical Manual of Mental Disorders, Third Edition</i> schizophrenia	.10	-3 to +1
13. Phallometric test results	.14	-1 to +1
14. Psychopathy Checklist-Revised Score	.26	-5 to +12

Source: Quinsey et al. (2015, p. 138).

manner in the absence of theory, it is termed an *empirical actuarial* scale.

Once scored, the items are summed to generate an overall score that was associated with the probability of violent recidivism postrelease. With possible scores ranging from -26 to +51, the SORAG is scored in a manner such that higher scores were associated with increased violent recidivism and lower scores were associated with lower rates of future violence. The SORAG was then divided into nine score bands which were associated with different rates of violent recidivism over 7-year or 10-year follow-up. In 2013, the SORAG was renormed on a sample of 716 sex offenders with a minimum of 10-year follow-up. With a sample nearly triple the development sample, the bin sizes were also larger and more representative. For instance, Bin 9 in the construction sample had only five cases, while in the updated normative sample, it has 64 cases. Table 2 presents summary information on the nine SORAG risk bins, score range, the percentage of 10-year violent recidivism associated with bin membership, and the bin size (*n*) for each.

Table 2 SORAG Bins, Score Range, and Rates of 10-Year Violent Recidivism

Bin	SORAG Score Range	% Recidivism	<i>n</i>
1	<11	.18	39
2	-10 to -5	.25	63
3	-4 to +1	.38	93
4	+2 to +7	.44	100
5	+8 to +13	.56	106
6	+14 to +19	.62	86
7	+20 to +25	.73	93
8	+26 to +31	.72	72
9	>+32	.91	64

Source: Quinsey et al. (2015, p. 148).

Subsequent Validations

In the original development sample for the SORAG, the instrument demonstrated a strong predictive accuracy for future violence, with an area under the receiver operating curve (AUC) value of .75. With possible values ranging from 0 to 1, an AUC of .75 would be interpreted to mean there is a 75%

chance that a randomly selected violent recidivist had a higher SORAG score than that of a randomly selected nonrecidivist. Such an effect is considered to be large in magnitude and to represent high predictive accuracy. The authors noted that the SORAG was a weaker predictor of sexually motivated recidivism (being .05 to .15 lower in terms of AUC value), but that it continued to significantly predict this specific outcome.

Subsequent validations of the SORAG have reaffirmed its properties for predicting future sexual and general violence among sex offenders. Quantitative reviews of the SORAG, termed *meta-analysis*, have been conducted to examine how well the SORAG and its variants predict future violence postrelease among sexual offenders. A major meta-analysis published in 2009 of 118 recidivism prediction studies of men who committed sexual offenses generated support for the predictive properties of the tool. Specifically, AUC equivalents (converted from Cohen's *d*) were obtained for the prediction of sexual recidivism (AUC = .67, 12 studies), violent recidivism (AUC = .71, eight studies), and general recidivism (AUC = .72, eight studies). In the 2013 renorming of the SORAG on 716 sex offenders, the tool demonstrated very good predictive accuracy for violent recidivism (AUC = .73).

In all, the existing research to date has supported the predictive accuracy of the SORAG scores for the prediction of future sexual violence, general violence, and general criminal recidivism among adult male sex offenders.

Strengths, Limitations, and Applications

The SORAG is a fairly objective risk instrument to score that yields a high level of interrater agreement between independent raters, thus demonstrating high interrater reliability. It also has demonstrated high predictive accuracy overall for general violence among sex offenders and moderate-level accuracy for predicting sexually motivated recidivism. It is used frequently throughout the United States and in several countries internationally for assisting decision makers in making judgments about conditional release (e.g., parole boards) or sentencing (e.g., judges, review boards). As the SORAG is composed entirely of static items (i.e., historical and generally unchanging), however, it

cannot assess changes in risk from positive progress made in risk reduction treatment or resulting from other credible change agents (e.g., specialized treatment completion, improvement in supports, major deterioration in health). For this reason, there is justification to supplement the SORAG with other measures that assess dynamic (i.e., changeable) risk markers to inform decisions concerning sentencing or conditional release.

Moreover, the SORAG has received criticism on the basis of its normative sample: violent, mentally disordered, psychiatric patients. Arguments have been advanced that the recidivism rates and the weighting of the items may be less applicable to nonmentally disordered offenders in conventional justice settings (e.g., prison, probation); of note, however, many replications of the SORAG have been with sex offender samples across a range of correctional and forensic settings, supporting the generalizability of its predictive properties. Critics have cited additional concerns, however, with the representativeness and stability of the instrument's bin structure, for instance, containing some bins of extreme scores with small subgroups of men (e.g., Bin 9) associated with 100% recidivism. The revised 2013 norms address this concern with larger *ns*, a greater representation within each of the nine risk bins, and none of the bins reaching 100% recidivism, even for the most extreme scores over the longest follow-up periods.

Revision and New Validations

The 2013 renorming of the SORAG also saw the development of a revised tool intended to supplant the SORAG through merging its item content with a companion measure developed by the same research group to form the Violence Risk Appraisal Guide-Revised (VRAG-R). The VRAG-R was developed and validated on a sample of 1,261 violent offenders from previous studies with an extended follow-up and is intended for use with both sexual and nonsexual violent offenders. The VRAG-R is simplified in scoring, including no longer requiring the rating of diagnostic criteria and substituting the antisocial factor from the Psychopathy Checklist-Revised in place of the whole instrument. Validation research for the VRAG-R is promising (AUC = .76), and further research will be forthcoming.

Conclusions

The SORAG is an empirical actuarial risk assessment tool with a strong foundation of validity research supporting its predictive accuracy for general violence and sexually motivated violence with adult male sex offenders. In recent years, it has been merged with the VRAG, and the resulting instrument has been streamlined to create the VRAG-R, which has simplified scoring and demonstrated predictive accuracy for future violence among sexual and violent nonsexual offenders. Although the limitations inherent within any static tool apply no less to the SORAG, the tool enjoys a widespread and an international use to assist decision makers in sentencing and conditional release decisions to manage risk, prevent future violence, and enhance public safety.

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See also Sexual Offending; Statistical Information on Recidivism (SIR); Violence Risk Appraisal Guide (VRAG) and the Violence Risk Appraisal Guide-Revised (VRAG-R)

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SEX OFFENDER TREATMENT INTERVENTION AND PROGRESS SCALE (SOTIPS)

The SOTIPS is a statistically derived dynamic risk assessment instrument for adult males who have been convicted of sexually abusive behavior.

Mental health clinicians, correctional caseworkers, and probation and parole officers use the SOTIPS to assess an individual's sexual reoffense risk, treatment and supervision needs, and treatment progress. The SOTIPS is designed to be scored at the time an individual begins a treatment or supervision program and thereafter as frequently as every 6 months.

The SOTIPS surveys 16 potentially changeable domains (i.e., criminogenic needs or dynamic risk factors) that are related to risk of future sexual offending. The SOTIPS may be used alone or in conjunction with a static sexual offender risk assessment instrument, such as the Static-99R or the Vermont Assessment of Sex Offender Risk-2, which is composed of unchangeable risk factors. When used in conjunction with a static risk instrument, SOTIPS scores can be used to adjust baseline recidivism risk predictions. This entry explores the items on the SOTIPS and then explains the criteria for its use, the interpretation of scores, and how to implement this risk assessment tool.

SOTIPS Items

The 16 SOTIPS items are scored on a scale of 0–3, with higher scores indicating greater treatment need and dynamic risk. Most SOTIPS items are scored to reflect an individual's cognitive and behavioral functioning for the previous 6 months. SOTIPS items can be clustered into five conceptual categories: sexuality and risk responsibility, criminality, treatment and supervision cooperation, self-management, and social stability and supports.

Sexuality and Risk Responsibility

The sexuality and risk responsibility category contains 5 items related to sexuality and sexual abuser treatment motivation. The *Sexual Offense Responsibility* item measures the extent to which an individual internalizes responsibility for his sexual offending behavior. *Sexual Behavior* measures the proportion of the individual's nonabusive behavior to offense-supportive sexual behaviors during the previous 6 months. Offense-supportive behavior includes engaging in promiscuous sexual behavior, using pornography in violation of supervision or treatment rules, and

engaging in illegal sexual behavior. *Sexual attitude* addresses the cognitions and beliefs that drive sexually abusive behaviors, including viewing sexual urges as uncontrollable or viewing sexual activity with children as not harmful. *Sexual interest* quantifies the degree to which the individual's overall sexual interests focus on offense-related themes, including greater sexual interest in children or rape than interest in consensual sexual activity with consenting adults. *Sexual risk management* evaluates the individual's understanding of his risk factors for sexual reoffending and the adequacy of his plan and its implementation to manage his risk in the community.

Criminal Behavior

The second SOTIPS category contains 2 items that are related to antisocial behaviors and attitudes. *Criminal and rule-breaking behavior* quantifies behaviors associated with breaking criminal laws, not adhering to probation or parole conditions, or failing to abide by correctional facility rules. *Criminal and rule-breaking attitude* measures the extent of cognitions and beliefs supporting such behaviors (e.g., "It is only wrong if you get caught" and "Rules are made to be broken").

Treatment and Supervision Cooperation

The third SOTIPS category contains 3 items. The *stage of change* item evaluates an individual's engagement in the change process (i.e., whether he believes in the need to change to reduce risk to sexually reoffend, is ambivalent about change, is actively making changes, or is maintaining positive changes that he have already made). *Cooperation with treatment* and *cooperation with community supervision* evaluate the individual's adherence to the expectations of sexual offender treatment and community supervision, respectively.

Self-Management

The first self-management item is *emotion management*, which evaluates an individual's ability to manage intense emotional states (e.g., loneliness, anger, jealousy, and depression). *Problem-solving* concerns the individual's ability to consider problems rationally, develop prosocial plans of action, and successfully carry out plans to

resolve such problems. *Impulsivity* gauges the individual's overall ability to engage in behavior that is thoughtful, deliberate, and planned.

Social Supports and Stability

The final 3 items pertain to general social functioning and the capacity to lead a prosocial lifestyle. *Employment* quantifies an individual's ability to retain full-time employment or educational enrollment. *Residence* measures an individual's stability of and satisfaction with recent accommodations. *Social influence* weighs the impact, both positive and negative, of an individual's family, friends, and other associates on his behaviors. Positive family and friends support an individual's prosocial lifestyle. Negative family and friends are those who hold antisocial values, engage in crime or substance abuse, and otherwise do not model or support prosocial lifestyle.

Criteria for Use

The SOTIPS has been developed for use only with adult males who have been convicted of at least one qualifying sexual offense against an identified child or nonconsenting adult victim. The definition of a qualifying sexual offense is based on the Static-99R risk instrument criteria for category A offenses, which include rape, child molestation, and exhibitionism. The SOTIPS is not recommended for use with individuals who have been convicted of only Static-99R category B offenses, which are convictions for sexual behavior that is illegal but the parties were consenting or no identifiable victims were involved (e.g., possessing child pornography, engaging in consenting sexual behavior in a public place, soliciting a prostitute). In addition, the SOTIPS is not recommended for use with juvenile males or with female offenders of any age.

The SOTIPS is recommended for use with any adult male offender meeting the above criteria, regardless of intellectual capability. An earlier version of the SOTIPS, the Treatment Intervention Progress Scale for Sexual Abusers with Intellectual Disabilities, was adapted for use with individuals who have an intellectually disability.

The SOTIPS is most commonly used with individuals residing in the community. This typically involves individuals who are being supervised by

probation or parole officers, participating in outpatient sexual offender treatment, or both; rarely would SOTIPS be used for an individual in the community apart from community supervision or treatment. Residential application of the SOTIPS has been less thoroughly examined, but it can also be used with individuals in correctional facilities and other residential environments.

Since the SOTIPS is a dynamic risk instrument, it is designed to account for an individual's improving or worsening on potentially changeable risk factors (i.e., criminogenic needs). Thus, it is recommended that individuals be scored on the SOTIPS every 6 months. With only a few very specific exceptions that are detailed in scoring rules, information used in scoring is based on the individual's behavior during the 6 months prior to the SOTIPS evaluation.

Interpreting SOTIPS Scores

SOTIPS items are scored on a 4-point scale of 0–3. A score of 0 represents *no or minimal need for improvement*, 1 is *some need for improvement*, 2 is *considerable need for improvement*, and 3 represents *very considerable need for improvement*. The scores of the 16 items together form an aggregated score range of 0–48. This total score can be interpreted without further adjustment, which quantifies the overall level of treatment need and risk of future offending behavior. Alternatively, consecutive scores may also be clustered into relative risk/need categories, suggested as low (0–10), moderate (11–20), and high (21 and above) levels of treatment need and risk of recidivism. These categories may be used to inform general resource allocation or treatment dose within a population of individuals convicted of qualifying sexual offenses. Individuals with low treatment needs would receive no or minimal treatment services, and those with greater treatment needs would receive correspondingly greater amounts of treatment services.

Specific reoffense data, or norms, are provided by the SOTIPS developers or may be derived specifically with a population on which the SOTIPS is being used. Correct application of SOTIPS norms requires the user to evaluate the similarity of the normative sample characteristics with the characteristics of the offending individual's population. Developer-provided norms are designed to predict

the likelihood of a new offense 1 year and 3 years following SOTIPS scoring.

The SOTIPS can be used alone, but it is most commonly used in conjunction with a static risk instrument such as the Static-99R or the Vermont Assessment of Sex Offender Risk-2. Combined static–dynamic recidivism risk norms are commonly reported as an adjustment of the static risk level. A static risk level can be treated as an individual's *baseline* risk, with low dynamic risk suggesting that the overall risk level is below the static baseline and high dynamic risk suggesting an adjustment of the risk level above the baseline. Alternatively, combined static–dynamic risk information can be presented as a two-dimensional risk matrix, with each matrix cell representing a unique category of risk information. Although this provides more precise information, it is less efficiently employed.

Statistical Consideration With Repeated-Measures Risk Assessment

A dynamic measure that examines multiple points at which the offending individual may be evaluated is known as a *repeated-measures design*. The SOTIPS is designed to evaluate an individual's recidivism risk and treatment needs every 6 months, and no theoretical ceiling on how often it can be used has been established. Unlike static assessment methods, repeated-design assessments require additional methods for evaluation and implementation.

Analyses of predictive validity are of the foremost concern. The area under the receiver operating characteristic curve (AUC) statistic is commonly used in evaluating the accuracy of statistically derived risk measures such as the SOTIPS. Briefly, this statistic presents the probability that an individual's likelihood to reoffend is correctly identified (i.e., true positive) versus incorrectly identifying the individual as a potential recidivist (i.e., false positive). AUC values range from 0 to 1, with 0.5 representing chance-level prediction and 1 representing perfect prediction. In the case of the SOTIPS, multiple SOTIPS scorings recorded over time for those evaluated can be used to statistically evaluate its predictive accuracy using the AUC. An important consideration in such an evaluation is the value of the SOTIPS in combined static–dynamic assessment schemes over static-only assessments. In these

analyses, aggregating repeated SOTIPS scores from an evaluated person is preferable when combined with single-scored instruments such as the Static-99R. Such an implementation does show a slight incremental improvement in the AUC value over the Static-99R alone (AUC = .74 vs. AUC = .72). These AUC values represent moderate predictive validity and are similar to those of other sex offender risk assessment instruments.

SOTIPS as Part of Collaborative Treatment

Contemporary treatment planning methods favor a collaborative approach when working with individuals who have sexually offended. With guidance, clients in sexual offender treatment can effectively complete a SOTIPS evaluation. This exercise serves two functions: First, it can provide treatment professionals better insights into their patients' treatment needs, which may not be readily evident for the service provider. Second, it can better educate individuals who have sexually offended about the processes of assessment and treatment.

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See also Recidivism; Risk Assessment, Actuarial; Risk-Need-Responsivity, Principles of; Sexual Offending

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SEXUAL OFFENDER CIVIL COMMITMENT STATUTES

See Sexually Violent Predator Laws

SEXUAL OFFENDER REGISTRIES

Among the diverse policies used worldwide to manage offenders convicted of sexual crimes in the community, sexual offender registries (SORs) are a common approach. SORs are databases of information pertaining to persons previously convicted of sexual offenses. The intention of SORs is to protect the public primarily by helping law enforcement monitor the whereabouts of identified sex offenders. In certain countries, information contained in these registries is also available to the public. Although SORs are generally developed in response to highly publicized and brutal sex crimes, there is little research evidence to support their efficacy, and there are also some documented challenges associated with SORs. This entry provides an overview of the purpose of and information contained in SORs, reviews the research on their efficacy and issues of concern, identifies their impact on offenders as well as associated collateral consequences, and discusses public support of SORs.

Overview of Sex Offender Registries

Researchers in the United States have investigated the development of sex offender policies, such as the sexual psychopath laws in the 1950s and sex

offender registration and notification policies ratified in the 1990s and 2000s. These researchers have noted that many of these policies have been instituted as a result of public panic and outcry, in response to highly publicized heinous crimes. In several countries, registries and other related policies have regularly been named after victims of tragic sexually violent crimes committed against children (e.g., Jacob and Megan's laws in the United States and Christopher's law in Canada). Many registries have primarily been enacted to keep track of persons convicted of crimes against children; however, registries are not necessarily restricted to child sexual offenders.

Purpose

The ultimate purpose of or justification for SORs is to protect the public and reduce sexual recidivism of habitual offenders. This goal is achieved in several ways: (1) helping law enforcement surveil known offenders, (2) providing law enforcement with up-to-date information in order to assist in resolving cases of a similar nature, and (3) in the case of public registries, heightening public awareness of sex offenders and providing information to communities that people can use to protect themselves and their families. Furthermore, registration also acts as a larger penalty for offenders convicted of sexual crimes and thus can also be considered a deterrent for those who have not committed a sexual offense.

Basics

Although the particulars of how offenders in different countries are placed on registries may differ, generally speaking, one must first be convicted of a registerable offense. The types of eligible offenses vary and can include both contact and noncontact sexual offenses. At a minimum, convictions for sexual offenses involving child victims and/or those involving violence would usually qualify an offender for registration.

Sex offenders have to remain on registries for a prespecified minimum period of time, which can range from several years (usually at least 5 or 10) to a lifetime; the time frame usually depends on the specific offense committed. SORs contain information on sex offenders who have completed

their sentence or who are serving the rest of their sentence in the community. Upon release/com-mencement of the community portion of their sentence, offenders are usually required to register themselves with local law enforcement as part of their sentencing conditions. Failure to register or to provide accurate and current information for the registry is also often considered a criminal offense and may result in additional penalties for these offenders (e.g., a fine or even additional jail time, depending on the jurisdiction). In some countries, after a certain minimum amount of time, offenders may be allowed to petition to be removed from the registry.

Information and Management

Information contained in registries varies depending on the jurisdiction but generally consists of the name, current address, and some description of the offenders' most recent offense and/or offending history. Registries also usually contain a photograph and descriptive information of the offender such as height, weight, hair color, and significant identifying characteristics (e.g., tattoos and/or birthmarks). Some registries may also contain DNA samples. For the most part, registries contain information on adult offenders, although depending on the jurisdiction there are also juvenile registries. In the United States, for example, persons as young as 14 years of age can be required to register.

SORs are typically managed by local and/or national law enforcement agencies. Public notification, access to SORs, and the amount of information provided to the public vary depending on the particular policy of each country. Public registries are usually available to local residents via the Internet, and public notification is usually accomplished via news media.

Global Overview

SORs have proliferated globally since the mid-1990s. Although registries have been in existence at the state level since the 1940s, the world's first national-level sex offender registration law, known as the *Jacob Wetterling Act*, passed in the United States in 1994. In the United States, additional policies have further combined registration and

notification: In 2006, the Adam Walsh Act, also known as the *Sex Offender Registration and Notification Act*, was enacted. Since 1994, approximately 30 other countries have enacted or are in the process of enacting similar sex offender registration and/or notification legislation at either the provincial/state or national level, including some of the following: Canada, Australia, France, Germany, Ireland, the United Kingdom, Jamaica, New Zealand, Portugal, Spain, India, Argentina, Kenya, South Africa, Trinidad and Tobago, South Korea, and Taiwan. Other countries, including some of the following—Belgium, Switzerland, Finland, Malaysia, Israel, and Hong Kong—have considered such policy but these laws have not passed, as of 2017. Depending on the country, registration and notification systems are one and the same, or they are separate policies.

Evidence for Efficacy and Issues of Concern

Researchers, predominately from the United States, have investigated the efficacy of sex offender registration and notification policies with disappointing results. U.S. researchers, in 2008, compared the incidence of sexual assaults across 10 U.S. states through a time series analysis in order to test if registration and notification laws reduce the overall incidence of rapes. This research found mixed results overall noting that the majority of states experienced no significant change in rates. Authors noted that the findings indicate these policies have little general deterrent effects.

U.S. researchers have also investigated the impact of the Adam Walsh Act, which provided a tiered method to reclassify registered offenders based on the particular offense committed (i.e., each tier corresponds to a specific registration duration as well as to the extent of registration updates required annually). In 2010, it was found that this new system resulted in a larger number of sex offenders classified as Tier 3 and thus requiring lifetime registration; this broader inclusion placed an unnecessary fiscal burden on the justice system, given the high cost of upkeep associated with the registry. Furthermore, placing more offenders within the registry at the highest tier may even have made it more challenging for law enforcement officials to discriminate among

registered offenders efficiently. Finally, this broader reclassification of sex offenders is in contrast to the available research evidence that suggests only the minority of sex offenders reoffend, and there is a limited group of offenders who are high risk. Most research to date does not provide supportive evidence for the use of sex offender registration and notification legislation to prevent sexual recidivism. There is currently no information regarding the actual performance of the Canadian SORs in terms of identifying and apprehending offenders sooner and/or decreasing recidivism.

Beyond the lack of evidence, researchers have also indicated that registries are ineffective because they are not comprehensive, and information is often incomplete or inaccurate. This is a result of the fact that most sexual crimes are unreported, offenders may not comply with requirements, plea bargains allow certain offenders to negotiate out of registering, and finally, this legislation focuses on offenses with stranger victims, which are relatively rare. Additionally, upkeep and maintenance of these registries are expensive.

Impact of Registration on Offenders

U.S. researchers in the mid- to late 2000s have investigated the impact of registration and public notification on sex offenders and found that offenders report a variety of issues as a result of having to register. Offenders reported experiencing serious social and economic consequences, including loss of friends, significant stress, stigma, discrimination and depression, relationship problems, job loss, and denial of housing. Some of these reported difficulties are risk factors associated with criminal recidivism. Notably, one 2007 study even found that registered sex offenders in the United States see potential for registration legislation to reduce reoffending; however, they have serious concerns about the efficacy and widespread application of such laws.

Less research on this topic has been conducted elsewhere in the world. Results from a small qualitative study completed in Canada in 2013 suggest that registered Canadian offenders did not find being on the registry too onerous, and over half of the sample reported that being on the registry had little to no impact on their ability to successfully reintegrate into the community. The major

problem reported about the registry was in regard to the extended length of reporting time (at minimum 10 years), which was seen as a barrier to successfully moving forward and desisting.

Research indicates that families and friends of registered offenders are also impacted negatively by registration policies in the United States, and in particular, as a result of the notification aspect. Financial and housing problems are notable negative consequences, in addition to the experience of harassment, threats, violence, and psychological stress.

Public Support for SORs

Although there are issues associated with SORs and there is a lack of evidence that registries impact recidivism, researchers have found that public support for such policy has been consistently high and that members of the public reported feeling safer having registries in place. Both in Canada and in the United States, the majority of the public surveyed in several studies was supportive of SOR legislation as well as public access to registries. Interestingly, U.S. researchers have found across several studies that the public still supports and desires SORs, and particularly public registries, even though they had never accessed nor had any intention of accessing such registries (2007, 2008, and 2011 study findings) and even after having been told there is a lack of scientific evidence to support their efficacy (2015 finding). This suggests that although sex offender registries have not been found to impact recidivism or public behavior, they hold high symbolic value in the eyes of the public.

Final Thoughts

SORs contain information on persons previously convicted of sex offenses and are intended to protect the public and reduce recidivism. Many countries worldwide have some sort of sex offender registration and/or notification policy in place, and the research to date suggests that the public does support SOR policy. Beyond the symbolic value of SORs, there is a lack of evidence supporting the impact of SORs on offender or public behavior. In addition, registries are costly, and public notification has resulted in sex offenders

facing additional barriers as they attempt to reintegrate into the community. Since there is limited research available regarding the impact of registries in terms of assisting law enforcement to solve similar crimes, continued evaluation of existing SORs and investment in SOR policy worldwide is warranted.

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See also Community Notification Policies; Sexual Offender Legislation; Sexual Offenders; Sexual Offenders, Public Perception of

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SEXUAL OFFENDERS

Sexual offenders are criminal offenders who have been found guilty of committing offenses that are sexual in nature. Sexual offenses cover a broad range of sexual behaviors that include child molestation, rape, sexual harassment, and the production or distribution of pornographic material involving children as subjects. Criminal sexual behaviors are nonconsensual (i.e., the victim is unwilling or is unable to consent to sexual activity). Victims can be unable to consent if they are too young, or if they are considered incapacitated due to alcohol, drugs, or a preexisting mental condition. All the following behaviors are examples of sexual crimes: an individual exposing his genitals at a public location, an individual using threats to impose sexual contact on another adult, a 20-year-old male engaging in sexual activity with his 14-year-old girlfriend, and the fondling of a child by an adult. If reported to the police, these behaviors can lead to criminal charges and conviction. The perpetrators of these acts are considered sexual offenders. This entry reviews the characteristics of criminal offenders who commit sexual offenses, the etiology of sexual offending and classification of offenders, the legal provisions specific to the management of sexual offenders, the assessment of the risk of recidivism posed by sexual offenders, and the various treatment approaches to sexual offending.

Sexual Offenders

Males commit the majority of sexual offenses. Only a small proportion of all sexual offenses are perpetrated by female offenders, but it is possible that female participation in sexual abuse is underestimated due to commonly accepted gender roles. In addition, a majority of sexual offenders know their victims personally, and most sexual crimes occur in the residence of the offender or the victim.

Notwithstanding these general patterns, sexual offenders are a heterogeneous group. Their age, culture, education level, employment, marital status, and socioeconomic background vary. Their sexual crimes also differ: Some offenders use physical force, others threaten their victims, and

still others use manipulation to gain compliance from their victims. Some crimes involve physical contact with a victim, including kissing, sexual touching, oral sex, and penetration. Other offenses do not involve direct contact, including exhibitionism and trading of child pornography. Some offenders have a small number of victims, while others have many. Some victims are abused once, while others are repeatedly victimized over long periods of time. Therefore, although the term *sexual offender* is commonly used to describe all these perpetrators, there is no such thing as a typical sexual offender. Differences in the range of offenses, the variety of contexts, and offending rates also result in varying levels of risk of future sexual offending. The average sexual recidivism rate over a 5-year follow-up period is 13%, but this rate varies depending on an offender's characteristics.

In order to understand the heterogeneity in sexual offenders, two factors must be considered. First, offenders can be differentiated based on the age of their victims. Sexual offenders who commit their crimes against child victims are classified as child molesters, while those who commit crimes against adult victims are classified as rapists. Rapists and child molesters represent two different profiles of sexual offenders. Rapists are typically younger and are more versatile in their criminal careers, being involved in many crimes that are not sexual in nature. In comparison, child molesters are older when they commit their sexual offenses. They are also more specialized in sexual crimes. In addition, a larger proportion of rapists' sexual crimes involve stranger victims and use of force. Rapists and child molesters are also different in their rates of sexual recidivism.

The second important factor differentiating sexual offenders is the age of the offender. Although a sizeable proportion of all sexual crimes are committed by juveniles, these offenders constitute a group that is distinct from adult sexual offenders. Their sexual crimes are different: They are more likely to involve sexual offenses committed in groups, to occur in schools, and to be perpetrated against male and younger victims. The criminal careers of juveniles are also different. The majority of juvenile sexual offenders do not continue to commit sexual offenses in adulthood once they have been detected. Juvenile offenders have lower

rates of sexual recidivism compared to adult offenders. Therefore, juvenile sexual offenders are not younger versions of adult sexual offenders but a distinct category of offenders.

Etiology

There are multiple explanations for what causes someone to commit a sexual offense. *Biological factors* have been noted in some subgroups of sexual offenders. Offenders who are sexually attracted to children (i.e., pedophiles) generally have abnormalities in their left temporal lobe, have shorter height, are more frequently left-handed, and have lower intelligence levels. Right temporal lobe abnormalities are often found in sexual offenders who commit sadistic sexual offenses. *Cognitive factors* may also play a role in the etiology of sexual offending. Many sexual offenders have cognitive distortions, which are inaccurate beliefs that initiate, facilitate, and justify sexual offenses. Examples of such distortions include the belief that a child victim is not being harmed by the abuse or that an adult victim is partly to blame because of her or his clothing or intoxication. *Social learning factors* specifically examine learning processes about sexual offending. The abused–abuser hypothesis posits that some child victims of sexual abuse will themselves become sexual offenders through learning processes in which they model the same behavior as their abuser later in life. Although many sexual offenders were sexually abused as children, a majority of children who are victims of sexual abuse do not become offenders themselves. Learning can also occur through the use of pornographic materials. Sexually violent pornography—also called *rape pornography*—has been demonstrated to increase hostility toward women and acceptance of rape myths, indicating that some learning processes are at play. The influence of child pornography potentially involves learning processes, considering that some child molesters view child pornography. It should be noted, however, that a causal link between viewing child pornography and committing contact offenses against children has not been established. Finally, *personality factors* investigate the association of specific traits with sexual offending. Antisociality and psychopathic traits are frequently associated with impulsivity, anger, and lack of guilt and empathy. These factors

can influence the development of deviant sexual interests and later manifest in sexual offending.

Etiological models of sexual offending integrate various biological, cognitive, learning, and personality factors to provide explanations for sexual offending. Employing a rigorous methodological approach, the work of Raymond Knight has contributed to the development of etiological models applicable to child molesters and rapists. Two paths were identified to predict sexual offending against children. The first path focused on externalized factors and emerged specifically from experiences of emotional and sexual abuse leading to sexual fantasies about children, cognitive distortions about the abuse of children, and sexual arousal to children. The second path consisted of internalized factors that emerged from the offender's experience of emotional abuse. In the case of sexual offending against adult victims, three etiological components were important: sexualization, impulsivity, and violence. These facets were also found to correlate with sexual offenders having experienced abuse in childhood, which led to impulsivity in behaviors, hypersexuality, and aggressive sexual fantasies.

Classification

Typological studies have commonly distinguished five types of rapists. The *opportunistic* rapist is impulsive and predatory. There is no emotional motivation behind this offender's sexual crimes, but the offender commits rape when situational and contextual factors present an opportunity to do so at low costs. The *vindictive* rapist is motivated by misogynistic anger that is exclusively directed at women. These rapists will often have conflictive relationships with a significant woman in their lives, such as a mother or a wife, and will symbolically get back at this woman by committing rape. In comparison, the *pervasively angry* rapist is angry throughout all aspects of life. This offender's anger is equally oriented at men and women, and conflictive relationships are frequent. The *sexually motivated* rapist is motivated by a desire to obtain sexual gratification. Sexual fantasies play an integral role in the rapes committed by this offender. Finally, the *sadistic* rapist experiences sexual gratification when inflicting pain and humiliation on the victim. Sadistic rapes often

involve degradation, mutilation, and torture of the victim but are generally infrequent.

Child molesters have typically been classified into four categories. The *fixated* or *preferential* child molester is sexually attracted to children. This type of sexual offender will often be diagnosed with pedophilic disorder according to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Because children constitute the preferred sexual partner for this type of offender, the offender will often actively pursue opportunities to commit sexual abuse against child victims and will often have a high number of victims. In comparison, the *regressed* child molester is not sexually attracted to children but offends against children because they are easily accessible alternatives to age-appropriate partners. Men who sexually abuse their own children may fall into this category. The *exploitative/criminalized* child molester is generally involved in a variety of property and violent crimes throughout the offender's criminal career and impulsively commits sexual assault against a child when presented with an opportunity. Finally, the *aggressive/sadistic* offender is primarily motivated by anger and will execute brutal sexual acts against the sexual victim. The goal of a sadistic child molester is to hurt and humiliate the victim. This is the rarest category of child molester.

Legal Measures

One of the most enduring ideas about sexual offenders is that their behaviors cannot change and that they will continue to commit sexual crimes when released from prison. Public fear of convicted sexual offenders committing new sexual crimes has resulted in a number of legal measures developed specifically to monitor and control them. Civil commitment is a legal procedure allowing the indefinite institutionalization of offenders judged to pose a risk of sexual harm to the community. It has been applied to prevent the release of many sexual offenders at the end of their prison sentence. Instead, offenders are transferred to civil commitment institutions and kept until a court determines that they are unlikely to engage in future sexual offending. The use of ankle monitors is another example of a legal provision specific to sexual offenders. These devices track offenders'

movements using satellite GPS signal. Parole officers can be informed of offenders' movements during their daily routines in real time or can review them at a later time. Registration and notification are other legal measures imposed on sexual offenders at release. Registration refers to a set of procedures that offenders must follow to disclose information concerning their identify and sexual conviction to law enforcement. Multiple countries have implemented registration procedures for sexual offenders, including the United States, Canada, Australia, New Zealand, and the United Kingdom. In comparison, public notification laws refer to the system by which information about registered sex offenders is transmitted to the public. This information includes a recent picture, name, current residential address, and place of employment, along with a description of the sexual offense. This information is typically communicated to the public through the Internet or using announcements in neighborhoods where offenders reside or work. The United States is the only country where information about registered sexual offenders is routinely made available to the public. Additional legal provisions frequently imposed on sexual offenders are residential restrictions and employment restrictions. These measures dictate where a registered sex offender can live and work. Examples include the prohibition to reside within a number of feet of a school or park or to work in settings where children are present. The use of a computer is also prohibited at times for some sexual offenders.

Public safety against sexual harm is often cited to justify many of the legal provisions applicable to sexual offenders. Their effectiveness has been questioned, considering that many of these measures do not reduce sexual recidivism in offenders, although their implementation and enforcement costs are high. In addition, some of these measures create difficult living conditions for sexual offenders and can hinder sexual offenders' reintegration to the community. These measures constitute additional punishment for crimes that are socially condemned and that generate public fear.

Risk Assessment

The issue of assessing risk of sexual recidivism in sexual offenders is important considering the public concern for safety. Multiple approaches measure

the risk posed by sexual offenders. *Unstructured clinical judgment* involves a mental health specialist reviewing the circumstances of a case and making a judgment call about the likelihood of recidivism. This method of assessing risk in sexual offenders has been criticized because of its lack of reliability. A second method involves the utilization of *static actuarial assessment tools* in which an empirically validated instrument is used. An actuarial instrument typically comprises only a small number of items that generate a total risk score that can be translated into a risk category. Previous research has associated each risk category with known sexual, violent, or general recidivism rates in samples of sexual offenders who have been followed over long periods of time. Generally, the people who conduct actuarial risk assessment have received formal training to learn how to code each item reliably. Multiple actuarial risk assessment tools have been developed and used on adult sexual offenders, notably the Rapid Risk Assessment for Sexual Offense Recidivism, Static-99, Sex Offender Risk Appraisal Guide, Minnesota Sex Offender Screening Tool-Revised, and Vermont Assessment of Sex Offender Risk. Actuarial risk assessment tools have been found to yield more reliable results in the prediction of sexual recidivism than unstructured clinical judgment. However, these instruments are criticized because their items are static and unchangeable (e.g., number of offenses, gender of victims). The use of such static factors cannot account for changes in offenders (e.g., aging, treatment) that would reduce their likelihood of sexual recidivism. The communication of the level of risk and its interpretation can also be an issue. The third approach uses *actuarial instruments including both static and dynamic factors*. The assessed level of risk of sexual recidivism therefore accounts for the specific circumstances of offenders, including age, employment status, living conditions, degree of supervision, and cooperation of the offender with supervision. Examples of risk assessment tools that include dynamic factors are the Stable-2007/Acute-2007 and the Structured Risk Assessment-Forensic Version. These newer risk assessment tools do not have the same volume of empirical research backing them as do static actuarial instruments.

Risk assessment tools are used frequently in a variety of settings throughout the criminal justice

system. They are used to determine sexual offenders' sentences; to identify whether an offender should be the target of treatment specific to sexual offending; to determine the length and dosage of this treatment; and to make determinations regarding civil commitment, return to the community, and the imposition of release conditions such as registration, public notification, and residency restrictions.

Treatment

There are successful interventions to treat adult and juvenile sexual offenders, and it is possible for sexual offenders to change their behavior. A reliable approach often used to treat sexual offenders is cognitive behavioral therapy (CBT). As its name implies, CBT focuses its therapeutic intervention on an offender's cognition and behaviors. The cognitive aspect focuses on changing attitudes and feelings (e.g., dysfunctional thinking supportive of sexual offending). The behavioral aspect of CBT focuses on changing patterns of behaviors that are inappropriate (e.g., acting on sexual impulses). Relapse prevention is a common type of treatment that falls into the CBT category. Relapse prevention constitutes a behavioral management strategy aimed at preventing relapse in offenders over the long term by identifying risk factors that increase their likelihood of engaging in sexual offending and then developing coping strategies. It has been established in meta-analytic studies that CBT is effective at preventing sexual recidivism in both adult and juvenile sexual offenders.

A second type of treatment applied to juvenile sexual offenders is multisystemic therapy (MST). MST focuses on the family and community to prevent the perpetuation of a cycle of sexual offending. In addition to working with juvenile offenders, the therapeutic intervention of MST includes their families, schools, and communities. The goal of the intervention is to improve the supervision and disciplining of juvenile offenders and reduce their association with delinquent peers. MST has been shown to reduce recidivism and problematic sexual behaviors in juvenile sexual offenders.

Medical interventions are a third type of treatment for sexual offenders. These medical procedures can be physical or chemical in nature. Physical procedures include the removal of testicles in mechanical castration surgery. This

procedure is irreversible. Chemical castration is a reversible alternative that involves hormonal therapy in which testosterone levels are lowered. Both physical and chemical interventions are aimed at the reduction of sexual drive in men who have committed sexual offenses. Only a small number of studies have investigated the effectiveness of this type of treatment on recidivism of sexual offenders and their results are inconclusive. In addition, there are important ethical considerations to these procedures. Some medical professionals consider such treatment to be punishment and are reluctant to administer it. These medical procedures call into question the respect of sexual offenders' basic human rights.

The role of community intervention in the treatment of sexual offenders is promising. An example is the development of Circles of Support and Accountability. In Circles of Support and Accountability, a sexual offender who is released into the community is supported by an outer and an inner circle of people with the aim of preventing sexual recidivism. Members of the outer circle are professionals typically involved with sexual offenders at their release from prison, including parole or probation officers and mental health professionals. They work with members of the inner circle, who are trained volunteers from the community. These members support the offender through weekly conversations and ensure that the offender is able to find a residence and employment and to access other social services. Although not yet the object of methodologically strict evaluations, Circles of Support and Accountability appear to reduce sexual recidivism in participants.

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See also Reentry, Best Practices for; Rehabilitation; Risk Assessment, Actuarial; Sexual Offenders: Treatment Approaches

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SEXUAL OFFENDERS, PUBLIC PERCEPTION OF

Sexual offending results in drastic negative consequences for victims and their families. The nature of this offending behavior results in very strong public reactions and opinions about this subgroup of offenders. It is important to consider public perceptions or attitudes, particularly in the context of community reintegration of sexual offenders. Attitudes are an expression of favor or disfavor toward a particular entity and formed as a result of both direct and indirect experiences. Public attitudes inform and impact policy development, reintegration approaches, and community-based

support for sex offenders. It is essential to understand public attitudes toward sex offenders because attitudes are linked to behavior, and as a result, the public's responses to this group in the community may limit an offender's ability to successfully reintegrate and refrain from reoffending. This entry addresses public perceptions regarding sex offenders, specifically examining beliefs, feelings, impressions, attitudes, stereotypes, and views about adult male sex offenders, who make up the majority of convicted sex offenders.

Media Influence

Many members of the public do not directly interact with sex offenders, and in the absence of direct contact, public attitudes are influenced by depictions of sex offenders in the media. Researchers in the United States, United Kingdom, and New Zealand have found that the majority (between 74% and 90%) of the general public report that they obtain information related to sex offenders from media outlets, and only a minority access official crime statistics to learn about this group. Beyond the lay public, even U.S. legislators involved in creating sex offender policy have indicated that they receive a portion of the information that informs their legislative decisions from news accounts. In light of this reliance upon the media for information about sex offenders, it is worth considering the nature and quality of this information.

Media focus is primarily on high-profile, heinous violent sexual offenses that are repeatedly and extensively covered. These events are emotionally charged and tend to elicit panic and fear. Compared to other violent crimes discussed on TV news, sexual crimes are also more likely to be presented in a fear context. Persistent focus on these horrific events, which in fact occur relatively infrequently, contributes to the public's panic and indignation toward sex offenders.

The media also contributes an inaccurate representation of sexual offenders and perpetuates erroneous information about them. In one U.S. study completed in 2012, researchers found that sex offender myths were presented in about one third of randomly selected U.S. newspaper articles. Myths included that sex offenders have high recidivism rates, are a homogenous group, and do

not respond to treatment. Myths were also present even while discussing the effectiveness of particular sex offender policies.

Media portrayals of sex offenders are also perceived as negatively impacting a sex offender's ability to successfully reintegrate into the community. One 2012 Canadian study found that media portrayals were perceived as detrimental to an offender's ability to find employment and stable housing and to make positive relationships, all of which are factors related to recidivism.

With this in mind, it is reasonable to assume that media portrayals have influenced public attitudes toward sex offenders and have perpetuated stereotypes and erroneous beliefs the public holds.

Public Feelings and Perceptions

Sex offenders are highly stigmatized, and public feelings toward this group are more negative than toward other types of offenders. Generally, the public detests all offenders of sexual crimes, and in particular, more negative feelings are reported toward contact child sex offenders. The public also reports a high amount of fear of convicted sex offenders, fear that varies by type of sexual crime. For example, one U.S.-based study found that pedophiles and incest offenders were the most feared, while the offenders convicted of statutory rape (i.e., sexual intercourse with someone below legal consent age) were the least feared.

Generally, results from North America, the United Kingdom, Australia, and New Zealand indicate that the public collectively views sex offenders as being at high risk to reoffend, often overestimating recidivism rates by 3–5 times. The public also believes sex offenders are generally resistant to treatment and therefore cannot be rehabilitated. Other commonly endorsed myths found across several studies were the general myth of homogeneity of this group (i.e., all sex offenders are more similar than different, and there is little variation among this offending group); that the majority of sex offenders were abused as children; that half of sex offenders are seriously mentally ill; and that sex offenders tend to use aggression and force when committing a sexual offense. Finally, researchers have found that the public generally tends to overestimate the number of offenders who are strangers to their victims, or

fear *stranger danger*. Interestingly, one U.S. study conducted in 2009 found that respondents who reported knowledge of a local neighborhood sex offender (obtained through public sex offender registries) were more apt to endorse the stranger danger belief.

Attitudes About Sex Offender Policy

Beyond these general beliefs about sex offenders, public attitudes related to different sex offender policies have also been researched. Generally speaking, research conducted in the United States suggests that the public has high levels of support for management policies that provide added restrictions, monitoring, and sentencing/incarceration for sex offenders. These policies include community notification, GPS/electronic monitoring, and residence restrictions. The public also believes that these policies are effective in reducing recidivism, despite evidence to the contrary. Notably, several studies have shown that the public would support these policies even without evidence they reduce offending behavior. Further, many citizens in one 2011 U.S. study indicated they were aware of their state's sex offender registry; however, the majority (60%) reported they had never accessed it because they had no interest in the information. The public also has differential levels of policy support based on offender types; for example, higher rates of support for offender registration were found for offenses involving child victims, in contrast with offenses involving spousal rape.

Although the term *sex offender* is intended as a neutral descriptor, the term itself is laden with negative connotations and stereotypical beliefs and has been found to impact one's level of support for particular policies. Researchers in 2015 investigated the impact of the label *sex offender* and found that when this label was used, rather than more neutral phrasing, responders were more certain in their support for various restrictive management policies (i.e., the label increased attitude certainty).

Importantly, the public's perceptions of sex offenders and sex offender management are complex and not uniform. For example, one U.K. study from 2008 found that the public identified treatment and rehabilitation as being prime objectives of incarceration, alongside punishment

and public safety. The public was also in support of sex offenders receiving additional support on release and indicated a tolerance, to a certain extent, of offender resettlement in the community.

Demographic Differences

The relationship between attitudes toward sex offenders and particular demographic variables has been investigated, with mixed findings. Variables typically studied include age, gender, educational level, political orientation, parental status, marital status, and level of contact with sex offenders.

Some studies have found differences related to certain variables such as gender and education, while others have not. For example, several studies have found significant differences among genders. Females generally report more punitive and negative attitudes and estimate higher rates of recidivism for sex offenders compared to males; however, these are not universal findings. In several studies, higher educational levels have also been associated with more rehabilitative/positive attitudes toward sex offenders. More rehabilitative attitudes have also been linked with younger age, more liberal political orientation, and having no children, although these patterns are not consistently observed. A few North American studies have found that ethnicity or minority status was associated with more negative attitudes toward sex offenders and less belief in rehabilitation. Findings related to marital status have been inconsistent.

In general, increased contact with offenders is associated with less negative attitudes, although variation exists depending on the nature of the relationship or interaction. Persons with more contact with sex offenders in a treatment setting, or who have specialized education, have more positive attitudes toward sex offenders when compared to students and general community members. There is less certainty when it comes to the impact of victimization on attitudes. Several studies that surveyed persons with personal experience or who are close to a victim of sexual violence found that this factor had no influence on general attitudes toward sexual offenders and the endorsement of myths toward this offending group. In

contrast, other studies have found that former victims or persons who are close to a victim or perpetrator of sexual violence had less negative attitudes toward this group and endorsed fewer misperceptions about them. The relationship between demographic variables and attitudes is complex and requires further study.

Modifying Attitudes

Some evidence suggests that attitudes toward sex offenders can change as a result of training and/or education; however, the findings are not conclusive, and more research is required in this area. Several studies conducted in the mid-1990s and early 2000s in the United States and United Kingdom suggested that shortly following training regarding sex offenders, the public and professionals who work with this population had significantly more positive attitudes. In 2012 and 2014, American and New Zealand researchers found that following a brief psychoeducational intervention via a discussion group, attitudes toward treatment of sex offenders in a student sample improved significantly. When students were presented with informative media portrayals of sex offenders (vs. typical media portrayals as discussed earlier), there was a significant improvement in their beliefs about sex offenders. For example, after reading an informative media story about sex offenders, student participants were less likely to endorse particular myths about sex offenders and less likely to overestimate their rates of recidivism.

Other researchers have been unsuccessful in altering attitudes. A 2010 review of the limited research on attitude change toward sex offenders suggested that brief educational programs might be ineffective at changing the attitudes of professionals working with sex offenders, including those of prison employees and police officers. Although there is some evidence for short-term change in attitudes, it is unclear if these changes will have long-term impact.

Generally, researchers have observed that feelings (i.e., the affective component of attitudes) are more ingrained and thus less amenable to change. Providing educational information can be influential in changing attitudes toward sex offenders, and an emphasis on the cognitive aspect, including

stereotypical thoughts about this group (e.g., they are at very high risk to reoffend, they cannot be treated), is an important target to focus on.

“Not In My Backyard” Phenomenon

A final noteworthy factor when considering attitudes toward sex offenders and sex offender management policies is the “not in my backyard” phenomenon. This can refer to an aversion to directly interacting with sex offenders; it may also refer to the idea that while many may endorse positive attitudes toward sex offenders and rehabilitation, these attitudes may not translate into behavior. For example, although someone may recognize a need for and support sex offender rehabilitation and reentry broadly speaking, when asked specifically, this individual would not support a community-based treatment facility being built in his or her own neighborhood. This suggests there is a divide between attitudes on a proximal/personal level and policy level, which has implications for successful offender reintegration.

The limited but growing research related to perceptions of sex offenders and the resulting wide-ranging practical implications have provided a great deal of information; nevertheless, more research is required.

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See also Correctional Officer’s Attitudes Toward Offenders; Media: Influence on Crime; Reentry; Sexual Offender Registries

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SEXUAL OFFENDERS: TREATMENT APPROACHES

The main objective of this entry is to examine whether there is a particular style of treatment that delivers maximal outcome in terms of reducing sexual reoffending. For example, examination of the efficacy of evaluated sexual offender treatment programs may suggest superiority of a certain method of treatment, such as cognitive behavioral therapy (CBT), and for treatment approach, such as the therapist's style. This entry focuses on the treatment of adult male sexual offenders, as they constitute the highest proportion of sexual offenders.

Approaches to Treatment

Early approaches to treating sexual offenders emphasized behavioral and psychodynamic orientations; however, few of these approaches were

empirically examined or provided convincing evidence for their efficacy. Due to a growing realization of the limitations of behavioral treatment for sex offenders, in the 1970s, behaviorally based programs started to incorporate cognitive elements into treatment, such as distorted cognitions, empathy, and social skills training.

In the 1980s, relapse prevention (RP) strategies, which had been used with some degree of success with substance abusers, started to be incorporated into sexual offender treatment. Due to its face validity and intuitive appeal, but not in response to evidence, RP was rapidly adopted by almost all CBT programs for sex offenders in North America. The RP approach was eventually strongly criticized in a series of papers by Tony Ward and his colleagues, and William L. Marshall and Dana Anderson later demonstrated that there was no convincing evidence that the RP approach enhanced the effectiveness of cognitive behavioral treatment. In what should perhaps have been the death knell for the RP approach, a large-scale randomized controlled trial implemented at a California state hospital failed to demonstrate any benefits of an RP program. However, likely due to its appeal to therapists and case managers, the RP approach persists in a significant percentage (>66%) of current sex offender treatment programs for adult males in both community and institutional settings.

As a result of changes in theories of sexual offending, research on offenders in general, studies examining the features of effective therapists and groups for sex offenders, and large-scale meta-analyses identifying a broad range of dynamic risk of reoffending targets in sex offenders, current treatment approaches target a comprehensive range of issues. Typically included in treatment for sex offenders are procedures aimed at changing distorted cognitions, enhancing empathy, increasing self-esteem, equipping offenders with better coping skills, providing offenders with knowledge about healthy sexual functioning and about the features and benefits of enhanced intimacy, and reducing deviant sexual interests while increasing sexual arousal to adult consenting sex. However, some of these comprehensive programs appear to be more effective than others.

Based on a growing accumulation of empirical evidence, researchers can now say that treatment

to reduce sex offenders' risk of reoffending can work. They can also say what does not work. Some of the things done with the intention of reducing recidivism, which are now known not to be effective, include the following: only targeting deviance, addressing issues that have not been demonstrated to be related to reoffending (i.e., targets not relevant to risk, such as denial or victim empathy), removing sex offenders from treatment prior to completion, the therapist being either aggressively confrontational or unchallenging, employing only avoidance strategies, overtreating, and using punishment or shaming as a treatment strategy. In terms of the things that do work, perhaps the most important model of effective offender treatment, which has also been empirically validated for use with sex offenders, is Donald Andrews and James Bonta's Risk-Need-Responsivity model.

The Risk principle accounts for the smallest amount of the beneficial changes induced by treatment, but that should not be taken to mean it is not important. This principle indicates that the greatest benefits (i.e., reductions in recidivism) will be obtained by directing treatment at the highest risk offenders. Where resources are limited, only the highest risk offenders should be treated; when greater resources are available, the most extensive and intensive program should be reserved for the highest risk offenders with less time and energy directed at the moderate-risk and lower risk clients.

The Need principle requires treatment to focus on the modification of criminogenic factors; that is, those features of clients that have been shown to predict reoffending but are at least potentially changeable. This principle, when properly applied, accounts for a significant amount of the variance in changes induced by treatment. The criminogenic needs that have been identified in sex offenders are well described in a paper by Ruth Mann and her colleagues across four domains: (1) sexual factors, such as deviance and sexual preoccupation; (2) relationship problems, such as intimacy and attachment problems; (3) cognitive factors, such as attitudes and a lack of empathy; and (4) self-regulation problems, in particular emotional dysregulation.

The Responsivity principle has two components—general and specific—which reflect the

way in which treatment is delivered. Specific responsivity requires therapists to adjust their approach to the unique features of each client: both enduring features (e.g., cultural characteristics, intellectual level, personality style) as well as day-to-day fluctuations in mood and motivation. The general responsivity principle, however, may exert the greatest beneficial changes, the core elements of which include the need for therapists to display the traditionally established features of warmth, empathy, respect, and support while modeling and reinforcing prosocial attitudes and behaviors. When properly enacted, the Responsivity principle can, on its own, generate effect sizes amounting to a 20% reduction or greater in recidivism.

Subsequent research on process factors (i.e., the features of treatment delivery) in sex offender treatment support and extend Andrews and Bonta's observations. In detailed studies of sex offender treatment in English prisons, Marshall and his colleagues demonstrated that treatment was maximally effective when therapists displayed warmth and empathy, were rewarding of clients for steps in the desired direction, and provided guidance as needed, what they called *directiveness*. The presence of these therapist features explained between 30% and 60% of the changes brought about by treatment. The benefits of these characteristics of effective therapists had been demonstrated quite clearly in the general therapeutic literature over many years. In addition, Martin Drapeau and colleagues found that sex offenders reported the behavior of their therapists to be the crucially effective element of their treatment. The behaviors these offenders pointed to as critical were just those that Marshall's studies had shown to produce effective outcomes.

Recent Innovations

There are a number of recent theoretical approaches to the treatment of sexual offenders that have received some attention. Contrary to the classic RP model, evidence from other areas of psychological research has shown that avoidance goals are rarely maintained, whereas approach goals are typically sustained over time. That is, adopting a positive approach to psychological treatment and focusing on recognizing and

building clients' strengths is more effective than the traditional way of highlighting and eliminating deficits. Treatment for sex offenders has begun to assimilate these newer, more positively oriented ways of addressing the needs of these clients by adopting Ward's Good Lives Model (GLM) and by integrating the motivational strategies of William Miller and Stephen Rollnick into the treatment of sex offenders.

The GLM arose initially from work in the 1960s, specifically Abraham Maslow's theory that all humans, whether they are aware of it or not, strive for self-actualization (i.e., the realization of their inner potential). These ideas are embodied in the field of positive psychology. Ward has integrated these developments into the GLM, which he suggests provides an approach to the treatment of sex offenders complementary to Andrews and Bonta's Risk-Need-Responsivity model. The GLM outlines areas of functioning in which people attempt to maximize satisfaction across their life span. Most of these areas (e.g., satisfactory intimate relations, healthy sexuality) map well onto the factors that have been shown to be criminogenic deficits among sex offenders. The GLM lends itself well to a strengths-based approach emphasizing development of capacities to overcome deficits and offers sex offenders a hopeful way of looking at their problems.

The motivational interviewing (MI) approach advocated by Miller and Rollnick in the early 1990s also fits well with a strengths-based approach to the treatment of sexual offenders. In their view, the essential features of the spirit of MI involve (a) collaboration between therapist and client, (b) evocation from the client of insight and reality, and (c) autonomy where the focus is on the client being responsible for change. In addition, Miller and Rollnick describe four guiding MI principles for therapists to follow: (1) expressions of empathy by responding to the client's perspectives as understandable and valid, (2) discrepancy between the client's present situation (including his or her attitudes and behaviors) and the client's goals, (3) rolling with the resistance that clients typically have toward change, and (4) supporting and encouraging the client's emerging self-efficacy. Other researchers have described the application of MI

to the treatment of sex offenders, pointing to evidence indicating that a lack of motivation is the primary reason for offenders dropping out of treatment.

An Integrated Strengths-Based Treatment Program

Provided here is a brief summary of the strengths-based approach to treating sexual offenders (a comprehensive description of the program can be found in the 2011 book *Rehabilitating Sexual Offenders: A Strength-Based Approach* by W. L. Marshall and colleagues). Treatment is presented to clients in three phases: Phase 1 is aimed at motivating and engaging clients, Phase 2 directs efforts at overcoming criminogenic needs by providing clients with the skills required to meet their needs in prosocial ways, and Phase 3 integrates what the offenders have learned into a future-oriented set of self-management plans consistent with the areas identified in the GLM. One problem with most sex offender programs, and indeed with CBT more generally, is a failure to instill in clients the idea that treatment simply moves them along a path toward attaining a better life and that they must continue to develop after discharge; the GLM provides a model that encourages a life course striving toward greater fulfillment. Within the context of a CBT orientation focusing on building an effective therapeutic alliance with the client, therapists in the program are trained to exercise being warm, empathic, rewarding, and directive and to create an effective group climate characterized by expressiveness and cohesion.

Outcome evaluations of this approach suggest it is effective. For example, Marshall and colleagues followed 535 sex offenders who participated in the treatment program in the federal correctional service over an average follow-up of more than 5 years and, subsequently, more than 8 years and observed low rates of reoffending based on reconviction and new charges data from the nationwide Royal Canadian Mounted Police database, 3.2% and 5.6%, respectively, versus the expected rate of reconviction based on actuarial estimates of 16.8% and 23.8%, respectively. The researchers have also compared their findings with two other groups matched for risk, namely, a

treatment as usual sex offender program ($n = 625$) and an untreated group ($n = 107$) of sex offenders from the same prison system (i.e., the Correctional Service of Canada). In this study, the treatment group was found to have statistically significantly lower recidivism rates and higher treatment effect size than either of the two other groups—that is, the program versus treatment as usual sex offender program ($n = 1,204$; 50% reduction in the odds of reoffending) and the program versus untreated ($n = 686$; 65% reduction in the odds of reoffending). These results provide encouragement that the program addresses the right criminogenic need issues in the right way.

Final Thoughts

The crucial features of effective treatment for sexual offenders appear to be (a) matching treatment dosage to actuarially determined risk, (b) primarily addressing targets that have been shown to predict reoffending (i.e., criminogenic); (c) delivering treatment in ways that motivate and engage the client, and (d) using effective procedures to achieve change on the targets of treatment. Treatment programs for sexual offenders that integrate these elements can demonstrate significant reductions in reoffending, thereby keeping society safer by reducing potential future victimization.

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See also Good Lives Model; Psychology of Criminal Conduct; Sexual Offenders; Sexual Offenders: Treatment Outcome Research; Sexual Offending

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SEXUAL OFFENDERS: TREATMENT OUTCOME RESEARCH

The impact of sexual violence is far-reaching, for the victims, the offenders, and the families of both. Thus, the effective treatment of sexual offenders is one of the key objectives of the criminal justice system. Effective treatment will ensure the prevention of future victims and can help the offenders move forward to meaningful lives in which no one else is harmed. This highlights the need to conduct quality treatment outcome research. Treatment effectiveness research commonly involves comparing the recidivism rates of those who received treatment to those who did not. As noted in this entry, the details of these comparisons require careful attention. A number of methodological considerations in conducting treatment outcome research are outlined along with discussion of the pros and cons of various evaluation designs, followed by what treatment evaluations reveal about to what extent sex offender treatment *works* for reducing sexual reoffending.

Outcome Research Considerations

A number of important decisions must be made in designing a treatment outcome evaluation. These include comparison groups, defining *reoffending*, base rates, treatment characteristics, and offender characteristics.

Comparison Groups

Perhaps one of the most important aspects of designing an evaluation is determining which groups will be used to compare the effects of treatment and no treatment. These should be groups that do not differ from each other in any systematic way, so that ideally the only thing that differs between them is whether they attended treatment or not. This is not as straightforward as it seems. There are ethical reasons for attempting to treat every sex offender who is willing to

attend treatment (e.g., if treatment works to reduce reoffending, we need to try to ensure every offender gets treatment to prevent future victims), but there are also methodological reasons for withholding treatment from some offenders, even if they are willing to attend (e.g., we cannot say treatment works without well-designed studies comparing, otherwise equal, treated and untreated groups).

It is also important to note that research has shown that those who refuse or drop out of treatment tend to have higher recidivism rates than those who are willing to attend treatment, so attention must be given to how to handle these types of cases in terms of possible inclusion in comparison groups. Including them in a *no-treatment* group could increase the group's risk level, making it less likely that differences between treatment and comparison groups could be attributed solely to the impact of treatment. An intent-to-treat design is often used; in this design, dropouts and refusers are included in the treatment group since they *intended* to attend sex offender treatment, even though they did not complete it.

Defining Reoffending

One of the key outcomes examined in sex offender treatment research is a reduction in reoffending, thus there is a need to be explicit about what is meant by *reoffending*. It is most commonly assessed as any new criminal convictions for sexual offenses, but other common outcomes are other violent offenses (including sexual and nonsexual), nonviolent offenses, or even any new convictions in general. Some also choose to include charges as well as convictions or include records of any time the offender comes to the attention of the police. Using convictions increases the confidence that the new offense occurred but results in lower rates because the criteria are more stringent. Some researchers argue that it is acceptable to use charges because there must have been enough evidence to support filing a charge. Also, charges may be dropped for a number of reasons (e.g., lack of evidence strong enough to result in a conviction), so it is possible an offense occurred even without a conviction.

Base Rates

The criteria used to define reoffending influence the base rate of offending (i.e., the rate of reoffending in the sex offender population). This rate will vary depending on whether one is using charges or convictions and the specific type of convictions. Sex offending is relatively infrequent (approximately 10–15% over 5 years). Although this infrequency is a positive for society as it means fewer new victims, it makes using recidivism as an outcome challenging because it involves examining associations with a low-frequency event. For instance, if 10% of sex offenders reoffend, it becomes difficult to see reductions in offending from treatment since there is little room for a reduction in offending to be observed (e.g., compared to 50% which has more room to move). The base rate is also subject to fluctuations due to a number of different factors such as jurisdictional differences in reporting of offenses, laws and policies related to sex offending, and how long the offenders are followed up in the community (e.g., a 2-year follow-up allows less time for a new offense to occur and will result in lower recidivism rates compared to 10 years). Thus, better designed studies employ longer follow-ups.

Treatment Characteristics

A crucial consideration in determining whether sex offender treatment works is the type of treatment examined. Treatment can vary quite considerably from pharmacological, purely behavioral, or cognitive behavioral approaches to those that are more eclectic or insight oriented. Examining older treatment approaches allows for more time to pass for reoffense data to accumulate, which also strengthens statistical analyses. Many of the older approaches, however, do not represent current treatment practice, so they would not provide an accurate illustration of whether current treatment approaches work. Other treatment considerations include the intensity of the treatment being offered (e.g., once a month for 6 months, twice a week for 2 years), the foci of treatment (e.g., targeting risk factors linked to sexual offending), how treatment is delivered (e.g., if flexibly tailored to the unique needs of the offender), and the setting (e.g., whether the treatment was offered in prison or the community). Thus, better designed

studies focus on current treatment practices with these characteristics.

Offender Characteristics

Finally, it is also possible that some types of offenders respond differently to treatment than others (e.g., those with child victims may respond better to certain types of treatment than those with adult victims) or that they possess risk factors that influence their risk of reoffending (e.g., younger offenders have higher rates of reoffending than older offenders). Thus, better designed studies account for these offender characteristics.

Treatment Outcome Evaluation Designs

Once thought has been given to the considerations outlined in the previous section, treatment outcome evaluation design can be decided. The strengths and weaknesses of each are reviewed here.

Descriptive

One outcome approach is simply to report the recidivism rate for that particular program. If this rate is low, it could be suggested that this is an indication that treatment is having an impact on reoffense rates. However, without a comparison group, it is not possible to attribute the reoffense rate to treatment because any number of the methodological factors reviewed could be contributing to this.

Randomized Controlled Trials (RCTs)

RCTs are often noted to be the gold standard of evaluation designs. These take all willing offenders and randomly allocate them to a treatment or control group to ensure that there are no systematic differences between the groups. Differences in the characteristics of the two groups should only vary by chance and thus are not meaningful. If there can be confidence that the groups start out equal, any differences later observed between the groups can be attributed to treatment.

However, problems have been noted with RCTs, including the ethical issue mentioned previously. Withholding treatment from willing recipients just to release them and see whether they reoffend may place the public at an avoidable risk; this has been

countered with the argument that if it is unknown if an intervention is effective, then it is not unethical to withhold that treatment from willing participants. Even with random assignment, other unforeseen issues may arise, such as treatment dropout, which poses a threat to the validity of the study as the groups would no longer be equivalent aside from their treatment attendance. Finally, these studies can also be quite expensive to implement. Unless a well-designed study can be conducted with the methodological rigor of an RCT, firm conclusions about whether treatment *works* cannot be drawn.

Matched Comparison

Matched comparison group designs compare those who are treated and not treated by controlling for characteristics of members of each group to try to ensure their equivalence. These have also been referred to as quasi-experimental designs. Groups are matched on characteristics that are expected to have a relationship with recidivism such as the offenders' age, risk level, and victim characteristics (e.g., gender, relationship). By matching these characteristics between the treated and control groups, the understanding is that the most important characteristics are controlled for and that any subsequent differences observed between the groups could be attributed to treatment. Even with such controls in place, there may still be threats to the validity of the study, as other important variables that influence recidivism rates, aside from treatment, may not have been controlled.

Risk Band Analyses

This approach uses the recidivism rates per risk category observed for treated offenders to determine how these rates compare to the published recidivism rates predicted for those risk categories. If the rates observed for the treated group are lower than predicted, one could argue that treatment has had an impact on their recidivism rates. This approach is strengthened if risk bands of treated offenders are compared to the risk bands of offenders known to have not received treatment. However, because the characteristics of the comparison group are not usually known (e.g., if they have been treated or if there are differences in base rates depending on different jurisdictions

where the comparison group data were collected), this poses a threat to the validity of the study. This means that differences in recidivism rates cannot necessarily be attributed to treatment.

Incidental Cohort

Incidental cohort designs compare treated offenders with a comparison group of offenders who did not receive treatment for reasons that are not expected to be related to risk level. This could include comparing the treatment group to a group who attended a different type of program in the past or were under supervision prior to the implementation of treatment, or to a group who were willing to attend but could not be offered treatment for reasons such as lack of resources or living too far a distance from the treatment program. However, one could argue that with historical samples, there could be cohort effects such that the rate of sexual conviction may have changed over time (which may confound group differences possibly attributable to treatment). There may also be other unmonitored differences between the treated and comparison groups in other characteristics related to risk (e.g., motivation), which may pose a threat to the validity of the study.

Statistical Control

Other researchers attempt to statistically control for risk-relevant differences between the groups such as age, offense history, and other offender and victim demographics. Even outcome studies that statistically control for risk can have threats to validity, however. For instance, there may still be important uncontrolled risk-related variables that vary systematically between the groups that can influence outcome.

Does Sex Offender Treatment Work?

There have been several systematic reviews and meta-analyses collating the results of sex offender treatment outcome studies in an effort to answer the question of whether treatment works to reduce reoffending. The results of these reviews have differed depending on the stringency of criteria for methodological rigor the researchers believe is required for the studies they include in their analyses. Applying a study evaluation criteria that only

allows for studies of the highest quality, representing a low to moderate risk of bias (e.g., those using random assignment), some researchers such as Niklas Långström and colleagues concluded that the evidence is weak for the effectiveness of treatment in reducing recidivism. Others have argued that valuable information can still be taken from less than optimal designs. One example of such a meta-analysis is by Martin Schmucker and Friedrich Lösel. They utilized study quality criteria but allowed for the inclusion of studies of lower quality than those included by Långström and colleagues. These more inclusive reviews tend to find an overall positive effect of treatment in reducing sexual recidivism, and in particular, they find stronger treatment effects for medical (e.g., physical or chemical castration) and cognitive behavioral approaches compared to eclectic or insight-oriented approaches. Others such as Robert Karl Hanson and colleagues attained similar findings after screening out studies they felt posed an intolerable risk of bias. Thus, even when the quality of the included studies is considered, these treatment effects remain significant and positive, amounting to a one quarter to one third reduction in sexual recidivism for treated individuals.

Regardless of the stance one takes on the “Does treatment work?” debate, it is important that every effort be taken to evaluate the impact of these treatment efforts. Taking into account the considerations outlined here and selecting an evaluation approach that minimizes biases as much as possible (yet enabling the provision of ethical practice) can go a long way toward definitively answering this question in the future.

Leigh Harkins

See also Sexual Offenders; Sexual Offenders: Treatment Approaches; Sexual Offending; Treatment Dosage and Treatment Effectiveness; Treatment or Program Outcome Evaluations

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SEXUAL OFFENDING

Although sexual offending sounds like a very specific category of illegal behavior, the types of crimes that encompass a sexual element are quite vast and victimize a wide variety of people. Based on the attention given to sexual offenses, especially in the media, one may assume that sex crimes are on the rise. In actuality, however, it is a more complicated issue that takes into account the empowerment of victims to report their victimization, better detection by law enforcement, and the availability of treatment services for offenders. The numbers of sexual crimes have not increased; rather, society has become more attuned to the severe, tragic cases presented by the media and the entertainment industry. Individuals have been sexually victimizing other people, be it adult or child, for as long as human behavior has been studied. The focus of this entry is on the various types of sexual offenses as well as the motivations and risk factors for sexual offending.

Types of Sexual Offenses

Sexual offenses are generally broken down into the following categories: offenses against adults, offenses against children, noncontact offenses, and Internet-facilitated offenses. This allows researchers, investigators, and treatment providers

to focus on motivations and risk factors specific to each category.

Rape is one of the most severe forms of sexual offending that can victimize an adult, causing life-long trauma and impacting a number of indirect victims. In most jurisdictions, rape is generally defined by sexual intercourse (usually involving some form of penetration) that involves force or violence of a nonconsenting partner. However, rape does not always need to consist of force or violence. It can also be considered rape if the victim is unable to give consent for any reason. An adult engaging in sexual activity with someone under the legal age of consent, even if they are similar in age or are agreeing to the activity, is often referred to as *statutory rape*. Individuals who cannot legally consent to sexual activity include children under the specific jurisdiction's legal age limit, intoxicated or incapacitated individuals, developmentally or intellectually delayed individuals, as well as animals in most states.

Other types of sexual offenses against adults can include sexual assaults, sexual battery, forced oral copulation, digital penetration with a foreign object, and spousal rape. The majority of male rapists can be described as antisocial individuals who are criminally minded and who possess the attributes of entitlement and hostility toward women. Sexual recidivism rates (i.e., committing the same sexual offense again) among rapists are fairly low, and they are more likely to commit a different type of violent, nonsexual offense in the future (e.g., assault) rather than another sexual offense.

Individuals who commit sexual offenses against children are generally referred to as *child molesters*. The terms *child molester* and *pedophile* are often and incorrectly used interchangeably. Pedophilic disorder is a clinical diagnosis given to individuals who are primarily sexually attracted to prepubescent children. Individuals who fit the criteria may be attracted to only males, only females, or both male and female children. In addition, they may have a sexual interest in adults. Not all individuals with pedophilic disorder act on their urges and may go their entire lives without molesting a child. Conversely, the majority of individuals who have molested a child would not fit the clinical diagnosis for pedophilic disorder. One incident of child molestation is not, by itself, indicative of a deviant sexual interest.

Most child molestation cases are crimes of opportunity with a victim who is known to the offender. The established relationship, whether caregiver, relative, or teacher, lends to the already trusting nature of the child. Generally, the offender is experiencing a number of contributing risk factors that impair his or her decision to act out sexually with an easily accessible victim—a child in the case of the child molester. However, there are child molesters who may in fact be pedophilic, spending much time and energy into planning their offenses and getting close to large numbers of potential child victims. These individuals are often manipulative and socially savvy, with abilities to persuade parents to trust them in positions of authority over their children. Offenses against children take on many legal titles: continuous child sexual abuse, lewd acts with a child, child molestation, and child annoying. In most jurisdictions, penal code sections will be specific to various age categories of the victim and/or the age difference between offender and victim in order to demonstrate the vulnerability of the child.

Regardless of the type of offense (rape or child molestation), the majority of offenders are male and know their victims prior to the offending behavior.

Individuals who commit noncontact sexual offenses are driven by sexual preoccupation and a compulsion to engage in the behavior. Sexual preoccupation refers to being both psychologically consumed with thoughts about sex and spending large amounts of time engaging in sexual behaviors such as masturbation, pornography consumption, seeking anonymous sex, or visiting strip clubs or massage parlors. Compulsions refer to repetitive behaviors or mental acts that the individual feels he or she *needs* to perform in order to relieve or avoid intense internal distress. These atypical sexual behaviors can include exhibitionism, public masturbation, voyeurism, and obscene phone calls. In each of these cases, the victim is not consenting or is surprised by the sexual behavior. Individuals who engage in exhibitionistic activities typically have adult female victims, but a wide variety of unintended victims may be impacted if the location of the offense is well populated.

The fastest growing area of sexual offending is those crimes that are facilitated by the Internet.

Offenders are using the latest technology to make it easier to commit age-old offenses in the new era. In 2018, the most common types of Internet-facilitated sexual offenses are those having to do with child pornography, solicitation of minors, cyber exhibitionism, cyber voyeurism, and webcam child sex tourism. In the United States, Internet-facilitated sexual offenses were first investigated by federal law enforcement entities. The wide-open Internet was problematic in terms of jurisdiction; therefore, most cases defaulted to federal investigators who had the resources to investigate crimes that had offenders in one state and victims in another. However, local law enforcement agencies are now gaining experience in Internet-driven investigations and are beginning to prosecute such cases.

In terms of child pornography cases, the most common charges involve possession, production, distribution, receipt, and advertisement of child sexual abuse images. When an individual downloads or obtains images or videos of child sexual abuse, the individual is considered to be in possession of the material. Offenders who document the abuse, taking the pictures or shooting the video, are termed *producers*. This can also encompass rings or groups of people who profit from the production by hosting websites or other means of making the material available to the masses. Distribution can be performed in an active fashion such as e-mailing images to another individual, or it can be performed passively by uploading the material to an open server where other people can then download it.

Solicitation offenses facilitated by the Internet are most commonly directed toward luring children to meet up in person. This is not to say that some individuals do not lure adults via the Internet to commit other offenses such as robbery, assault, or rape. The point of contact at the beginning of an online solicitation or enticement usually takes place in a chat room or on a social networking page. Contact can also be made initially via e-mail or on a special interest forum or listserv. The behavior of developing a relationship online mimics grooming techniques that are performed by child molesters in real-life contact offenses. The interaction will generally consist of light conversation about common interests, family and friends, or problems and then leads to information gathering and eventually

sexual questions or comments. The perpetrator may encourage the child to communicate via phone in order to build trust. The intention of these efforts is to establish rapport, gain trust, increase dependency, and eventually to meet in person for sexual activity.

Offenses that take place via the Internet that include the use of webcams are also on the rise. Cyber exhibitionism is committed when an offender exposes his or her genitals to a nonconsenting person by using his or her own webcam. Cyber voyeurism generally occurs when an adult perpetrator instructs a child to undress via webcam or to perform other acts such as masturbation in front of the camera. Some cyber voyeurism offenders may be able to set up cameras or activate victims' webcams and view them without their consent as they are getting dressed or engaging in sexual activity. The victims in these cases can be adults or children. Alternatively, webcam sex tourism is a more specific type of webcam voyeurism where children in developing countries are targeted to perform sexual acts in front of their webcams. There have been some reports of families being paid to have children provide these services to an administrator who maintains such platforms via the Internet. Law enforcement and private investigation agencies are now using computer-generated imagery to lure offenders with a lifelike animated child who can interact with perpetrators while information is being collected on the offender's computer.

Motivations and Risk Factors for Sex Offending

Motivations for the first-time offender vary greatly. Motives can include anger, revenge, sexual arousal, or deviant sexual interests. If a first-time offender is assessed for future risk, it is unknown whether they have prior offenses unless they admit to them. Without prior offenses being connected to perpetrators, it is not possible to truly know how many offenses they have committed until the first time they are caught. This is a huge obstacle to researchers trying to determine motivation and risk of sexual offending. Perhaps the most valid and reliable way of uncovering this information is to first study sexual offenders who are known to have gone on to commit more sexual offenses and

then statistically determine what factors they had in common in their lives during the offending behavior. These factors become the foundation for evaluating an offender and determining his or her risk level for committing another sexual offense in the future.

Criminogenic risk factors fall into two main categories: static and dynamic. Static factors are based on historical data that indicate someone is more likely to reoffend sexually. At the foundation of static risk factors is the old adage "past behavior is the best predictor of future behavior." Therefore, static risk factors generally include elements of the individual's criminal history and victimology, as well as age. In general, all criminals tend to decrease their antisocial and criminal behavior as they age. With static risk factors, once a client receives a score and corresponding risk level, that category can never improve because it is based on historical data.

Dynamic factors allow for the tracking of progress as well as increased or decreased risk levels based on how the individual is behaving currently. Examples of dynamic risk factors include intimacy deficits, social skill deficits, impulsivity, deviant sexual interest, a lack of sexual regulation, and being uncooperative with supervision. Both static and dynamic risk factors are assessed when a sexual offender begins postincarceration treatment and then dynamic risk factors are reassessed annually to track progress and to develop further treatment planning. Sexual offenders' treatment services and monitoring services correspond to their risk levels. Low-risk offenders receive the lowest level of treatment services and monitoring, and highest risk offenders are reserved for more treatment and stricter monitoring.

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See also Sex Offender Risk Appraisal Guide (SORAG); Sexual Offenders; Sexual Offenders: Treatment Approaches

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SEXUAL VIOLENCE IN ADULT PRISONS AND JAILS

Starting in the late 1960s, researchers attempted to estimate the number of inmates who experienced some form of sexual assault in prison, but estimates varied tremendously. In 2001, Human Rights Watch released a report titled *No Escape: Male Rape in U.S. Prisons* portraying and detailing the dehumanizing condition of inmates who experience sexual assault while incarcerated. In the face of evidence suggesting that 13% of inmates in the United States had been sexually assaulted at some point during their incarceration, a bipartisan coalition of over 100 entities organized to pass the Prison Rape Elimination Act (PREA) that was signed into law in 2003. Utilizing the research that has derived from the PREA, this entry addresses the prevalence of sexual violence in prisons; the development of recommendations for reducing such violence, including inmate risk assessments; and the implementation of programs that seek to eliminate sexual violence in prisons.

PREA Mandates

PREA authorized the expenditure of US\$302 million over a 5-year period to provide for the analysis of the incidence and effects of prison rape in federal, state, and local correctional institutions and to provide information, resources, recommendations, and funding intended to protect individuals from prison rape. The act also created the National Prison Rape Elimination Commission (NPREC) to study prison rape and submit a set of recommendations to Congress. Failure of the NPREC to promptly develop recommendations stalled the program for several years. The U.S. Department of

Justice estimates that it will cost US\$6.9 billion between 2012 and 2026 to implement PREA or an average compliance cost per facility of US\$55,000 for prisons and US\$50,000 for jails. These numbers were examined carefully by the U.S. Department of Justice during a 3-year review process with economic experts concluding that the costs would reach a break-even point if the standards reduced the annual number of victims of prison rape by less than 1% on an annual basis.

Research

Among its many mandates, PREA required the Bureau of Justice Statistics (BJS) to collect data on the incidence and prevalence of prison rape in a nationally representative manner that included at least a 10% random sample of all federal, state, and county prison inmates. Using a rigorous methodology, since 2004, BJS has undertaken the Survey of Sexual Victimization, the National Inmate Survey, and the National Former Prisoner Survey.

In 2005, the BJS released its first study of sexual violence identified through a national review of administrative records in adult correctional facilities (Survey of Sexual Victimization), determining that there were 8,210 allegations of sexual violence reported nationwide during 2004. Using this same methodology over time, BJS reports that allegations continue to increase (primarily due to increases in allegations by those in jails), although substantiation rates do not, hovering around 10%.

In 2011–2012, using the National Inmate Survey, it was estimated that 4.0% of state and federal prison inmates and 3.2% of jail inmates reported experiencing one or more incidents of sexual victimization by another inmate or facility staff in the previous 12 months (or since admission to the facility if incarcerated fewer than 12 months). The percentage has not changed significantly across three data collection periods: 4.5% in 2007, 4.4% in 2008–2009, and 4.0% in 2011–2012 among prison inmates; and 3.2% in 2007, 3.1% in 2008–2009, and 3.2% in 2011–2012 among jail inmates. Female inmates, however, had victimization rates 4 times higher than that of male inmates, and inmates with a mental illness were at substantially higher likelihood of being sexually assaulted by a fellow inmate. Among inmates who have been released, the National Former Prisoner Survey

found that 10% reported being sexually victimized while incarcerated.

Sexual victimization appears to be perpetrated about equally by inmates (51%) and by staff (40%), although the profile of inmate-on-inmate sexual victimization differs from that of staff-on-inmate victimization. In 2011, both victims and perpetrators of inmate-on-inmate nonconsensual sexual acts were predominately (90%) male. Sexual victimization most frequently (50%) occurred in the victim's cell or room. Nearly half (44%) of these incidents involved physical force, with an injury occurring in 18% of the incidents. The most frequent consequence for inmate-on-inmate offenses is solitary confinement (73%). However, offenders were subjected to legal action in half (48%) of substantiated nonconsensual acts and 19% of incidents involving abusive sexual contact.

In 2011, staff-on-inmate sexual victimization most frequently occurred in a service area (48%). Only 11% of incidents involved physical force, with an injury occurring in less than 1% of the incidents. More than half (54%) of the substantiated sexual misconduct and a quarter (26%) of the sexual harassment incidents were committed by female staff. Although any physical relationship between staff and inmates is illegal in all 50 states, female staff-on-inmate incidents overwhelmingly (84%) appeared to be willing compared to 37% of those perpetrated by male staff. The majority (78%) of offenders, regardless of gender, were fired or resigned, with 45% being arrested, referred for prosecution, or convicted.

Recommendations for Reducing Prison Rape

Emanating from PREA, the NPREC was convened in June 2004 to develop recommendations for reducing prison rape that would be conveyed to Congress in the form of a report. In 2009, the NPREC submitted 41 recommendations to Congress. However, it was not until 2012 that the "National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA)," or PREA standards as they are known, were adopted and published in the Federal Register.

The 50 recommendations are divided into 13 categories: Prevention Planning (eight recommendations), Responsive Planning (two recommendations), Training and Education (five recommendations), Screening for Risk of Sexual Victimization and Abusiveness (three recommendations), Reporting (four recommendations), Official Response Following Inmate Report (eight recommendations), Investigations (three recommendations), Discipline (three recommendations), Medical and Mental Care (three recommendations), Data Collection and Review (four recommendations), Audits (one recommendation), Auditing and Corrective Action (five recommendations), and State Compliance (one recommendation).

Upon the adoption of these standards, states had 2 years to develop and implement policies and programs to meet these standards. As of the May 15, 2014, deadline, eight states were subject to penalty for being out of compliance, subjecting the state to a 5% reduction in certain U.S. Department of Justice grant funding. However, only two states were in full compliance. The remaining 46 states and territories submitted assurances, meaning that most states remain in the development stage of their response to PREA.

Risk Assessment of and for Prison Rape and Violence

As part of the final rules published by the Department of Justice in 2012, all inmates had to be assessed during the intake process and at the time of transfer concerning their risk of being sexually abused or sexually abusive toward other inmates. This screening was to occur within 72 hr of their placement using an objective screening instrument, with the information obtained being used to inform decisions about the inmate's housing, cell assignment, security level, work and educational assignments, and programming needs and interventions. In 2012, it was widely accepted that there was no nationally validated, PREA-specific risk assessment tool available, and it was understood that this type of validation would be cost prohibitive for most small agencies. The federal rules therefore focused exclusively on the identification of certain objective risk factors that were believed to be associated with sexual abuse and abusiveness in prison and which could be used by all staff with adequate training to

assess each inmate's risk of victimization and abuse in a timely manner.

For sexual victimization, the risk factors that were identified included whether the inmate had a mental, physical, or developmental disability; whether the inmate was under the age of 21 years; whether the inmate was of small stature; whether the inmate was being incarcerated for the first time; whether the inmate's history was exclusively non-violent; whether the inmate had prior convictions for sexual offenses against children or adults; whether the inmate was perceived to be gay, lesbian, bisexual, transgendered, intersex, or gender nonconforming; whether the inmate had previously experienced sexual victimization; the inmate's own perceptions of vulnerability; and whether the inmate was being detained solely for civil immigration purposes. For sexual abusiveness, the screening risk factors included whether the inmate had a prior institutional history of violence or sexual abuse perpetration, prior sexual abuse perpetration in the community, and prior convictions for violent offenses. The standards further required that the decision to assign a transgender or intersex inmate to a facility for male or female inmates be based on a case-on-case assessment of the inmate's health and safety and the impact of each type of placement on management and facility security.

Not long after the initial sponsoring of the PREA legislation, the National Institute of Justice also issued a solicitation for research concerning the assessment of risk of sexual victimization and sexual violence in prisons and jails. This research examined a broad array of validated risk factors associated with other forms of violence in the community and in prison. These included the effects of early childhood adverse experiences and adolescent violence, prior community and institutional violence and victimization, patterns of sexual adaption prior to incarceration, affective and perceptual states experienced by men and women while incarcerated, personality traits and disorders including psychopathy, and the use of structured violence risk instruments developed for assessing the risk of violence in community and inpatient treatment settings. This research found that there were pronounced gender differences in the risk factors that were associated with sexual violence and victimization in prison and that the experience of violence and victimization often

co-occurred, particularly in the experiences of incarcerated men. The research also found that a wide array of risk factors was associated with different types of sexual experiences in prison, including prior historical experiences and events, personality factors and emotional states, relationships and behavior since being incarcerated, and attributes of the correctional system itself as reflected in state differences in rates of both sexual victimization and violence.

Programming and Audits

Programming

Programmatically, PREA sought to create a zero-tolerance standard for the incidence of prison rape, to make prison rape prevention a top priority in each prison system, and to create national standards for the detection, prevention, reduction, and punishment of prison rape. The PREA standards are reflected in the programs being implemented at institutions. For most institutions, programs and protocols had to be developed for inmate orientation, reporting and investigation, and responding to victims, among many others. Each state is required to have a PREA coordinator to assist in developing and implementing the PREA standards.

Perhaps the easiest standard to implement was the development of awareness materials that could be distributed to inmates during orientation (e.g., videos or pamphlets on how to protect oneself from prison sexual assault). More challenging was the development of protocols for inmate reporting of sexual assault and correctional staff investigations of those allegations as well as the development of procedures for responding to victims of sexual assault. Some correctional facilities are collaborating with sexual assault victim service providers in the community to provide these services since they have the expertise to respond to these cases.

Audits

To ensure compliance with the PREA standards, audits were implemented. All confinement facilities covered under PREA standards are audited at least every 3 years, with one third of each facility type operated by an agency, or private organization on behalf of an agency, audited each year. Audits are conducted using an

instrument developed by the PREA Resource Center in conjunction with the U.S. Department of Justice that reflects the PREA standards. Audits are thorough and typically take up to 5 days to complete. If the PREA auditor determines that the facility *does not meet standard* with respect to any standard provision, the auditor and the agency will jointly develop a corrective action plan.

Taken as a whole, PREA suggested a clear-cut commitment to reducing sexual violence in prisons and jails and provided financial incentives for research and robot programming. However, to date, many state systems are still developing materials and protocols to meet the requirements. Whether such activity results in greater safety for inmates remains an empirical question.

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See also Criminal Risk Assessment, Sexual Offending; Incarceration, Effects of; Prison Rape Elimination Act; Sexual Offenders; Sexual Offending

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SEXUAL VIOLENCE RISK-20 (SVR-20)

Risk assessment of sexual offenders is an important topic in forensic psychiatry and psychology. Practitioners are given the responsibility of completing risk assessments of offenders to try to maximize public safety and encourage responsible management, both of which depend on effective intervention and supervision. The basis of the development of the SVR-20 was to utilize structured professional judgment (SPJ) to inform risk management to, in turn, maximize public safety, the latter being viewed as the ultimate objective of all risk assessment work. This entry focuses on the SVR-20 and its revised version, discussing its guidelines.

SVR-20 Guidelines

The SPJ approach to risk assessment exemplified by the SVR-20 is based on the use of structured clinical guidelines to help the assessor formulate a risk depiction of the individual being assessed. The use of such guidelines assumes that (a) the assessment is being done by a professional who has been trained, (b) the guidelines include the most important risk factors that should be minimally considered by the evaluator, and (c) the evaluator must use discretion as to how information regarding risk factors is to be combined through the SPJ approach to reach final judgments regarding risk.

The SVR-20 guidelines for assessing risk of sexual violence have been widely adopted by clinicians around the world because of the flexibility of the method. The instrument allows for the analysis of various aspects of risk including not just likelihood of reoffense, but also nature, imminence, victim specificity, and severity (e.g., lethality). The SVR-20 guidelines also allow assessors to consider a range of factors that are relevant to the risk assessment at hand, including issues related to

sexual disorders (paraphilias) that may be reflected in criminal behavior, such as sadism, fetishism, or pedophilia, all of which help to inform the risk management of the individual being assessed.

The original SVR-20, published in 1997, comprised 20 risk factors in three domains: Psychosocial Adjustment, Sexual Offenses, and Future Plans. The domain of Psychosocial Adjustment included sexual deviation, victim of child abuse, psychopathy, major mental illness, substance use problems, suicidal/homicidal ideation, relationship problems, employment problems, past nonsexual violent offenses, past nonviolent offenses, and past supervision failures. Sexual Offenses included high-density sex offenses, multiple sex offense types, physical harm to victims in sex offenses, use of weapons or threats of death in sex offenses, escalation in frequency or severity of sex offenses, extreme minimization or denial of sex offenses, and attitudes that support or condone sex offenses. Future Plans included lacks realistic plans and negative attitude toward intervention. The inclusion of each item was supported by the systematic review of the scientific and professional literatures.

Since its publication, and despite some criticisms, the SVR-20 has been evaluated by a variety of researchers in a variety of sites internationally and is considered the best validated SPJ for the risk assessment of sexual offenders. There are a large number of studies showing good to excellent levels of interrater reliability. According to several empirical studies and meta-analyses, judgments of risk made using the SVR-20 have predictive validity that is comparable to other risk assessment instruments.

Revised Version

In 2017, the SVR-20 was updated in a second version to reflect developments in the research literature and changes in treatment foci over the past decade. Although the content of the second version of SVR-20 is similar to that of the original guidelines in broad terms, a number of specific changes were made: The definitions of some risk factors were clarified; the three specific risk factors related to general criminality (i.e., past nonsexual violent offenses, past non-violent offenses, and past supervision failures) were collapsed to

create a more general risk factor *nonsexual criminality*; and two new risk factors (reflecting problems related to sexuality and sexual offenses) were added to the instrument (*sexual health problems* and *psychological coercion in sexual offending*).

In the second version of the SVR-20, the domain of Psychosocial Adjustment includes sexual deviation, sexual health problems, victim of child abuse, psychopathic personality disorder, major mental illness, substance abuse problems, suicidal/homicidal ideation, relationship problems, employment problems, and nonsexual offending. Sexual Offenses include chronic sexual offending, diverse sexual offending, physical harm in sexual offending, psychological coercion in sexual offending, escalation in sexual offending, extreme minimization or denial of sexual offenses, and attitudes that support or condone sexual offences. Future Plans include lacks realistic plans, negative attitudes toward intervention, and negative attitude toward supervision. The revisions ensure that the SVR-20 is comprehensive in scope, sensitive to both dynamic and static aspects of risk, and useful in the development of risk management plans.

Criticisms

It is likely that the second version of the SVR-20 will be subject to the same criticisms as the original manual. First, some critics will object to the inclusion of risk factors in the guidelines that are not established in the scientific literature as significant predictors of sexual reoffense. Because the revised SVR-20—like the original—uses a broad definition of sexual violence risk, the risk factors may be predictive of the nature, severity, or imminence of reoffense, rather than the likelihood, or the factors may be related to risk management rather than the likelihood of reoffense.

Second, some will object to the fact that the guidelines will be published *without validation research*. This criticism reflects a fundamental misunderstanding of the SPJ approach. It is true that the content of both the original and the second version of the SVR-20 was not based on a single piece of empirical research; instead, they were based on a systematic review of scores—even

hundreds—of empirical studies as well as a review of the professional literature.

Third, some will object to the fact that the revised SVR-20 will not yield a quantitative estimate of the probability of reoffense. This is correct; the goal of both versions of the SVR-20 is to guide risk management decisions and prevent reoffense, not to predict what might happen if the offender were provided treatment or simply monitored—most of the Actuarial risk assessment instruments (ARAI) do not differentiate risk across such clearly different scenarios, hence limiting their usefulness for risk management. The second version also provides the user with example worksheets for gathering information, coding the presence of risk factors (past and recent presence), and formulating conclusory opinions.

Research

In 2007, Karl Hanson and Kelly Morton-Bourgon Robert suggested that “for those wishing to understand their cases, there are a number of risk assessment tools available, although the research on these instruments is much less developed than the research on empirical actuarial measures (i.e., ARAIs)” (p. 16), and these authors go on to suggest the SVR-20 as one such measure (that presumably would help assessors understand their cases). However, it is clear that practitioners who conduct risk assessments do wish to understand the uniqueness of their cases. The SVR-20 instruments provide a framework for that understanding.

The SVR-20 was promoted initially as an aide-mémoire or report-writing assessment and guide. Early findings showed that the risk levels reached by SPJ based on supervision and treatment needs were found to have good predictive validity. A large amount of independent research has shown that well-guided professional judgment permits clinicians to make allowances for the uniqueness of their clients and that such judgments have better predictive validity than actuarial tests on average. Logically, this makes some sense: The individual is never accurately represented by the group average; and the corollary is also true, a group of individual predictions (e.g., via the SVR-20) ought to outperform a group average (when the SVR-20 is used actuarially it does not predict as well as when it is used in a SPJ manner). Regardless of the state of

the risk assessment literature, courts and parole boards around the world demand risk assessments from psychologists and psychiatrists on which to base their decisions. It is the responsibility of these psychologists and psychiatrists to provide their best risk formulation on the patient while acknowledging the limitations of the field. Furthermore, it is also their responsibility to advise policy and law makers regarding effective risk methodologies and to encourage research in this regard. To that end, the SVR-20 not only provides a basis for decisions that affect an offender's life but also decisions that could affect the life of potential victims.

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See also Criminal Risk Assessment, Sexual Offending; Criminal Risk Assessment, Structured Professional Judgment of; Risk Assessment, Actuarial; Sexual Offenders; Sexual Offending; Violence Risk Scale—Sexual Offender Version (VRS-SO)

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SEXUALLY VIOLENT PREDATOR LAWS

This entry addresses a group of laws, originating in the early 1990s, known as *sexually violent predator* (SVP) laws. These laws use *civil* confinement (in contrast to criminal incarceration) to lock up individuals who are viewed as at high risk of committing a sexual offense in the future. Because these laws deprive people of their liberty in anticipation of a predicted crime, they are highly controversial legally as well as morally. This entry describes these laws as well as their legal context, traces their history, discusses the justifications as well as critiques, and concludes with a discussion of their current status.

Definition and Context of SVP Laws

SVP laws are civil commitment laws designed to identify individuals who pose a high risk of future sexually harmful behavior and commit them to indeterminate confinement in secure *treatment centers*. The stated purpose of the laws is to protect society from sexual violence by incapacitating those at highest risk of recidivist sexual violence. To comply with constitutional norms (discussed later in this entry), these programs are aimed only at individuals whose future risk is associated with some form of mental disorder or *abnormality*. Treatment for the sexual dangerousness must be provided.

SVP laws are one aspect of a suite of legal innovations that developed in the 1990s, all of which are aimed at the prevention of future sexual recidivistic offending by means outside of the criminal justice system. Other laws require sex offenders to register with law enforcement, classify sex offenders by risk, provide for the notification of the public about sex offenders who are being released to the community, and (in a growing number of jurisdictions) place geographic restrictions on where sex offenders may live or visit.

Many of these prevention laws impose long-term or lifelong burdens and obligations on sex offenders, but the SVP laws are the most drastic in that they involve long-term total confinement. For this reason, SVP laws are the most narrowly aimed and require the most comprehensive judicial due process. Although there is substantial variation among the state and federal SVP laws, they share key characteristics. SVP laws impose three criteria for commitment: (1) a history of sexually harmful behavior, (2) a mental disorder or abnormality, and (3) resulting in an elevated risk of future harmful sexual behavior. The laws are generally aimed at convicted sex offenders who are scheduled for release from prison, and all establish a system for screening incarcerated sex offenders who are nearing the completion of their prison sentences. Those who may meet the criteria of commitment are referred to as *prosecutors*, who then make the determination whether to petition a court for commitment.

Upon the filing of such a petition, the offender (referred to as the *respondent*) is generally assigned a defense lawyer, and expert examiners are appointed (in some instances also selected by the respondent) to evaluate the mental status and risk of the individual. A trial is held, and a decision about commitment is rendered, in some states by a jury, and in others by a judge. Some laws use the criminal law standard *beyond a reasonable doubt*, but others use the lower *clear and convincing evidence* standard. Upon a finding that the individual satisfies the legal criteria, the individual is committed, most often to a highly secure treatment facility, but in some instances to a *less restrictive* community setting subject to extensive supervision and control.

Some SVP laws provide for periodic reassessment of risk and mental condition, and all provide for some form of release if the individual's risk is diminished. All of the laws specify that some form of treatment is to be provided. There is great variability in the actual implementation of these legal provisions.

The Distinction Between Civil and Criminal Laws

All SVP laws claim to be *civil regulation* of liberty, in contrast to criminal punishment. The distinction is an important one and critical to an understanding of the legal context for SVP laws. The criminal justice system is the primary tool that the

government has to address antisocial violence, which permits the government to impose the most burdensome consequences on individuals, including depriving them of their liberty through imprisonment and, in the most extreme cases, imposing the death penalty. But the U.S. Constitution imposes numerous constraints on criminal punishment, as a bulwark against the kind of *tyranny* that led to the American Revolution: It can be imposed only after an individual is charged with a specific crime, at a specified time and place, in violation of specific, previously enacted laws, by a jury's verdict *beyond a reasonable doubt*. The government is forbidden to make something a crime retroactively (ex post facto laws) and cannot try a person for the same crime twice or increase a sentence after it is imposed (prohibition on double jeopardy). A person cannot be punished for a *status* (e.g., addiction or dangerousness), and no one may be forced to testify in a self-incriminating manner.

But these limits apply only to criminal procedures. The U.S. legal system permits certain forms of civil liberty-deprivation that fall outside of those protections. Traditional forms include involuntary treatment for severe mental illness, enforced quarantine and isolation for contagious diseases, and, now, discredited interventions like forced sterilization of mentally impaired individuals and the internment of U.S. citizens of Japanese descent during the World War II. The constitutional question is whether the government may properly classify SVP laws as *civil* and thus avoid the protections of the criminal law. The U.S. Supreme Court has ruled that SVP laws, at least on their face, are legitimate civil laws. The rulings are discussed in the next section.

History

First-Generation Laws

Beginning in the late 1930s, about half of the states adopted the so-called sex psychopath laws. Arising from the progressive movement and the emerging influence of psychiatry, these laws posited that certain sex offenders were more sick than bad and thus should be diverted from the criminal justice system to psychiatric institutions where they could be treated. Paralleling traditional civil commitment laws, the new laws sought to expand the concept of *insanity* to include the idea of

moral insanity, the rough equivalent of the present-day concept of antisocial personality disorder. But these laws, as drafted, were exceedingly vague and broad, and in a rare move (for that era), the Supreme Court, in *Minnesota ex Rel. Pearson v. Probate Court* (1940), insisted on narrowing their application to individuals who had an *utter lack of power to control* their dangerous sexual impulses.

In the early years, sex psychopath laws were aimed at offenders who were viewed as *too sick* for punishment, diverting them from the criminal justice system. Most of those diverted were non-violent offenders, many of whom were gay men whose offenses were engaging in consensual sex with other men. But child molesters were also included, though the underlying reason for diverting these individuals was that child molestation did not have the same severe character as forcible rape.

By the late 1970s and early 1980s, these laws fell into disuse following several authoritative studies that questioned fundamental assumptions underlying these laws, demonstrating that committed offenders were not distinguished by any psychiatric condition that was treatable and that dangerousness could not be identified in a reliable manner.

Second-Generation Laws

Context for Enactment

A decade or so after the demise of the first generation, a second generation of sex offender commitment laws arose. The new SVP laws espoused a markedly different aim: to identify, and confine, sex offenders too dangerous to release from prison. Eventually, 20 states and the federal government would enact SVP laws. The first SVP laws, in Washington state and Minnesota, were reactions to heinous sex crimes committed by recently released sex offenders. Several factors converged to shape this particular reaction to sexual violence. Feminists argued that sexual violence required more forceful and widespread responses, and conservatives pushed a law-and-order agenda. Because of constitutional limitations, broadened definitions of sexual assault and increased sentences could not be applied retroactively and thus did not immediately address the

problem of the release of dangerous offenders from prison, so policy makers turned to civil commitment as a solution.

Although feminists and conservatives shared the goal of harsher punishment for sex offenders, much of the feminist agenda was troubling for social conservatives. Feminists argued that violence against women was a widespread phenomenon, allowed to flourish because of the widely accepted myths and attitudes they said characterized patriarchy. Conservatives took the position that true sexual violence was aberrational and abnormal, the result of individual depravity rather than flawed societal norms. The SVP laws, based on the mental disorder model of sexual dangerousness, provided a vehicle for conservatives to address the feminist call to take sexual violence seriously, while adopting the aberrational view of sexual violence that conservatives espoused.

Initial Legal Challenges

The newly adopted SVP laws were immediately challenged on constitutional grounds. In 1997, the Supreme Court, in a split decision, upheld the constitutionality of these laws, based largely on a *facial* analysis of the language of the laws (*Kansas v. Hendricks*). The Court addressed and rejected two related challenges. The first asserted that the SVP laws were a form of criminal punishment and that they therefore violated key constitutional limitations on criminal law: the prohibitions on ex post facto laws and double jeopardy. The other challenge was based on the concept of *substantive due process*, a constitutional principle that places limits on the circumstances justifying the state's deprivation of an individual's liberty. The two arguments are related to each other. The states argued that the SVP laws were not punishment because they were civil commitment laws, long recognized as constitutionally legitimate. Challengers argued that SVP laws were not bona fide commitment laws, and therefore violated substantive due process, and could not be classified as civil rather than penal.

The challenges turned on whether SVP laws were bona fide civil commitment laws. Relying on a prior Supreme Court case (*Foucha v. Louisiana*), the challengers argued that the SVP laws do not fall within this traditional category because they

do not require proof of a valid mental illness. Challengers argued that terms defining the commitment class were not either *medically valid* (e.g., *mental abnormality*) or, though medically valid, *mental illnesses* (e.g., *personality disorder*). The Court rejected these arguments. While acknowledging that commitment requires some *mental disorder* predicate, the Court held there was no particular constitutional significance to the term *mental illness*; thus, *mental abnormalities* were not categorically ineligible to be constitutional predicates for commitment. In a later case, *Kansas v. Crane*, the Court held that "there must be proof of serious difficulty in controlling behavior . . . [that] must be sufficient to distinguish the dangerous sexual offender whose serious mental illness, abnormality, or disorder subjects him to civil commitment from the dangerous but typical recidivist convicted in an ordinary criminal case."

The Court also noted that the SVP laws adhered to the key indicia of civil commitment laws. In particular, they required that available treatment be provided and that an individual must be released from commitment just as soon as the circumstances justifying commitment no longer obtain. Challengers argued that the state had failed to provide effective treatment to committed individuals, supporting their argument that incarceration, rather than treatment, was the primary goal of the legislation. But the Court rejected this argument because the newness of the laws excused the rather *meager* treatment programs and held that treatment could be a purpose secondary to the primary purpose of incapacitation.

Growth of the Programs

Subsequent to Supreme Court approval, SVP laws have been adopted in 20 jurisdictions. Best estimates are that upward of 5,000 people, mostly men, are confined. Implementation varies widely among jurisdictions in areas such as per capita commitment rates (varying from 0.76 to 128.6 per million) and number of discharges (ranging from 1 or 2 to 185). Commentators estimate that the total cost of SVP programs in the United States approaches US\$1 billion each year. The average per capita cost for confinement, care, and treatment is about US\$95,000 for SVP programs compared with US\$26,000 for prisons.

Justifications and Critiques of SVP Laws

SVP laws remain highly controversial. In this section, the arguments for and against SVP laws are reviewed.

The strongest justification for SVP laws is that they demonstrably prevent at least some recidivist sexual violence. Critics argue that the cost of these programs is very high and that risk assessment is questionable. But supporters argue that the laws are justified even if only one horrendous crime is avoided. These policy makers assert that the United States should *spare no expense* in preventing the *next* horrific sexual crime.

Critics argue that this framework ignores costs, both monetary and moral, and that the SVP laws may engender. Critics argue that policy makers should ask whether the resources invested in SVP programs could prevent more crimes if allocated differently. SVP programs are focused on recidivist violence and, by design, on a small portion of recidivist violence. But recidivist crimes—that is, crimes that are committed by individuals who are released from criminal sentences for similar crimes—constitute a small percentage of all sex crimes. As well, recidivism rates for sex offenders are lower than many in the public estimate. A large meta-analysis involving 10 studies found recidivism of 14% at 5 years, 20% at 10 years, and 24% at 15 years after release from prison. Other studies found recidivism rates for rapists and child molesters to be about 5% after 3 years; some studies find recidivism rates even lower. There are authoritative studies that show that recidivism rates have declined since the late 1990s and that recidivism declines with age.

There are few empirical studies of the efficacy of SVP laws. A 2013 study of the Minnesota program estimated that Minnesota's program reduced the 4-year sexual recidivism rate in the state from 3.2% to 2.8%. A 2013 national study focused not on recidivism but on rates of sexual violence. It found no statistically significant correlation between SVP laws and the rate of sexual violence. Thus, a key question is whether the resources devoted to SVP programs could be more effective in combatting sexual violence if redirected. Critics suggest reframing the policy debate. Instead of asking whether SVP laws prevent some sexual

violence, the focus should be on asking how resources should be allocated to prevent the most violence. SVP laws are based on the theory that the best strategy is to spend relatively large resources on preventing a few *highly likely* crimes. The alternate approach suggests spreading the resources more broadly, addressing individuals who are individually lower risk but collectively account for a much greater percentage of sexual violence. Many violence prevention programs are underfunded, as are some supervision programs for released sex offenders and aspects of rape prosecution evidence collection.

An additional critique is that SVP laws invigorate a dangerous strand in U.S. law, which excludes *outsider* groups from full protection of the Constitution. Slavery and Jim Crow laws are obvious examples, but the reach of this exclusionary philosophy extends further, to forced sterilization of *imbeciles*, internment of U.S. citizens of Japanese descent, and the exclusion of gays and lesbians from equal participation in civic life. The Supreme Court's approval of same-sex marriage in 2015 seemed to signal the end of this sort of *outsider jurisprudence*. But SVP laws mandate a *reduced rights* zone based on who a person is rather than what a person has done. By claiming that some form of mental abnormality justifies the abrogation of hard-fought constitutional limitations on the power of the state, critics fear that these laws give extended life to the discredited outsider jurisprudence.

Critics argue that SVP laws distort the U.S. approach to sexual violence prevention in three ways. First, the laws distort society's view of sexual violence by suggesting that sexual violence—or at least the *worst* of it—is beyond the control of the men who commit it because it is *caused by* mental abnormality. But empirical findings establish that sexual violence is not aberrational, is mostly committed by acquaintances and intimates rather than strangers, and is facilitated by societal norms, myths, and attitudes more than mental disorder.

A second distortion that SVP laws strengthen is the public policy focus on recidivism as the core problem to be addressed in the fight against sexual violence. SVP laws are based on the premise that recidivism among sex offenders is extraordinarily high. Repeated frequently by courts, this

meme is false. Sex offenders have recidivism rates that are lower than many other categories of criminals; a majority of sex offenders are not apprehended for recidivist sex crimes.

But critics also claim that the focus on recidivist crime misdirects the public's attention. The great majority of sex crimes (some studies find 95%) are not recidivist crimes. They are crimes committed by offenders who have not been apprehended before for a sex crime. A focus on recidivism directs attention away from the great bulk of sexual violence and away from policies that address root causes of sexual violence.

Many commentators urge an alternate framework for combatting sexual violence. A public health approach would insist on a comprehensive and systematic set of policies, based on empirical knowledge, rigorous program assessment, and adoption of best practices. Interventions would aim at root causes (primary prevention) to attempt to head off violence before it occurs. These programs would be combined with standard criminal justice interventions as well. Resources would be allocated to program evaluation, disseminating and implementing models that prove successful.

Current Status

In 2018, SVP laws are well into their third decade. A second generation of legal challenges is now working its way through the courts. Two federal district courts have held that state programs are unconstitutional as they have been implemented. Several other cases are working their ways through the courts. But a federal appellate court reversed the first of the district court decisions. As of September 2018, the second is on appeal.

These cases present a number of challenges to the implementation of these laws. The most well-developed challenges focus on the states' failure to fulfill the requirement that SVP laws have the key characteristics of bona fide civil commitment programs. The trial courts have found that some SVP programs have a punitive purpose, in large measure, because states have failed to monitor ongoing risk, provide less restrictive alternatives in the community, and release committed individuals just as soon as the circumstances justifying confinement no longer obtain. In reversing, the appellate court held that the systemic failure to release to community settings did not violate the constitution.

Eric S. Janus

See also Sexual Offender legislation; Sexual Offender Registries; Sexual Offenders, Public Perception of

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SHOCK INCARCERATION

Shock incarceration (SI) is a correctional alternative to traditional incarceration that seeks to *shock* individuals convicted of crimes away from engaging in further criminal activity. The programs, also known as *correctional boot camps*, have a regime of military basic training-style discipline and rigorous physical activity as their centerpiece, which is often complemented by educational, counseling, and occupational training opportunities. SI programs, which are typically located in facilities that are separate from prisons or jails, allow individuals who successfully complete the program to serve less time than they would if sentenced to traditional prison or jail confinement. Originating in the early 1980s, SI programs marked an important innovation in corrections strategy, combining punitive and therapeutic interventions targeting individuals typically convicted of less serious criminal offenses seeking to shock them into behaving in a disciplined and respectful manner and away from additional involvement with the criminal justice system. This entry surveys the early history of SI programs, details of the correctional methods they employ, program goals, and research conducted on the effects of SI.

Early History

SI originated in the wake of two related innovations in corrections. The first was *Scared Straight*, a strategy targeting juvenile offenders who gained fame as the result of a documentary film released in 1978. The program was developed for at-risk juveniles who had engaged in antisocial activity but had not yet committed crimes that were worthy of longer term incarceration. As part of their *treatment*, individuals spent a brief period of time in a hostile prison environment, where they were exposed to verbal abuse from inmates and learned firsthand of the hardships of prison life, an experience designed to scare them away from engaging in criminal misconduct upon their release. The second innovation, Shock Probation, featured a 90- to 120-day program where an offender would be detained in the general prison population to get a true taste of prison life. After serving the 90- to

120-day term, the offender served the remainder of his or her sentence in the community on probation and would remain out of prison absent violation of his or her probation conditions.

SI debuted in 1983, first in Oklahoma and 1 month later in Georgia. Louisiana opened the first SI program targeting juveniles alone in 1985. SI gained popularity very quickly. Like other intermediate sanctions popular in the 1980s, it appealed both to policy makers favoring a *get tough* orientation, which did not coddle individuals, and those favoring rehabilitative treatment and programming. By 1995, states operated 75 programs for adults and 30 for juveniles, and counties operated 18 programs.

Program Details

To begin with, SI programs differ in their programmatic details. Typically modeled after military boot camps, SI programs emphasize discipline and obedience to authority. Participants address the correctional officers and other inmates by military titles, punishment for misbehavior comes in some form of physical activity, like pushups, and inmates and correctional officers alike wear military-style uniforms. Military drills and demanding physical training dominate, complemented by hard physical labor such as ditch digging, clearing land, and constructing walkways, all with hand tools to maximize physical effort among participants. Inmates must also undergo an entry ceremony and a head shaving requirement, stand at attention in drill lines, and participate in graduation ceremonies upon the successful completion of the program.

Along with programmatic details, programs also vary in their emphasis on rehabilitation. For instance, Illinois dedicates 3 hours a day to rehabilitation-related activities, with half of that time occupied by some form of counseling and the other half education. Elsewhere, such as in New York, participants spend up to 6 hr on such activities, including alcohol and drug counseling, vocational training, decision-making classes, and educational instruction.

In addition, SI programs contrast from one another in their eligibility criteria. Most often, with adult populations, participation is limited to young adults between the ages of 18 and 29 years, whereas

Louisiana allows participants up to the age of 39. Some states, such as Oklahoma, New York, and South Carolina, require that participants' offenses be nonviolent in nature, and most programs require that participants have not been previously incarcerated in prison; a minority of programs bar participation if an individual has been convicted of a felony. However, a few states, such as Florida, accept participants as long as their crime is not punishable by death or life imprisonment. Some states will only admit participants whose crime is only punishable by probation, while other states require maximum sentences not to exceed 5 years, and other states allow up to 10 years.

Finally, SI programs are distinguishable from one another in their duration. Some states, such as Georgia, have a 90-day program, while others, such as Missouri and Georgia, have a 120- and 180-day program, respectively.

A key commonality among the programs is that participants have an incentive to successfully complete program requirements because doing so provides sentence relief. Although programs vary, the most common result upon graduation from an SI program is release on parole or probation, whereby the offender will continue to be supervised by the corrections system. In New York, for instance, program graduates are reviewed by the parole board, which decides whether release on parole is warranted, which permits the individual to avoid serving their full sentence. Predictably, failure to complete the program carries adverse consequences—the individual faces detention in a traditional prison or jail where they will serve a much lengthier sentence—compared to what would have been the mere length of the particular SI program.

Goals

The chief goal of SI is crime reduction, and it seeks to do so by two principle means: deterrence and rehabilitation. As for deterrence, SI is considered more severe than serving a probation term in the community and less severe than long-term incarceration. Originally, SI programs were to be located in prisons but separate from general population. This view of prison from the inside, combined with physical activity, strict discipline, and hard labor, was designed to discourage future

criminal behavior. SI seeks rehabilitation in two ways. First, the strict discipline entailed in the program seeks to instill self-discipline in participants after the program and improve participants' self-esteem, self-control, and ability to handle stressful environments they might encounter in life outside. Second, while as noted programs can vary in their content, those emphasizing counseling and education do so to provide the tools needed to succeed in work and school after release.

SI is thought to have other benefits as well. Most important, SI can channel eligible offenders away from incarceration in prison and jail and result in shorter periods of detention overall, allowing jurisdictions to reduce corrections costs and reduce reliance on often already overcrowded institutions.

Research Results and Use

Over time, interest in SI waned in the United States. In significant part, this was due to research suggesting that SI did not secure the reductions in recidivism touted by advocates. Some studies found no benefit while others found a marginal reduction in recidivism, compared to regular forms of punishment, but that the reduction tended to diminish over time. In addition, some studies found that juveniles who participated in SI programs were more likely to commit future crimes more quickly than individuals in control groups. Although research reveals that SI programs succeed in instilling better skills, attitude, and behavior into participants, this success simply does not translate into a reduction in recidivism. Part of that failure can be described as a *low dosage problem*. Although a lofty goal, it is not realistic to expect a program that only spans 180 days at most to have such a large change in offenders who have had an antisocial lifestyle instilled in them over a span of years. Furthermore, there is no incarceration boot-camp model. Thus, an analysis of boot camps across different states shows a lack in consistency on how much programs focus on offender reentry into the community. This failure is reflected in the overall failure in reducing recidivism.

In addition, research indicated that SI programs are far too small on a national scale to have a major effect on the cost savings that were once expected. This is 2-fold: Firstly, there are not

enough SI programs to house a large enough amount of prisoners to create the savings that would be expected by reducing operation costs and construction costs of new jails and prisons. Secondly, SI programs require more staff than traditional incarceration facilities, and because SI programs provide much more rehabilitative services than traditional incarceration facilities, the negligible cost savings are negated.

Meanwhile, concern arose over the safety of the programs. In a Florida SI program, for instance, 14-year-old Martin Lee Anderson collapsed and eventually died after correctional officers tried to awaken him with smelling salts, which resulted in his suffocation. Anderson's death eventually resulted in Florida's ban on state-run boot camps in 2006.

In response, nationwide many states have ceased their SI programs. As of 2000, close to one third of state-run SI programs had closed, and total boot-camp population fell by over 30%. This trend continued, and it even extended to New York, a state that has long boasted prison boot camps. At one time, New York ran five SI programs; however, in 2011, the state closed two of its five boot camps, and another in 2013, leaving just two remaining programs. In addition, the Federal Bureau of Prison discontinued operation of its SI programs in 2005. As of 2017, the exact number of SI programs in operation is not recorded; however, the downward trend in SI leaves the impression that new programs will not be opened.

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See also Correctional Boot Camps; Incarceration, Effects of; Ineffective Rehabilitation Strategies; Rehabilitation; Secure Confinement

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SHOPLIFTING

Shoplifting is defined as the theft of goods from a retailer and is a criminal activity that can encompass many different behaviors, such as from pocketing an item and leaving the store to consuming food products within the store and not paying the retailer. Just as there is a wide range of items that can be shoplifted, there is also a vast array of motivations and techniques for committing this crime. Although a formal measurement of shoplifting based on data at the national level is

minimal, the body of research on this offense suggests that it is a massive crime problem not only in the United States but also worldwide. Research on shoplifting from the 1950s to present has employed a wide range of methodologies in attempts to uncover the psychological and demographic characteristics of typical shoplifters, although some recent research, since 2015, has moved beyond focusing on individual offenders to highlighting typical shoplifting techniques in an effort to assist retail security personnel with the prevention of shoplifting. This entry provides an overview of the scope and cost of shoplifting, examines the psychology and demographics of shoplifters, and reviews research that focuses on shoplifting techniques.

Scope and Cost

According to the National Association of Shoplifting Prevention (2014), there are about 27 million shoplifters in the United States today. It is estimated that there are 550,000 daily incidents of shoplifting in the nation, which account for over 20 million shoplifting incidents per year, with an estimated yearly cost of about US\$17 billion in goods per year. However, these estimates are likely much lower than the actual scope and cost of shoplifting, due to the minimal measurement of shoplifting in national-level, longitudinal data sources.

Official data sources, such as the Federal Bureau of Investigation's annual *Uniform Crime Reports*, are able to convey only a small proportion of all shoplifting incidents. The true extent of shoplifting is underrepresented in this data source since it is based entirely on offenses known to law enforcement. Several complications arise when attempting to establish a valid and reliable estimate of shoplifting using the Uniform Crime Report. First, store personnel simply do not detect every incident of shoplifting. Second, shoplifters may intentionally target stores with low capabilities of detection. Third, retailers develop shoplifting policies at their own discretion, including the policy of not apprehending suspected shoplifters. Finally, detected incidents of shoplifting are unlikely to be reported to law enforcement if the dollar value of the stolen item is deemed insignificant.

Even with the caveat that the scope and cost of shoplifting are likely underestimated, available estimates nonetheless demonstrate that shoplifting should be a cause of concern for both retailers and consumers, in addition to social scientists interested in criminology and crime prevention. The lack of attention to shoplifting is potentially explained by surveys of consumers who regularly rate shoplifting as among the least serious crimes and who also tend to maintain antibusiness attitudes that may reduce their concerns for the troubles faced by retailers. Although retailers and crime prevention practitioners have a history of working together to develop and evaluate anti-shoplifting security measures, criminological interest in shoplifting mainly focuses on the crime as an expression of general delinquency or deviance. However, a large body of early (1950–1980) criminological research and theory was concerned with the development of psychological typologies of shoplifters.

Psychology

Incidents of shoplifting have been documented since the 1500s. However, it was not until the late 1800s that scholars, primarily those in the field of psychology, began focusing on this crime in attempts to explain what appeared as an unprecedented shoplifting epidemic among middle-class females. A great deal of research has since been devoted to understanding this trend alongside the changing nature of the retail market and women's greater access to goods; though, at the time of this so-called shoplifting epidemic, scholars instead focused on *kleptomania* and the underlying causes of this irrational behavior. Female kleptomania was most frequently understood as resulting from myriad sexual problems, including menopause, irregular menstruation, and unfulfilled sexual desires.

As indicated by the previous explanation of female kleptomania, early research (1920s–1980s) on shoplifting was dominated by the Freudian perspective of psychology. This perspective was not limited to female shoplifters but was extended to all shoplifters, regardless of age or gender, although the specifics concerning offenders' psychological and physical pathologies differed

accordingly. Psychological profiles and typologies were created to aid in the understanding and the categorization of shoplifters and their motivations. To develop their profiles and typologies, psychologists typically made use of samples of apprehended shoplifters that were referred to them by the court. As such, research on shoplifting in this time frame primarily concerned those who would now be considered atypical shoplifters (e.g., the psychologically disturbed or the elderly).

Modern scholars continue to maintain an interest in psychological explanations of shoplifting. However, since the 1980s, social scientists have sought to situate shoplifting within a larger structure of delinquent or deviant behaviors. Rather than explaining shoplifting as mentally disturbed kleptomania, researchers attempt to understand the psychology behind delinquency and deviance more generally, of which shoplifting appears to be only one of many potential expressions. This is a fruitful development in the body of research on shoplifting, particularly since past studies have consistently shown that the psychological and personality characteristics of shoplifters do not differ significantly from those of their nonshoplifting counterparts.

Demographics

In addition to generating a better understanding of the psychology of shoplifters, scholars also have worked toward developing a demographic profile of the typical shoplifter. Initial attempts to achieve this goal, in the 1960s and early 1970s, involved the use of store apprehension data. Store records offer researchers a number of benefits beyond those of police records. Store apprehension data may be more accurate than law enforcement data since store records include both offenders who were apprehended by store personnel but were not brought to the attention of law enforcement as well as those that were referred to the criminal justice system. This allowed researchers to examine the demographic and crime-specific similarities and differences among offenders who were referred to the criminal justice system and those who were not as well as differences in how store personnel handled apprehended shoplifters.

Store records also offered a more complete picture of shoplifters' demographic characteristics as well as the characteristics of typical stolen goods, such as their types and values.

The use of store records represented a pivotal first step in the attempt to develop an accurate representation of contemporary shoplifting trends. Regardless, this methodology has a number of drawbacks. First, store records contain more information than that collected in the Uniform Crime Report, but they are not exhaustive. They do not offer insight into shoplifters' criminal motivations, prior criminal histories, social class, or economic status, to name a few relevant criminological characteristics. Second, since there is variability among retailers' abilities or policies in the apprehension of shoplifters, it is arguable that any store's apprehension data are more likely a reflection of that store's security practices than of average shoplifters. Third, the generalizability of store apprehension data is questionable since it is unlikely that findings about the typical shoplifter in a boutique-style store, for example, could be extrapolated to shoplifters of department store or grocery chains, and vice versa.

Other attempts to develop a more accurate demographic profile of shoplifters have overcome many of the drawbacks of the use of store apprehension data. Some scholars have made use of observational studies, in which the researchers covertly observe shoppers to differentiate regular shoppers from shoplifters. Such covert observation has aided in the development of the sociodemographic profile of typical shoplifters in the type of store in which the study has taken place and also has provided information about telltale behavioral cues that may aid security personnel in being alerted to potential shoplifting activity. Observational data have led to important advances in the improvement of demographic and behavioral profiles of shoplifters. However, researchers making use of this methodology have taken care to note that observations of shoplifting are at risk of being driven by the preexisting biases of observers.

Self-report data also represent a significant improvement in the accuracy of shoplifting profiles. Findings from one national-level longitudinal study, *Monitoring the Future*, established that the

body of shoplifters is comprised of both males and females, from all races and ethnicities, and from a wide range of age groups. An additional insight from this study includes the finding that shoplifting activity tends to peak during adolescence and then declines between the ages of 17 and 23 years. This is supportive of findings from other self-report surveys, which indicate that shoplifting generally corresponds to the age-crime curve prevalent among most other forms of crime.

Altogether, despite their various limitations, research on the demographic characteristics of shoplifters using store report, observational, and self-report methods has provided a great deal of information about the typical shoplifter and the typical shoplifting incident. In turn, this body of research has helped dispel many of the stereotypes about shoplifting (e.g., shoplifters are mentally disturbed or should be classified as kleptomaniacs) that arose as a result of early attempts to develop psychological profiles and typologies of shoplifters. More importantly, such research has begun to dispel the idea that shoplifting is a pink-collar crime (i.e., a crime dominated by women). A vast array of studies representing each of these methodologies has consistently shown that women rarely represent more than half of any sample of shoplifters.

Research Focus: Techniques

Much research on shoplifters since the 1980s has been conducted with the goal of uncovering the sociodemographic characteristics of the typical shoplifters. However, results indicate that everyone is a potential shoplifter, regardless of gender, race, age, or status. Rather than abandoning shoplifting as an important area of criminological inquiry, a more recent research by Lasky et al. (2015) has instead focused on delineating the techniques and decision-making of shoplifters, with the goal of assisting store security personnel in attempts to prevent shoplifting and to reduce the harms caused by shoplifting to both retailers and consumers.

Researchers have employed several different methods to more closely examine shoplifters' techniques. Among these are observational studies, discussed previously, which have provided

important information on telltale behavioral cues exhibited by shoplifters before, during, and following the theft of an item. Additional studies have made use of a qualitative elaboration on self-report data, in which shoplifters narrate their decision-making processes after forming an intention to steal while walking through a store. Data from these studies aid in distinguishing between degrees of shoplifting expertise, perceptions of effective deterrents, and the influence of store layout on the likelihood of engaging in shoplifting after the shoplifter acknowledges an intention to steal. In a recent development of shoplifting research, an eye-tracking device has been used to record shoplifting from offenders' perspectives, alongside shoplifters' narration of the resultant video data, which together provide insight into concealment techniques, impressions of store security, and decision-making processes at each stage of the shoplifting event. Overall, research focusing on the techniques of shoplifters has moved beyond the simple classification schemes of initial shoplifting studies, and the impasse of sociodemographic profiling, to assist retailers in reducing shoplifting as well as to reduce the likelihood of individuals to engage in the crime of shoplifting.

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See also Crime Prevention, Policies of; Economics of Crime; Fear of Crime; Gender and Crime; Juvenile Offenders

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SHORT-TERM ASSESSMENT OF RISK AND TREATABILITY (START)

The START is a succinct structured professional judgment guide for the assessment of dynamic vulnerabilities and strengths associated with risk of violence, self-harm, suicide, unauthorized leave, substance abuse, self-neglect, and being victimized by others. Working with individuals in criminal justice, psychiatric, and community mental health contexts calls for practitioners to identify the risks that individuals might pose to themselves or others (e.g., violence, suicide, nonsuicidal self-injury) and to effect management plans to prevent undesirable outcomes (e.g., mental illness relapse, rehospitalization, violence, recidivism, substance use relapse, suicide, self-harm). Given the pervasive risks to self and others in these populations and the substantial personal and social burdens, risk assessment is a process with inherently high stakes. It is fraught with challenges, including the potential for liability risk and ethical issues for the assessor, reduced civil liberties for the individual, stigma for the population, and economic implications and safety concerns for the public. Considerable investment has been made in exacting how best to conduct risk assessments and to translate those findings into effective risk management plans. The START is one such endeavor.

The START has been recognized by several agencies (e.g., Accreditation Canada, UK Department of

Health) and experts as a promising, leading, or best practice in the assessment and management of violence and related risks. It is being used across the globe in correctional, forensic, and mental health institutions and community programs. As of 2018, there were nine language translations (Danish, Dutch, Finnish, French, German, Norwegian, Spanish, Swedish, and Thai; with Italian, Japanese, and Russian translations in preparation) and more than 50 published articles on the START. There also is a version for use with youth aged 13–18 years, the START: Adolescent Version.

This entry begins by discussing the development, key characteristics, and use of the START; then the entry focuses on the research evidence for the START.

Development and Key Characteristics

The START was developed in the early 2000s in direct response to limitations of existing risk assessment measures, as identified in the research literature and by direct care providers and clinicians. The START is unique compared to other risk assessment measures because of several key characteristics, including its focus on dynamic factors, strengths and vulnerabilities, and multiple short-term adverse outcomes.

Dynamic Factors

START assessments focus on an individual's current functioning on dynamic factors, within the context of their history. Historical, static factors (i.e., unchangeable variables, such as a history of child abuse, criminal record) and stable factors (i.e., variables that can change but that often are difficult or slow to change, such as antisocial attitudes) provide essential insights into future behavior and effective risk management endeavors. However, research also demonstrates the value of dynamic factors (i.e., changeable variables, such as social support), particularly in imminent, acute, and short-term assessments. Moreover, good clinical and criminal justice practice demands that assessors are attentive not only to factors that increase risk but also those that can be changed through intervention.

Strengths and Vulnerabilities

The START acknowledges that clients have strengths and vulnerabilities that can coexist and that interact with each other. The START thus guides assessors to evaluate an individual's vulnerabilities (i.e., risk factors) as well as their strengths (i.e., protective factors). Prior to the development of the START, several well-respected scientist-practitioners in clinical risk assessment lamented that the field had failed to integrate balanced risk assessments. This is akin to a financial planner only asking about a client's debts and not taking into account the client's savings and investments. There are many potential advantages to considering an individual's capacities, positive assets, and skills in addition to their challenges when assessing risk. Specifically, talking to an individual about his or her strengths can help bolster the individual's sense of self and foster motivation and engagement, contributing to improvements in clinical outcomes and, ultimately, reductions in risk. Strengths also can be embedded in the risk management and treatment plans, providing opportunities to maintain and enhance current strengths and identify what might have fostered prior periods of stability and success (e.g., residing with a supportive family member or partner). Identification and use of strengths is also an inherent part of trauma-informed care and a recovery-oriented approach. Finally, research supports the unique contributions of protective factors to the prediction of adverse outcomes, above and beyond risk factors.

Comprehensive Care

Planning: Multiple Adverse Outcomes

The START guides assessors to estimate risk of diverse health and safety concerns that are found across the populations served by social, criminal justice, and mental health agencies, with the goal of informing comprehensive care planning. Marginalized and high-risk populations experience elevated rates of violence, suicide, self-harm, substance abuse, self-neglect, unauthorized absence, and being victimized by others. Frequently, these individuals present with several of these challenges over the course of their lifetime or at any one time. Research demonstrates, for instance, that individuals with mental illnesses are at greater risk of being violently victimized than they are of

committing violence. As such, a comprehensive intervention strategy may be most effective in reducing risk across multiple domains.

Integrated Assessment, Management, and Treatment

Built on a combination of historical information and dynamic factors, the START integrates risk assessment with risk management and intervention. Practitioners (e.g., probation officers, case managers, nurses, psychologists, psychiatrists) can remain attentive to an individual's persistent risk state, while *tuning up* management plans and interventions to best match the individual's current needs. To demonstrate, as a baseline, an individual with a history of suicide will be considered to be at greater risk of future suicide than an individual without a history of suicide. However, if the suicide attempt was 15 years ago when the individual was a teen, the attempt was more of a gesture (e.g., low lethality, while his parents were home, following a breakup with his first girlfriend), the individual has not had suicidal ideation since, denies experiencing relevant thoughts, plans or affect, and is presently happily married, then the suicide risk would be considered low.

Repeated Assessments

Reflecting the focus on dynamic factors, the START is intended to be completed every 2–3 months to document change in psychosocial functioning and safety and to inform revisions to the management and treatment plans, if any. When there is evidence or anticipation of acute risk, the START should be repeated more frequently. In addition, deterioration or substantial improvement in mental state or situational circumstances could prompt more frequent reevaluation. In the previous example, if during a subsequent discussion, the client reported that his wife was divorcing him and he was feeling depressed, had passing thoughts of suicide, but had no current intention or plans, his risk of suicide would increase to moderate, at a minimum. In addition, the practitioner may consider a more in-depth suicide assessment and follow-up.

The objective of hospitalization, probation, and treatment is to prevent undesirable outcomes (e.g., rehospitalization, recidivism, substance abuse

relapse, loss to treatment) and to bring about positive improvements in the individual's mental health and well-being. Most hospitalized patients and inmates eventually return to the community, and consistent with community-based care being the preferred mode of mental health service, it is generally expected that individuals will transition through the continuum of care. As such, a measure like the START that demonstrates therapeutic progress or deteriorations is essential. In this way, the START is also highly useful for treatment evaluation research.

Description and Use

The START comprises 20 items: Social Skills, Relationships, Occupational, Recreational, Self-Care, Mental State, Emotional State, Substance Use, Impulse Control, External Triggers, Social Support, Material Resources, Attitudes, Medication Adherence, Rule Adherence, Conduct, Insight, Plans, Coping, and Treatability), each coded for both Strength and Vulnerability and for its historical relevance to safety and well-being. Specifically, Key Items are used to identify strengths that have been known to buffer risk or may act as a therapeutic lever, whereas Critical Items are used to identify vulnerabilities that have previously triggered a cycle of decompensation and increased risk. To demonstrate, an individual may have pro-social family support and may also socialize with antisocial peers; thus, the START assessor would code the presence of both strengths and vulnerabilities on the Social Support item. Assessors also are prompted to identify a specific set of symptoms and signs that are unique to the individual and may be seemingly unrelated but reliably are associated with increased risk of harm to self or others, called *Signature Risk Signs*.

The START was developed in the structured professional judgment tradition, meaning that assessors do not use numeric algorithms or cut scores to inform their final risk judgments. Instead, assessors estimate risk over the next 3 months for the seven outcomes (i.e., violence, suicide, self-harm, substance abuse, self-neglect, unauthorized absence, and victimization) as low, moderate, or high through consideration of Strengths and Vulnerabilities ratings, Key and Critical Items, Signature Risk Signs, and history of each of the outcomes. Once areas of elevated risk are

identified, the START, in the section on Risk Formulation, guides assessors to describe the specific factors that predict or explain how, when, and against whom these risks become elevated. The START assessment is then used as the blueprint for a comprehensive risk management and integrated treatment plan.

Although the focus of the START is on recent and current functioning, assessors integrate past and present information to inform their risk assessments. Specifically, the Strength and Vulnerability ratings on each of the 20 dynamic factors are based on the individual's functioning in the past 2–3 months or since the last START assessment. Past and present information is used to code Key and Critical Items and Signature Risk Signs and to identify history of the risk domains.

START is intended to support professionals working with diverse populations (e.g., homeless individuals, civil and forensic psychiatric patients, probation clients). User qualifications do not require that assessors hold a PhD or MD; however, several items require expertise and experience in mental health. Completion of START assessments within the context of a treatment or case management team is highly encouraged, though completion of START assessments by individual practitioners is common.

Research Evidence

Research on the START has demonstrated good to excellent interrater reliability, moderate concurrent validity, and effect sizes for predictive validity, generally in the moderate to large range. Specific Risk Estimates have demonstrated incremental validity over Vulnerabilities and Strengths items for aggression, self-harm, suicidality, and victimization, while research on user acceptance reports high rates for clinical as well as risk management utility.

Interrater Reliability

Several studies have evaluated the interrater reliability of START assessments. Generally, mean intraclass correlation coefficients are in the good to excellent range for the vulnerability, strength, and risk estimates. Researchers and clinicians also have good concordance, as do mental health professionals from diverse disciplines (e.g., nursing, psychiatry, social work).

Agreement on Key Items and Critical Items is less consistent; research to date also suggests that it may vary by profession.

Concurrent Validity

Researchers have examined the association between the START and the Psychopathy Checklist–Revised, the Historical-Clinical-Risk Management-20, the Suicide Risk Assessment and Management Manual, and the Level of Service Inventory–Revised and found START assessments to correlate with assessments completed using other measures in the expected manner. For instance, moderate positive correlations of the START Vulnerability total scores and moderate negative correlations of the START Strength total scores with Psychopathy Checklist–Revised and Historical-Clinical-Risk Management-20 total scores have been observed.

Predictive Validity

To date, the majority of published studies on START assessments have focused on the prediction of violence risk. The majority of studies demonstrate a significant association between inpatient aggression of various forms (e.g., any, verbal, physical) and both Vulnerability and Strength total scores; however, the association for strengths is less consistent in the research. These effect sizes are generally in the moderate to large range and are highly consistent with meta-analyses in the field. Predictive validity for the other six risk domains is promising, but variable, and studied less frequently. There is also emerging evidence of validity in predicting general offending.

Incremental Validity

Specific Risk Estimates have demonstrated incremental validity over Vulnerabilities and Strengths items for outcomes such as aggression, self-harm, suicidality, and victimization; that is, a low, moderate, or high rating on the seven risk estimates is a better predictor of adverse outcomes than simply summing up the item scores. In addition, Strength total scores have demonstrated incremental validity over the Vulnerability total scores in the prediction of aggression and general

offending, although this finding is less consistent and requires further study.

Change and Distribution of Scores

Research demonstrates that when the START is administered repeatedly over time, changes are evident in Strength and Vulnerability total scores, as well as the Specific Risk Estimates, that correspond to changes in security needs and that can be monitored and evaluated in association with targeted interventions. This means that on average, patients' Strength scores increase and their Vulnerability scores decrease as they move through the continuum of care—from locked/secure units to medium-security units and eventually to minimum security units. Moreover, even within high-risk populations, START assessments have excellent dispersion. For example, in forensic psychiatric inpatients and community-based offenders, a reasonably normal curve on both Strength and Vulnerability total scores and a good distribution across risk estimate ratings (i.e., low, moderate, or high risk) have been demonstrated. Despite sharing many demographic (e.g., male, age) and static risk factors (e.g., a history criminal offending, violence, lengthy psychiatric histories), a small proportion of individuals have very low or very high Vulnerabilities and a small proportion of individuals have very high Strengths and very low Strengths.

Perceived Utility and User Feedback

Feedback from assessors provides strong support for the perceived utility of the START in practice. Several studies have shown that assessors find the START easy to use and informative for conceptualizing short-term risks and needs. Research also demonstrates that among those using multiple risk assessment measures, START is often ranked most highly.

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See also Criminal Risk Assessment, Combined Static and Dynamic Approaches to; Criminal Risk Assessment, Generations of, Criminal Risk Assessment, of Violence; Short-Term Assessment of Risk and Treatability: Adolescent Version (START: AV)

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SHORT-TERM ASSESSMENT OF RISK AND TREATABILITY: ADOLESCENT VERSION (START: AV)

The START:AV is a structured risk assessment tool designed to assess and manage short-term (i.e., 3 months) risk of multiple adverse outcomes among male and female adolescents in mental health and/or criminal justice settings. Adverse outcomes included within the START:AV are categorized into two broad domains: *Harm to Others and Rule Violations* (i.e., violence, nonviolent offenses, substance abuse, and unauthorized absences) and *Harm to the Adolescent* (i.e., suicide, nonsuicidal self-injury, victimization, and health neglect). The START:AV adheres to the structured professional judgment model of risk assessment and is an adapted version of the Short-Term Assessment of Risk and Treatability designed for use with adult psychiatric populations. The START:AV is relevant to correctional psychology, as it not only helps to guide the assessment and management of risk of violent and nonviolent offending but also provides a comprehensive assessment of other adverse outcomes that are considered critical to an adolescent offender's well-being. The current entry describes the START:AV and discusses its purpose and development and provides a brief overview of the empirical findings regarding its reliability and validity.

Description and Purpose of the START:AV

The START:AV comprises 25 items, 24 of which fall into three clusters: Individual Adolescent, Relationships and Environment, and Response to Interventions (see Table 1 for a list of the items by cluster). Embedded within the START:AV is an additional case-specific item (i.e., Item 25) that

Table 1 START:AV Items by Cluster

Individual Adolescent
1. School and Work
2. Recreation
3. Substance Use
4. Rule Adherence
5. Conduct
6. Self-Care
7. Coping
8. Impulse Control
9. Mental/Cognitive State
10. Emotional State
11. Attitudes
12. Social Skills
Relationships and Environment
13. Relationships
a. Caregivers/Adults
b. Peers
14. Social Support
a. Adults
b. Peers
15. Parenting
16. Parental Functioning
17. Peers
18. Material Resources
19. Community
20. External Triggers
Response to Interventions
21. Insight
22. Plans
23. Medication Adherence
24. Treatability

allows for the assessor to incorporate any information pertinent to the assessment that is not otherwise captured by the other 24 items (e.g., culture). All items of the START:AV are considered modifiable (i.e., dynamic in nature), and unlike other contemporary risk assessment tools such as the Structured Assessment of Violence Risk in Youth, the START:AV does not separate items

based on whether they are risk or protective factors; rather, each item is simultaneously rated as both a Strength (i.e., a feature or characteristic that decreases risk of an adverse outcome) and a Vulnerability (i.e., a feature or characteristic that increases risk of an adverse outcome). For example, an adolescent can display both strengths and vulnerabilities within a single area such as a youth who primarily associates with antisocial peers, yet maintains contact with some prosocial peers (e.g., Item 17: Peers). As such, ratings of Strengths and Vulnerabilities may or may not correspond with each other. Each item is rated as *low*, *moderate*, or *high* based on whether an adolescent has displayed minimal, some, or substantial Strengths or Vulnerabilities within a specific area over the past 3 months. In rating the items, assessors are to use adolescents who are of a similar age in the general population as a reference for comparison.

After each individual item is rated, Key Strengths (i.e., items that are considered to be instrumental in decreasing or buffering a youth's risk) and Critical Vulnerabilities (i.e., items that are considered to be instrumental in increasing or driving a youth's risk) are identified. However, not every Strength or Vulnerability rated as high need be identified as a Key Strength or Critical Vulnerability, respectively. Moreover, items rated as low or moderate may be considered a Key Strength or Critical Vulnerability as long as the item is judged as playing an instrumental role in a youth's risk of an adverse outcome. Before rendering a final risk estimate for the various adverse outcomes, assessors are to rate whether a youth has experienced an adverse outcome at any time prior to the past 3 months (i.e., Prior History) or within the past 3 months (i.e., Recent History). In adherence with the principles of structured professional judgment, the final risk estimate is not based on any total score or algorithm; rather, the assessor rates the adolescent's short-term risk by incorporating information gathered through the START:AV assessment in combination with his or her own professional judgment. In addition, assessors can include an additional case-specific adverse outcome that is not better addressed by the remaining eight adverse outcomes outlined within the START:AV manual (e.g., homelessness, prostitution).

Lastly, assessors have the option of flagging whether or not the youth poses an imminent risk of serious harm to themselves or others and requires immediate action. This is referred to within the START:AV manual as *T.H.R.E.A.T.*, an acronym that stands for *threat of harm that is real, enactable, acute, and targeted*. Assessors are encouraged to determine whether a T.H.R.E.A.T. is present or absent for four of the adverse outcomes (i.e., violence, suicide, nonsuicidal self-injury, and victimization). Upon completion of the START:AV, the assessor is encouraged to use the information gathered to inform intervention planning through risk formulation and identification of risk-related scenarios. To assist in monitoring treatment response and changes in risk level or risk-related scenarios (particularly if a youth experiences a major life event), it is recommended that reassessment with the START:AV be conducted at least every 3 months.

Development of the START:AV

Development of the START:AV was achieved through a multistep process. First was the establishment of a core team of researchers and clinicians with expertise in adolescent populations (including authors of the START) in conjunction with consultation with other professionals and experts in the field. Second, a review of the literature was undertaken to determine whether an adolescent version of the START would address various gaps in adolescent risk assessment. Third, the developers of the START:AV established a set of developmentally informed principles to guide the adaptation of the START to adolescent populations by reviewing the developmental psychopathology and criminology literature and approaches taken by other test developers. Fourth, each of the START items was reviewed to determine whether they had demonstrated empirical support in adolescent populations of which all items were found to have support. Fifth, while the START:AV retained all of the original items of the START, several important changes were made to ensure that items were developmentally relevant. This included adjustments to item anchors, revisions to coding instructions to account for the ways in which risk and protective factors manifest in

adolescents, introduction of new items (i.e., Parenting and Parental Functioning), and splitting of other items into subitems to emphasize the relationships that adolescents have with their peers and caretakers (i.e., Relationships and Social Support). Moreover, nonviolent offending was added as an adverse outcome given the overlap between risk factors with violent offending, and adverse outcomes such as victimization were revised to account for abuse perpetrated both by peers and adults (e.g., caretakers). Further development of the START:AV consisted of pilot implementation and testing of an earlier iteration of the tool in Canada, the United States, and the United Kingdom.

Reliability and Validity of the START:AV

Although there is a limited amount of research examining the START:AV, much of the research on the START:AV has been conducted using mixed samples of male and female adolescent offenders and forensic psychiatric patients, and preliminary findings are promising regarding its reliability and validity. Despite a final risk score not being produced in practice, much of the research conducted with the START:AV has used total scores derived by summing the items to produce a Strength and Vulnerability total score. With respect to reliability, the START:AV (including an earlier iteration of the tool) has demonstrated high internal consistency among the Strength and Vulnerability total scores. Likewise, there has been good to excellent interrater agreement across the Strength and Vulnerability total scores and structured risk estimates, although the level of interrater agreement has typically been higher among the total scores.

Moreover, the START:AV has demonstrated strong concurrent validity with other established risk assessment tools such as the Structured Assessment of Violence Risk in Youth, and the associations between risk and protective factors and Vulnerability and Strength total scores have been within the expected directions. With respect to predictive validity, the START:AV has shown significant predictive utility across shorter term (i.e., 3 months) and longer term (i.e., 3 years) follow-up periods in predicting multiple adverse

outcomes (e.g., violence, any offending, substance use, street drug use, any victimization, and nonsuicidal self-injury). However, while the various structured risk estimates and Vulnerability total score have generally demonstrated moderate to large associations with outcome, results for the Strength total score have been somewhat mixed.

In addition, research has demonstrated that items on the START:AV can reliably change over time, thus providing support for their dynamic nature. There is some evidence for the utility of the START:AV in risk management. In particular, one study found that when interventions targeted youths' Critical Vulnerabilities and leveraged youths' Key Strengths, the occurrence of externalizing behaviors such as aggression was reduced. However, despite this preliminary support for the START:AV, there is need for further research, particularly on its utility in managing risk and its relevance across gender and across ethnic, racial, and cultural groups.

Final Thoughts

Given its focus on strengths and vulnerabilities, the reassessment of dynamic risk, short-term prediction, and multiple adverse outcomes, the START:AV is a unique addition to the adolescent risk assessment and risk management field. As adolescent offenders not only can pose a risk of harm to others (e.g., violence) but also are vulnerable to being harmed themselves (e.g., victimization, suicide), the START:AV aims to provide an integrated assessment of multiple adverse outcomes that are relevant to adolescent offenders. While further research is needed, preliminary findings are promising and interest in the tool continues to increase. Moreover, several accompanying resources are available to users of the START:AV, such as the *START:AV Annotated Bibliography*, which provides an up-to-date overview of published and unpublished research conducted with the tool, and the *START:AV Knowledge Guide*, which provides a comprehensive review of the empirical research for each of the individual items.

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See also Criminal Risk Assessment, Juvenile Offending; Criminal Risk Assessment, Structured Professional

Judgment of; Criminal Risk Assessment, Violence; Juvenile Offenders; Protective Factors Assessment; Short-Term Assessment of Risk and Treatability (START); Structured Assessment of Violence Risk in Youth (SAVRY)

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SHOWUP IDENTIFICATIONS

Showup identifications, or showups (also known as *field identifications* and *one-on-ones*), involve the presentation of a single suspect to a witness of a crime for purposes of identification. Although included with police lineups as a manner for conducting identification tests, showups serve a unique purpose in the course of a criminal investigation. Since they normally occur shortly after the crime when a suspect is found close to the crime location, showups are often used to screen potential suspects before other evidence is available. They serve to generate probable cause for arrest of the identified suspect and to discourage pursuit of false leads when the witness does not identify the suspect. Although showups have a unique investigative value, showup identifications are less reliable than those obtained from proper police lineups. This entry discusses the legal and psychological perspectives of showups, as well as other relevant issues, and reviews recommendations developed by psychological scientists for conducting showup investigations.

Legal Perspectives on Showup Identifications

Showups are a commonly used identification procedure in the United States. The frequency of use of showups varies widely, with some agencies being much more likely to use showups than police lineups and others being more likely to use photographic lineups than showups. Estimates of their prevalence across U.S. law enforcement agencies range from 32% to 76% of all identification procedures. Data from the United Kingdom also support the prevalence of showup identification procedures in criminal investigations, with showups being used in over 70% of criminal investigations in which any identification procedure was conducted.

The widespread use of showups is a product of the unique investigative function they serve in comparison to other identification procedures. Showups are typically conducted early in an investigation when extrinsic evidence linking the suspect to the crime has often not been identified. This leaves a situation in which investigators do not have probable cause to initiate an arrest. A positive identification from a showup can provide investigators with the probable cause necessary to make an arrest and promote public safety by removing the potential perpetrator from the community. In addition, an accurate nonidentification from the showup can help ensure that the investigation does not get derailed by pursuing false leads.

The constitutionality of using of showups in criminal investigations has been determined through numerous U.S. court rulings (e.g., *Perry v. New Hampshire*, *Stovall v. Denno*, *United States v. Funches*). This case law is consistent in finding that showups are inherently suggestive procedures and should not be used when the opportunity exists to use a proper police lineup. However, the consensus across these opinions is that showups are not *unduly suggestive* and the benefit of an immediate identification test outweighs any harm caused by this inherent suggestiveness. As a result, although deemed to be more suggestive than lineups, showups are deemed to be permissible identification procedures.

Psychological Perspectives on Showup Identifications

Court rulings claim that showups are more suggestive identification procedures due to two factors. First, the presentation of a single suspect to witnesses, rather than presenting the suspect among a group of *fillers*, provides that suspect with no protection from a witness who feels compelled to identify someone. Second, the presentation of a suspect in police custody, often-times detained by law enforcement officers at the scene of the crime, is perceived to increase the suggestiveness. Although the body of literature in this area is small in comparison to that conducted on other identification procedures (i.e., police lineups), psychological scientists have found evidence supporting these claims.

Lack of Protection

Most research on showups has investigated the *lack of protection* concern by comparing showups with police lineups. Research conducted from the 1980s through the early 2000s produced mixed results with some studies finding that showups produced less accurate decisions compared with lineups and others finding no difference in accuracy across the procedures. A 2003 meta-analysis of these studies suggested that the lack of protection afforded by showups may not be problematic as showups generally performed similarly to lineups when comparing correct and false suspect identifications. However, there was some evidence that showups may produce more false identifications of innocent suspects that look similar to the actual perpetrator. A 2009 reevaluation of the findings of this meta-analysis questioned the earlier interpretation and suggested that showups, in fact, produced more false identifications of innocent suspects. Research conducted through the 2000s did not produce strong evidence that the lack of protection of showups negatively affected the accuracy of the witnesses' decisions. However, more recent research published in the early 2010s using more sensitive statistical techniques produced stronger evidence of the problems with this lack of protection, demonstrating that showups produce less accurate decisions than lineups, even if the lineups are poorly constructed and presented as much as 48 hr after the crime.

Custodial Influence

A concern routinely expressed in U.S. court decisions and among legal and scientific scholars is that the presentation of a suspect in police custody suggests to the witness that this individual is the likely perpetrator. There is very little psychological research that addresses this concern. Although some research has found that the presentation of an individual in police custody increases the witness's perception of the likely guilt of the suspect, no published research has investigated this impact on witness identifications in showups. One unpublished study evaluated this and found that this type of presentation increases the likelihood of the witness identifying the suspect as the perpetrator regardless of whether or not she or he actually committed the crime.

Other Issues Relating to Showup Identifications

In addition to evaluating the inherent suggestiveness of showups, as compared to police lineups, psychological scientists have investigated other factors that relate to the validity of identifications obtained through this procedure. However, the body of research on each of these factors is very small, so caution is warranted when drawing conclusions.

Clothing Bias

Individuals are typically identified as possible suspects to be placed in showups when they match the physical description of the perpetrator and are found in close proximity to the scene of the crime. Factors used to determine whether or not someone may be a suspect include not only the extent to which the suspect matches the physical characteristics of the perpetrator (i.e., age, gender, ethnicity) but also whether or not she or he is wearing similar clothing to that described of the perpetrator. Psychological scientists have evaluated the extent to which the presentation of a suspect in clothing similar to that worn by the perpetrator influences the accuracy of witness decisions in showups. Research conducted in the 1990s and 2000s identified that the presentation of innocent suspects in clothing similar to that of the perpetrator increased the likelihood of a false identification; however, this was only likely if the suspect and perpetrator were wearing distinctive clothing. Clothing bias did not occur when the suspect and perpetrator were wearing generic clothing (e.g., a plain T-shirt and jeans). However, research conducted in the 2010s has challenged the assumption that clothing bias harms the accuracy of showup decisions and suggests that it may actually improve witness accuracy.

Iterative Showups

Showups are typically used early in an investigation when law enforcement does not have much evidence indicating the identity of the perpetrator. Consequently, the same witness may participate in multiple showups during which they are shown a series of individuals to identify whether any of them are the perpetrator. For example, an officer

may detain two individuals that fit the description of the perpetrator and were found in close proximity to the crime scene. The officer may then show one of the individuals to the witness for identification purposes. If the witness positively identifies that individual, an arrest is typically made, and the second individual is released. However, if the witness indicates that the first individual is not the perpetrator, the officer may then show the second individual to the witness in a separate showup procedure. One published study has investigated the use of iterative showups and found that the likelihood of a false identification increases in the subsequent showup procedures.

Repeated Procedures

As showups are typically viewed as more suggestive than police lineups, many agencies routinely follow showup identifications with a lineup containing the same suspect. When there are multiple witnesses to a crime and the lineup is used for additional witnesses who did not initially participate in a showup, follow-up lineups can provide important information regarding the likelihood that the suspect is the perpetrator. However, when these follow-up police lineups are used with witnesses who already viewed the suspect in a showup, the probative value of subsequent identifications is significantly reduced. This reduction in the value of these follow-up lineup suspect identifications is caused by the increased likelihood that a witness will identify the suspect in the subsequent lineup simply because she or he viewed the suspect in the prior showup regardless of whether or not that suspect is the perpetrator. Furthermore, the repeated presentation of an innocent suspect across identification procedures can actually alter the witnesses' memory for the true perpetrator making it difficult for them to identify the true perpetrator even when encountering with her or him in the future.

Age of the Witness

There are very few studies examining the effects of witness age on identification decisions in showups. This limited research suggests, though, that the witness's age can influence the identification decision made when viewing a showup. Young

children (under 8 years of age) are more likely to identify a suspect in a showup regardless of whether that suspect is or is not the perpetrator. As a result, young children produce both more correct identifications when the suspect is the perpetrator and more false identifications when the suspect is innocent. Older children (ages 8–15) are more likely than adults to falsely identify an innocent suspect. Performance in showups does not differ across adulthood with young adults and the older adults performing similarly when making showup identification decisions.

Witness Intoxication

As showups are conducted shortly after the crime occurred, there is an increased likelihood of a witness being intoxicated while participating in a showup as compared to a police lineup that typically occurs days later. Few studies have investigated the influence of intoxication on witness performance in identification procedures. Only one published study has investigated the effects of intoxication on witness decisions in showups and found that intoxication increased the likelihood of a false identification. The remaining research focusing on police lineups has found no influence of intoxication on witness decisions, although some studies have found that intoxicated witnesses are less confident in their decisions.

Recommendations for Conducting Showup Identifications

Showup identification procedures are important tools for law enforcement in the early phases of a criminal investigation as they afford the investigators the ability to quickly exclude innocent suspects and develop probable cause for the arrest of a potentially guilty perpetrator. As a result, although psychological research suggests that showups provide less useful information than police lineups, it is unlikely that law enforcement will cease using showups in their investigative practices. However, psychological scientists have developed recommendations for how and when showup identifications should be used. Generally speaking, these recommendations are that police lineups should be the preferred identification procedure and that showups should be avoided when

it is possible to conduct a proper police lineup within a short time period. In addition, if a showup is deemed necessary, every effort should be taken to reduce the suggestiveness of the procedure by minimizing the presentation of the suspect in police custody (e.g., handcuffed, seated in patrol car) unless these efforts are necessary for police, suspect, and public safety. The witness should have a view of the suspect undegraded by distance, poor illumination, and reflection on glass surfaces between the witness and the suspect. If there are multiple witnesses, they should be separated before participating in any identification procedure and probable cause for an arrest should be obtained through the positive identification of a single witness viewing a showup with additional witnesses being shown proper police lineups at a later point in time. Furthermore, witnesses participating in a showup should not be shown any further identification procedures for the same suspect.

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See also Eyewitness Testimony; Meta-Analysis; Police Lineups, Psychology of; Wrongful Convictions

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SICILIAN MAFIA

The Sicilian Mafia is a translocal fraternal organization whose respective local *families* called *cosche* (singular, *cosca*) lay claim to rural communities, urban neighborhoods, and suburbs, primarily in western Sicily. This organization began to coalesce after 1860 when the newly unified Italian state advanced capitalist development. The commoditization of land was especially disruptive, dispossessing peasants of use rights and exacerbating banditry, animal rustling, and the mayhem of regime change. Uprooted men migrated to cities and, after the 1880s, abroad; some joined urban gangs. Amid this turmoil, self-anointed estate guards, rentiers, demobilized soldiers, and fledgling merchants came together in secretive sodalities. Participants presented themselves as vigilantes who, through cultivating a reputation for violence, promised to restore a feudal form of justice. Among other interventions, they shielded landowners and vulnerable enterprises from brigands and gangsters, collecting or extorting a fee (a *beak-full* or *pizzo*) for the service. They imposed on employers the requirement that they hire particular clients. Mediating local conflicts, they arranged the return, for a fee, of stolen goods, rustled livestock, and unpaid debts. By the turn of the 20th century, there were almost 200 *cosche* with memberships ranging from 10 to nearly 50 plus close associates. This entry provides an overview of the Sicilian Mafia, examining its basic structure and relationship with the state as well as its current status.

Basic Structure

The continuity of a *cosca* over time rests in part on kinship, the status of mafioso being passed from father to son, uncle to nephew. Mafiosi also name each other as godfathers to their children. In (biological) families where the father, uncles, cousins, older brothers, and godfathers are mafiosi, it

is almost obligatory for the next generation to consider a criminal career. Kinship, however, is not the sole basis for recruitment nor does genealogical succession guarantee the right kind of talent. Older mafiosi often pass over sons and nephews who seem unsuited, while gathering around them unrelated youth who, as errand boys and show-offs, appear to have the necessary *guts*.

Each cosca elects its own leaders who enforce a set of rules that apply to the Mafia in general (e.g., prohibitions against adultery, kidnapping, and procuring prostitutes). Leaders also negotiate the terms under which it is permissible to commit murder (e.g., state officials were historically off limits) and oversee adherence to *omertà*, the norm that demands silence before official authorities and commitment to a *man of honor* identity: *real* mafiosi possess the courage, valor, and capacity for violence that render them capable of avenging wrongs without resorting to the law. *Omertà* is further reinforced by the funds each cosca skims from proceeds of the pizzo as these funds are often deployed to pay the lawyers and support the wives and children of members who get arrested and may be pressured to talk. Indeed, only since the 1980s have anti-Mafia prosecutors been able to cultivate justice collaborators (ironically called *pentiti* by the press).

Mafia cosche engage in a common set of cultural practices that contribute to fraternal solidarity and facilitate instant recognition between mafiosi who hail from distant places. Key practices include promulgating a common charter myth, assigning members evocative nicknames, and performing initiation rituals. In a typical ritual, the sponsor, surrounded by cosca members, pricks the initiate's finger, rubs the blood on a saint's image, and sets the paper on fire in the initiate's hands, exacting an oath never to betray the Mafia. Having deemed the novice to be loyal and capable of taking the life of another, the cosca then celebrates at a banquet, replete with rounds of toasts. Banquets also mark other occasions (e.g., weddings and negotiated treaties between rival factions). On many of these occasions, mafiosi strategically invite outsiders (e.g., politicians, priests, local business leaders, occasionally police officials). Many banquets are male-exclusive; indeed, the hosts might well prepare the multicourse meal themselves. Male-only banquets are well known for

sporting hilarious, transgressive, even homoerotic entertainment that binds the assembled revelers and encourages them to consider themselves above the rules of everyday society.

Substantial intermarriage among mafia-related households meanwhile bequeaths to mafia wives a dense web of kinship and friendship; these relations support her as she performs her roles, among them raising future mafiosi. Wives also benefit materially from the enterprises of their husbands, to which they sometimes lend their names as a hedge against prosecution. Although mafia wives may experience the demands of *omertà* as a heavy psychological burden, rarely do they rebel.

The Sicilian Mafia and the State

A crucial aspect of the Sicilian Mafia is its relation to the Italian state. Many have argued that the newly formed state of 1860 was weak and dysfunctional in the less developed South, so much so that the emergent mafias of Campania, Calabria, and Sicily filled a vacuum, performing state-like functions. Eventually, the state made its presence felt but not without being thoroughly corrupted by these mafias. A more plausible interpretation, however, builds on the new Italy's ambition to join the league of the 19th-century capitalist imperial powers, its government and industrial leaders welcoming the regional mafias as adjuncts to the project. By menacing violence, these mafias brought a modicum of order to beleaguered landowners, nascent commercial enterprises, and over-subscribed small businesses. They selectively recruited at-risk youth to their secretive sodalities, calming the incidence of banditry and urban crime. They also lent a hand in keeping at bay anti-capitalist social forces, beginning with late 19th-century socialist movements. The Cold War role of the Sicilian Mafia in tethering Italy to the capitalist West is legendary. This does not mean mafia leaders take the state or other institutions (e.g., the Church, local businesses, the medical and legal professions) for granted; to the contrary, they actively work at befriending persons of authority, in part through orchestrating convivial occasions.

In effect, the relationship between the Mafia and the state transcends the self-serving quid pro quo implied by the word *corruption*. The Italian word

intreccio (i.e., tightly braided strands of hair) is more evocative, with the understanding that the state consists of multiple pieces, some more entangled with criminal organizations than others. Historically, the most involved elements were the dominant political parties, especially the Christian Democratic Party that, with mafia-organized electoral support, expanded politically after World War II. National as well as local politicians in turn protected the Mafia, ensuring that aggressive police officers would be transferred; that forensic evidence and incriminating documents would disappear; that criminal trials would be moved to different venues; that convictions, if they occurred, would be overturned or sentences reduced on appeal. Thanks to this protection, the postwar Mafia achieved a significant presence in state-led initiatives for land reform, public works, and construction. Mafiosi intimidated the populations of their respective territories, but, thanks to government largesse, they also delivered resources to those populations.

No place in Sicily exhibited the postwar *intreccio* of Mafia and state more profoundly than the regional capital, Palermo, and its surrounding areas, the latter covered with commercially oriented citrus groves and orchards but giving way to urban sprawl. Mafia bosses, whether of the city or the orchards, busily brokered relationships between public officials and construction entrepreneurs or, acquiring trucks and construction materials, became entrepreneurs themselves. Contractors and subcontractors indebted to mafiosi obligingly employed the latter's clients; mafiosi, in turn, were able to deliver more votes, most notably to local, regional, and national Christian Democrats. The mafiosi in and around Palermo harnessed additional revenue from their control over wholesale markets for fish, meat, and produce and from levying the *pizzo* on businesses in their respective territories. Individual mafiosi also invested in smuggling (e.g., meat from stolen livestock, American cigarettes to evade the Italian tobacco tax, and drugs for the American market).

Palermo and its orchard hinterland turned out to be an ideal place to prepare clandestine shipments of narcotics for crossing the Atlantic. Before the war, smugglers obtained morphine from Northern Italian and German pharmaceutical companies and hid it in crates of citrus, sardines, and other products destined for transport by ship

to designated Sicilian immigrants in the United States. After the war, mafia leaders in Cinisi, a town near the coast just west of Palermo, convinced government planners to build the regional airport nearby; they and their allies used this facility to ship Southeast Asian heroin, refined in Marseilles by Corsican gangsters, to relatives and friends in America. Following the break-up of the *French Connection* in the early 1970s, mafiosi in Sicily, assisted by chemists from Marseilles, established their own refineries, while a new wave of migrants, some of them relatives of a Cinisi leader, created the pizza connection (i.e., America's heroin distribution network anchored by pizza parlors).

In 1963, Sicily saw the first of two mafia wars occasioned by tension over drugs—in this case, a vicious argument over whom to blame for a wayward shipment of heroin. The second war exploded in the early 1980s, pitting interior *cosche*, centered in the rural town of Corleone, against mafiosi in Palermo and surrounding areas. Historically marginal to trafficking, the Corleonesi suspected the Palermo groups, advantaged as they were by their proximity to ports for shipping orchard produce, to the airport, and to traffickers in America, of excluding them from drug deals. Maneuvering to raise investment capital, the Corleone leaders audaciously kidnapped construction impresarios with whom their rivals were allied, pursuing a bandit-like strategy that violated the Mafia's own rules. As prophylaxis against reprisals, they also infiltrated the most powerful Palermo *cosche*, enlisting the support of persons within them. Although the heads of several *cosche* sought to modulate the mounting conflict through a province-wide *Cupola*, or Commission, an unprecedented number of homicides and disappearances ensued: There were over 500 by 1983.

Current Status

The wars marked a turning point in Mafia-state relations as outright bribes and threats overtook the earlier entanglements. Most spectacularly, the Corleonesi overturned the taboo on killing state officials, initiating a series of assassinations that produced *excellent cadavers*: police investigators, high-level politicians, journalists, and magistrates. Especially vulnerable were the Sicilian magistrates who, building on the pizza connection investigation

in the United States, formed a *pool* to reinforce one another as they followed narco-money and prepared indictments. Best known among the martyred magistrates are Giovanni Falcone and Paolo Borsellino. Massacred in 1992, they had been pioneers of another crucial transformation of the Mafia-state relation: *turning* mafiosi into witnesses for the state. Based on *pentito* testimony, and supported by an anti-Mafia social movement, they and succeeding prosecutors won convictions against an unprecedented number of mafia leaders.

The depositions of the justice collaborators depict life in the Mafia as highly stressful, the more so in light of the narcotrafficking *wars*. Petty rivalries and provocations are ubiquitous, failures to pay respect are long remembered, and suspicion of potential betrayal or treachery demands preemptive action. Even initiations are a cause of tension, reinforcing, as they do, each novice's fealty to a sponsor, ambitious for his own power base in the organization. Hero worship and patronage, intrinsic to the recruitment process, easily disrupt the solidarity of the brotherhood. Generating intensely affective dyads, they define the axes around which factions develop; disputes over territorial authority and over critical resources are often infused with quests for respect and affection.

Supposedly, a cosca uses its common fund to cushion the livelihoods of rank-and-file *soldiers* when they are in difficulty, but cosca leaders, however charismatic, may or may not be generous. Most adopt a demeanor that communicates authority and latent power; they want their dominion to be acknowledged through the obvious deference of others. Nor do they usually advertise difference, adopting modest dress and eschewing other markers of status. The inevitable exceptions, nurtured especially by profits from drugs, are a constant source of trouble. Hot-headed upstarts, attempting to usurp a leadership position, are not unknown. Paradoxically, although the mafia sodality maintains an ethic of brotherhood among its members, mafioso *brothers* may end up killing one another.

Jane Schneider and Peter Schneider

See also American Gangs; Organized Crime Activities; Organized Crime Typologies; Racketeer Influenced and Corrupt Organizations Act

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SOCIAL BOND THEORY

Social bond theory asserts that crime is not *caused*, it is simply not controlled. As with other control theories, social bond theories assume that the motivation to commit crime is inherent and natural. In 1969, Travis Hirschi noted that control theory is a theory in which deviation is not problematic; rather, it is a theory whereby scholars seek to answer why people do not commit deviant acts.

Social bond theory is one of the most frequently cited and tested theories in criminology. Although the theory is not without its critics, the influence of social bond theory in explaining deviant behavior cannot be overstated. In the 1960s, using a sample obtained from the Richmond Youth Project consisting of male high school students from the San Francisco Bay area, Travis Hirschi sought to identify the main reasons that they commit delinquent acts. He hypothesized that people who are highly socially integrated should be more likely to possess a stronger bond to society and thus are less likely to risk the negative repercussions that result from following a deviant

pathway. Those who have a weaker bond to society do not risk losing as much and are therefore more prone to a deviance. Hirschi refers to the collective mechanisms of informal social control as social bonds, which comprise four key interrelated elements, discussed in this entry. He predicted that each of these elements, individually and collectively, would influence deviant behavior. The presence of these elements would prevent the individual from being deviant and lead to conforming behavior in a society.

The Elements of the Social Bond

The first element of the social bond, *attachment*, indicates how close someone is to the conventional social world. This element has been very prominent in early control theories and showed an inverse relationship between parents and peers when first tested by Hirschi. An individual who is highly sensitive to the opinion of others has a higher likelihood of displaying attachment. Examples include emotional attachment to peers, parents, friends, and teachers, who will deter individuals from committing criminal behavior due to a fear of losing that respect and emotional attachment of others. Regarding attachment, Hirschi focused on three different types of relationships: parental, school, and peer attachments. His original hypothesis included three different dimensions of attachment to parents: supervision, intimacy of communication with parents, and affectional identification. The results revealed support for attachment; boys who were more attached to their parents were less likely to commit delinquency acts.

Commitment is the second element of the bond. It is the rational element of conformity. It refers to the investment an individual puts toward conventional goals, relationships, or activities. People with future educational or occupational goals will be deterred from criminal activity by the fear of losing the opportunity of achieving those goals. Engaging in criminal behavior produces a risk that can prevent someone from successfully accomplishing goals, establishing meaningful relationships, and participating in constructive activities. For example, being in prison does not allow someone to finish law school or achieve

occupational goals. A potential offender will weigh the conventional commitments against the consequences of offending; if there is a great deal to lose, the offender will perceive the risk not to be worth the payoff.

The third element of the social bond is *belief*. The validity of belief rests on the recognition of social consensus or a shared set of values within a given society. Belief has to do with the internalization of a moral system, the ability to distinguish *right* and *wrong*. The degree to which an individual believes in the moral validity of certain norms, the less likely he or she will be to deviate from them. An individual who does not feel tied to the social norms would be less likely to be bound by them and, therefore, more likely to violate the social norms.

The final element of the social bond is *involvement*. This element is centered on the idea that an increase in the amount of time spent engaging in conventional activities, the less time one has to become involved in deviant behavior. This element really rests on the amount of time availability a person has; being busy with a variety of conventional activities leads to less opportunity and ability to engage in criminal behavior. The simple logic of this element rests on the idea that there are a limited number of hours in the day. Being heavily involved in schoolwork, sports, and a job leaves little time for deviant activity.

It is important to note that these elements of the social bond are interrelated. Research has supported the general proposition underlying the theory that a weakening or severity of any one or combination of elements of the social bond increases the chances for deviant behavior.

In Hirschi's own test, the four elements of the social bond were analyzed using police and school records as well as self-report data from the Richmond Youth Project sample. The sample included 4,077 students from 11 high schools in Richmond, CA, from 1964. Hirschi provided clear measures for the four elements of the social bond. He found strong support for the attachment bond to parents. Youths who perceive their parents are aware of their activities, communicate effectively, and who reported greater affectional identification were less likely to report delinquency. The effects of attachment to school were weaker than other

variables, but all were related to delinquency in the expected direction. Hirschi found that adolescents who were more attached to parents and school were more likely to attach to their peers as well. Furthermore, he concluded that being attached to delinquent peers seemed to reduce the individual's level of delinquency. He concluded that having delinquent friends is dependent on a self-selection process whereby similar delinquent youth come together as friends.

The two aspects of commitment that were more likely to be related to delinquency are commitment to educational and occupational goals. Hirschi found strong support for the idea that those who desire to achieve educational or occupational goals, and those who are working toward their goals, are less likely to be delinquent. Overall, there is a significant amount of support for Hirschi's predications about the relationship between commitment and delinquency. The least influential element of the bond was involvement. Hirschi explained the lack of support for this element of the bond by focusing on the fact that most deviant acts take very little time to actually unravel. Most criminal and delinquent acts are unsophisticated and take little time; some of the youth who had the highest scores on the delinquency scale had only engaged in deviant activity for a few hours in the past year.

The belief hypothesis required Hirschi to test the relationship between a variety of attitudes about delinquency and the legal system. Hirschi concluded that a lack of respect for the legal system in the United States was the result of weak social bonds and that both belief and other elements of social bond increased the likelihood of delinquency. To summarize, Hirschi suggested that the more attached individuals are to other members of a society, the more likely they are to believe, invest, and be involved in conventional lines of activity, therefore less likely to deviate.

Empirical Research

A large number of empirical assessments have examined Hirschi's social bond theory. A majority of the findings are supportive, while others are mixed or negative. Most studies that have set out to test social bond theory look at separate effects

of each element of the social bond, so they can be considered a partial test of the theory rather than a complete test of the theory. This opens up opportunities for exaggerated effects of elements of the social bond. The empirical relationship between attachment to parents and delinquency has been the most frequently tested bond from social bond theory. And this element has received a considerable amount of empirical support.

There is evidence that commitment has a moderate or null effect on delinquency. Commitment is usually measured with items such as grades, values placed on school and education, and educational expectations. As for involvement, most measures of participation in conventional activities seem to be unrelated or weakly related to delinquency in both cross-sectional and longitudinal research. Despite Hirschi's failure to find support for the hypothesis that involvement in conventional activities is negatively associated with delinquency, a few researchers have been able to find support for the hypothesis. In contrast, some studies find no relationship between delinquency and afterschool activities, community activities, hobbies, recreational activities, or schoolwork. Finally, the notion that belief in conventional morality decreases the likelihood of delinquency has gained a moderate amount of support in tests of control theory.

Social bond theory was the most popular version of control theory in the 20th century. It still commands attention, although the newest generation of criminologists seem more interested in the life course or developmental perspective of Robert Sampson and John Laub. But if one is interested in applying a theoretical perspective that has been subject to considerable empirical attention, social bond theory still ranks among the top control theories in the discipline of criminology.

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See also Behavioral Theory of Crime; Developmental Theories of Crime; Social Control Theory; Social Control Theory; Sociological Theories of Crime

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SOCIAL CONTROL THEORY

Social control theory highlights the importance of social bonds and informal social control to help explain the persistence of and desistance from offending over the life span. This entry begins with a brief look at origins of the theory. Then, it provides a conceptual and empirical review of this theory and concludes with a discussion of Robert J. Sampson and John H. Laub's age-graded informal social control theory, a contemporary theory that expands upon the social control theoretical tradition.

Origins

The roots of social control theory trace back to the 1600s and 1800s, in the early works of Enlightenment scholar Thomas Hobbes and the sociologist Émile Durkheim who emphasized the importance of social norms, institutions, and laws for restraining individual impulses and behavior. The ideology behind these theories began to be applied to criminology in the 1950s and 1960s when a number of scholars began focusing on the internal and external sources of informal social control (e.g., personal control, family, school) that restrain individual behavior. The most well known of these, social control theory, was developed by Travis Hirschi in 1969.

Delinquency and Crime

Social control theories of delinquency and crime focus on how social relationships and institutions can influence and control individual behavior. Social control theorists assume that individuals

exercise free will and are inherently oriented toward pursuing self-interest. Based on this assumption of human nature, social control theorists are not interested in the question of why people engage in deviance and crime. Rather, the real question of interest is, why do people conform to norms and laws given this inherent self-interest? For social control theorists, socialization into the collective conscience and conventional social order restrains the deviant impulses and behaviors of the individual. Individuals who are more strongly bonded to conventional society, institutions, and others are more likely to obey the law. More recently, social control theorists have highlighted the quality of adulthood bonds to conventional social others, such as involvement in a high-quality marriage, arguing that cumulative involvement in such relationships can facilitate desistance from criminal offending among chronic offenders.

The most notable early control theory of delinquency was put forth in Hirschi's *Causes of Delinquency*, which has been credited as the first comprehensive articulation and empirical test of social control theory. According to Hirschi, adolescents that are strongly bonded to conventional society and social groups, such as family and the school, are more likely to obey the law. The social bond consists of four dimensions and reflects an adolescent's attachment, commitment, involvement, and belief in conventional social institutions, such as the family and school.

Attachment

The first dimension of the social bond is attachment to conventional society and is conceptualized as the emotional aspect of the social bond. Hirschi focused on conventional social relationships that are salient in adolescence, such as family and school. He found that adolescents who are highly attached to, or have warm feelings toward, their parents are less likely to engage in delinquency because they care about the opinions and approval of their parents. Hirschi suggested, then, that high emotional attachment to parents and family acts as virtual parental supervision, as the parent need not be present to exercise control over the child's behavior. Studies reveal that

adolescents who report stronger attachment to their parents are less likely to self-report delinquency. Similarly, research also indicates that adolescents who report stronger parental supervision, and communication and support from parents or caretakers report lower self-reported delinquency.

In addition to family bonds, Hirschi hypothesized that attachment to school (i.e., a general like or affection for school and communication or support between student and teacher) is related to lower self-reported delinquency. Although some studies have found that adolescents who report stronger attachment to school are less likely to engage in delinquency, other studies have questioned the causal nature of this relationship. For example, involvement in delinquency can disrupt and erode social bonds to school by increasing the probability of truancy and poor school performance, both of which are also related to increased involvement in delinquency.

Finally, although Hirschi did not focus on the effects of attachment to delinquent peers on adolescent delinquency, several subsequent studies have found that association and attachment to delinquent peers is a strong predictor of adolescent delinquency.

Commitment

The second element of the social bond, commitment to conventional society, refers to the extent in which adolescents rationally assess risks and rewards of conventional activities and view the importance of conventional, age-appropriate activities. Hirschi's original measure included the extent to which respondents view education as important and their self-reported involvement in adultlike activities (e.g., smoking, dating). Adolescents highly committed to age-appropriate conventional activities are generally less likely to engage in delinquency.

There is strong support for the effects of commitment on self-reported delinquency. Several studies have found that adolescents who are highly committed to educational aspirations are significantly less likely to report delinquency, whereas those committed to adult activities were more likely to self-report delinquency. Finally,

subsequent studies have also indicated that commitment to academic performance (grade point average) is a moderately strong predictor of school misconduct, drug and alcohol use, and delinquency. Adolescents who are more committed to academic achievement and performance, then, are less likely to engage in problem behavior.

Involvement

The third element of the social bond reflects involvement in conventional activities such as school, religious education, employment, homework, and talking or hanging out with friends. Hirschi believed the more involved adolescents are in conventional activities, the less likely they are to engage in delinquency. However, Hirschi's results indicated the weakest support for involvement and delinquency. Contrary to expectations, leisure activities such as talking with friends, riding in a car, and frequenting drive-in restaurants were all associated with higher reports of delinquency. Time spent on homework, however, was related to lower levels of self-reported delinquency.

Recent evidence suggests effects vary according to the type of activity and, in particular, the structured and supervised nature of the activity. In other words, there is stronger support for involvement in academic or school-based activities for reducing delinquency, as compared to involvement in other activities (e.g., dating, riding in a car, talking with friends). Thus, it is involvement in highly structured, supervised activities that is related more consistently to lower levels of delinquent behavior.

Belief

Finally, the fourth element of the social bond refers to a belief in the moral order of society or legitimacy of the law. Those adolescents who have internalized the collective morality, as measured by self-reported attitudes, are more strongly bonded to conventional society and therefore more likely to obey the law. Additionally, self-reported belief was positively correlated with other elements of the social bond, such as attachment and commitment.

Age-Graded Informal Social Control Theory

Hirschi's original social control theory was developed and tested on adolescents and thus focused on the social bonds most salient for explaining adolescent delinquency. Sampson and Laub subsequently extended social control theory by arguing that social bonds are not only salient for the explanation of adolescent delinquency but also for explaining persistence of and desistance from criminal offending in adulthood. Specifically, in a series of influential studies put forth in the 1990s and 2000s, they introduced an age-graded theory of informal social control that argues that social bonds to conventional institutions change over the course of the life span, and such changes in adolescent and adulthood social bonds can explain both persistence and desistance from criminal offending over time. Age-graded informal social control theory asserts that an individual's relationships with conventional others and social institutions (e.g., family, school, marriage) change over the course of age and, as a result, can both strength and weaken one's bond with conventional society. The three main articulated propositions of age-graded informal social control theory address: (1) the relationships between structural context (e.g., family structure), informal social bonds (e.g., attachment to parents), and adolescent delinquency; (2) explanations of continuity (persistence); and (3) change (desistance) in antisocial and criminal behavior between childhood and adulthood.

Structural Context, Informal Social Control, and Adolescent Delinquency

In line with traditional social control theory, Sampson and Laub argue that low parental supervision and weak parental attachment directly increase adolescent delinquency. They also argue that structural factors such as family disruption and socioeconomic status can impact informal social control thereby influencing delinquency. For example, socioeconomic disadvantage and household overcrowding can weaken parental supervision and disrupt attachment to family and school, which in turn, increases the probability of adolescent delinquency.

Continuity in Childhood and Adulthood Antisocial Behavior

An enormous amount of literature indicates considerable continuity in antisocial behavior from childhood to adulthood. Prior behavior, then, is one of the strongest predictors of future behavior. Sampson and Laub acknowledge that early individual predispositions (propensity) to antisocial behavior may indeed lead to stability in behavior from childhood to adulthood but also argue that repeated negative experiences with formal institutions of control can also contribute to stability in antisocial behavior. For example, repeated involvement with the juvenile justice system in adolescence can lead to negative consequences (e.g., arrest, detention, school suspension) that erode bonds to conventional society and cut off future opportunities for conventional behavior (e.g., employment) in adulthood, reflecting a process they term *cumulative continuity* or disadvantage. Thus, delinquency in adolescence can weaken informal social bonds to conventional institutions during adolescence, leading to continuity in antisocial behavior in adulthood.

Numerous studies across time and place have demonstrated that early childhood antisocial behavior is a strong predictor of future, adulthood criminal behavior. Additionally, studies have confirmed that stability in antisocial behavior over the lifespan is a result of both individual propensities and cumulative continuity.

Changes in Childhood and Adulthood Antisocial Behavior

Sampson and Laub argue that in spite of stability in antisocial behavior between childhood and adulthood, involvement in conventional social relationships later in life can strengthen one's bond to society and can lead to desistance from criminal offending in adulthood. In their seminal study examining criminal offending among men from the approximate ages of 14 until their 70s, Sampson and Laub demonstrate that strong marital attachment and involvement in stable employment can act as turning points in the lives of adult offenders and lead to significant reductions in reoffending. Additional studies also confirm the importance of these institutions for reducing both short- and long-term criminal offending patterns.

The evidence for age-graded informal social control theory has generally been supportive. Social relationships and bonds to conventional others and institutions can influence criminal offending, both in adolescence and adulthood. Whereas Hirschi's original control theory focused on the social relationships and social bonds that are relevant for adolescent delinquency, Sampson and Laub extend social control theory to also focus on adulthood social relationships and social bonds. As a result, age-graded informal social control is able to explain onset, persistence, and desistance from criminal offending over a lifespan. Although Hirschi's original social control theory has been less studied over time, social control theory lives on in contemporary developmental theories such as age-graded informal social control theory.

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SOCIAL DISORGANIZATION THEORY

In general, social disorganization theory maintains that the cause of delinquency (i.e., crime) is associated with locations rather than individuals. This theory is based on research findings that suggest delinquency occurs in the same areas as social problems like unemployment and poverty. This makes social disorganization theory a macro-level theory because the units of analysis are neighborhoods and communities, not offenders. Social disorganization theory is a mix of control theory and learning theory. Many of the controls evaluated by social disorganization theory are informal controls. When a neighborhood or community is unable to maintain social controls (i.e., agreed-upon values and norms), the result is an atmosphere in which crime more easily occurs. This entry examines the history of social disorganization theory, the relationship between neighborhood characteristics and crime, the introduction of collective efficacy to the theory, and the challenges associated with measuring social disorganization.

History

Social disorganization theory is rooted in the work of Robert Park and Ernest Burgess, who were human ecologists (i.e., researchers who seek to understand social processes). Park and Burgess began their work in Chicago in the 1920s where many social changes were occurring due to an influx of foreign-born immigrants. As the city expanded, many areas began to experience a change in land use. This expansion changed the layout of Chicago not only by expanding the city but also actually creating large areas of transition between the city center and the suburbs. Just as in

natural ecology, Park and Burgess observed invasion, dominance, and succession when examining the social processes of Chicago. Examples of this would include different areas being rezoned from commerce to residential. Additionally, there are examples of neighborhoods changing from racially homogenous to heterogamous. Park and Burgess divided the city into concentric rings known as *zones*. Each zone was characterized by a specific type of land use and, in turn, type of occupant.

The city center was labeled as Zone 1 and primarily consisted of stores, businesses, and office buildings. Zone 2 was a zone of transition and was comprised of a mix of factories and deteriorated housing. This zone of transition was so named due to businesses moving in, while those who could afford to moved out. Zone 3 was mostly occupied by single-family tenements and was widely considered to house the working class. Zone 4 was a residential zone that contained mostly single-family homes with yards and was occupied by what tended to be the middle class. Zone 5 was the final and furthest zone from the city center. This zone was commonly referred to as the *commuter zone* and consisted of suburbs populated by upper middle-class families.

Conducting a systematic observation of these zones from the 1940s through 1960s birthed the concentric zone theory that Clifford Shaw and Henry McKay used as a base for social disorganization theory. It is important to note that Park and Burgess did not use this method to study crime; rather, they focused on social processes and interactions.

Relationship Between Neighborhood Characteristics and Crime

Shaw and McKay used this concentric zone theory to examine parallels between delinquency and the social characteristics of a neighborhood. Using official records of juvenile delinquents and census data to create delinquency rates for specific areas in Chicago, Shaw and McKay found that the zones in transition tended to have more crime than those that were stable. They also used interviews to add to their quantitative research, gathering life histories of juvenile delinquents. Up to this point, most of criminological research

focused on the individual causes of crime and delinquency rather than social causes. Through their research, Shaw and McKay were able to make comparisons across different zones, while associating the social characteristics of those zones with the delinquency rates. Their primary findings suggested that delinquency occurs in the same areas as social problems like unemployment and poverty. This led them to the idea of social disorganization, which means there is an inability of the community to realize shared values and therefore an inability to maintain effective social controls. According to the theory, crime will occur without these social controls.

For a neighborhood to have social controls, it must have high solidarity, cohesion, and integration. Solidarity means that a neighborhood must have agreed-upon values and norms. Cohesion refers to residents of a neighborhood having a strong bond with one another (i.e., they know and like one another). Finally, integration means that there are frequently occurring social interactions among residents. Together these elements create a strong, organized community resulting in higher informal controls and less crime because people feel comfortable, and even obligated, to watch out for their community. Therefore, socially organized communities will have people who share the goal of living in a crime-free area, know and talk to each other, and frequently interact with each other. Conversely, residents in disorganized neighborhoods will not talk to each other, making it easier for crime to occur. It should be noted that the control is all informal and not official. Some argue that the formation of gangs occurs when juveniles seek to form their own social controls. It is in this idea that the social learning aspect of the theory comes into play. That being said, this aspect of social learning is not frequently associated with the main concept of the theory.

To examine social disorganization in a neighborhood, typically, measures of racial heterogeneity, residential mobility, and income-based estimates of socioeconomic status are used. It is believed that neighborhoods with high racial heterogeneity will be disorganized because the residents will never be able to achieve a consensus due to the fact that they have different goals. Furthermore, racial heterogeneity impedes communication: Residents do not

talk to one another about suspicious activity in the neighborhood. High residential mobility results in unstable communities (i.e., residents tend to avoid getting to know one another). With a lack of residential interactions comes a lack of social informal controls. It is thought that lower socioeconomic status areas lead to higher racial heterogeneity, residential mobility, and more disorganization. It is important to note that social disorganization theory does not refer to disorganized residents but only to a disorganized community. Additionally, it should be noted that these elements themselves do not directly cause crime nor does a disorganized community. These elements only serve to mediate the occurrence of crimes in an area.

Remaking Disorganization Theory: Collective Efficacy

Social disorganization theory began to be viewed as irrelevant because of the idea that the theory itself was a manifestation of middle-class bias toward inner-city lower-class neighborhoods. Many argued that there were no actual measures of the amount of social disorganization within a community. Robert Sampson and Byron Groves revitalized the theory using 1984 data from Britain by including family disruption and urbanization as some of the causes of social disorganization. Sampson and Groves, using self-reported juvenile data from both the United States and the United Kingdom, found support for social disorganization when using additional measures like social networks and participation in formal organizations. This was a more in-depth study of social disorganization because it included mediating effects rather than just exogenous variables and outcome measures. Their study found that communities with greater informal controls and social ties had lower rates of delinquency. Additionally, they found higher control of teenage peer groups that have lower rates of property crimes. The inclusion of these new variables changed the scope of social disorganization. It was then that collective efficacy became a relabeling of social disorganization theory, thereby increasing its popularity once more.

Collective efficacy refers to the extent to which neighborhood residents can marshal their own informal social controls, making the variable an

alternative to social disorganization. An example of this would be a neighborhood where there is high collective efficacy, or adequate social controls, having a low crime rate, whereas in neighborhoods with low collective efficacy, the crime rate will be high. Having better measures of the mediating variables allows for communities that have low socioeconomic status and high racial heterogeneity, yet still have a low crime rate due to high collective efficacy. Social disorganization theory uses delinquency rates to explain social disorganization; however, the theory states that delinquency is caused by social disorganization, making this theory tautological. Collective efficacy, on the other hand, focuses more on how certain aspects of a neighborhood cause social disorganization and in turn victimization and offending. Much of the research in this area examines juvenile delinquency. It is thought that having high collective efficacy has actually had a protective effect on children due to increased social controls.

Challenges Associated With Measurement

One of the biggest problems when examining social disorganization theory has been determining the proper way to measure social disorganization. As mentioned previously, socioeconomic, racial heterogeneity, racial mobility, family disruption, and urbanization are all factors that have been examined in studies of the theory. It has been argued that social disorganization is too abstract to truly be measured and that aforementioned variables do not truly measure social disorganization. This argument primarily points to the inability of these variables to measure informal social controls. According to this line of thinking, only secondary variables are being considered. For example, measuring residential mobility does not provide the actual amount of social disorganization within a community. Rather it measures something that could lead to social disorganization. Many researchers have sought to use survey data and interviews as a means of filling this gap. Such research asks questions about how individuals would react if their neighbors were being victimized. It is believed that the collective answers within a community are an accurate measure of collective efficacy. Another major critique of the

theory is that using official data for crime counts produces biased results since many argue that the juvenile criminal justice system was particularly biased during the 1920s and 1930s, when the early data used to fuel the theory were collected.

Final Thoughts

The findings of theorists like Park and Burgess, who used concentric zones to examine social ecology, laid the framework for Shaw and McKay. Park and Burgess placed Chicago's business district at the center of their map and made the neighborhoods surrounding it Zone 1. This zone contained the highest concentration of delinquents as well as the greatest poverty. Building on the work of Park and Burgess, Shaw and McKay discovered a strong relationship between neighborhood characteristics and delinquency. Additionally, the neighborhoods suffering from high crime rates had physical deterioration, a higher percentage of foreign-born individuals, more residential mobility, and other assorted social ills such as unemployment and disease. According to Shaw and McKay, neighborhoods existing in such conditions have higher levels of social disorganization and weak social controls, thereby causing crime. Many of these types of neighborhoods are found in inner-city locations; therefore, virtually all of the research on social disorganization theory is conducted within urban areas. Such findings led to the conclusion that social disorganization causes delinquency. It was Sampson and Groves who expanded on this theory by adding additional variables (e.g., family disruption and urbanization). With the inclusion of these measures, collective efficacy reinvigorated the idea that informal social controls mediate crime in certain areas.

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See also Community Context and Mass Incarceration; Community Policing and Crisis Intervention Team Model; Crime Prevention, Policies of; Criminal Culpability; Criminal Lifestyle; Criminal Profiling; Criminogenic Needs; Criminogenic Needs, Targeting

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SOCIAL DRIFT THEORY

Social drift is the gradual process of changing status relative to others. This often pejorative concept applies to individuals as well as groups and is used in criminology, psychology, sociology, and other disciplines. People are said to drift into criminal enterprise, drug addiction, poverty, alienation from society, or homelessness, for example. Social mobility (i.e., the ability to move within a stratified status structure in a society) influences social drift. If upward mobility is blocked or perceived to be, downward drift is more likely. This essay describes social drift theory, provides an overview of the history of criminology, and examines the relationship between drift in socioeconomic status (SES) and criminal behavior.

Defining Social Drift

Social drift refers to behavioral observations, such as drifting into delinquency, and the theoretical basis for these observations, such as psychopathy or antisocial personality (labeled conduct disorder and antisocial personality disorder in *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*). There are intergenerational (e.g., children compared to parents) as well as intragenerational (i.e., changes during the person's life), measures of drift, and relevant terms include *upward*, *downward*, and *horizontal* (i.e., change that is not directional) drift. In criminology, social drift is part of a more inclusive framework called *social control* or *social bond theory* that highlights the breakdown of internal (conscience) and external (societal) controls on deviant behavior.

History of Criminology

Religious and demonic themes pervaded ancient thinking on criminal behavior, while during the Middle Ages in Europe, ideas such as opportunity and low self-restraint, believed to culminate in an individual's decision that potential advantages of crime outweighed possible costs, became popular. This reasoning led to the development of the classical school of criminology in the 18th century and a focus on the laws and consequences of transgressions. Since individuals could freely choose to break a law (i.e., they had free will), they earned the punishment that fits that specific infraction. Although influential (e.g., the Eighth Amendment to the U.S. Constitution, the *Three Strikes* statute of the Violent Crime and Control Law Enforcement Act of 1994), this classic view generally has been replaced by variations on the positivist perspective.

Classicists emphasized the role of free will, or choice, in criminology and focused on the infractions. An inherent problem is that *will* is a hypothetical construct deduced by observing behavior, an example of circular reasoning, and does not explain why some people behave illegally, while others in similar situations do not. It is a meta-physical or abstract label, or to use psychological language, a latent trait that is posited as the predominant attribution (i.e., cause). Furthermore, since people can exercise their free will to transgress or not, the punishment is designed to fit the crime, and consequences are determined according to black-letter law, the *law on the books* such as the influential Model Penal Code written in the 1960s by the American Law Institute.

In the 19th century, positive criminology (positivist school, positivism) shifted the focus from the law to the person (i.e., punishment fit the criminal and context); criminals are born (nature) not made (nurture). Second, positivism sought a scientific, empirical basis. Third, it incorporated combinations of biological, psychological, and sociocultural determinants. Positivists investigated differences between criminals and conventional people, through their character (e.g., Robert Hare's psychopathy), physiology (e.g., Cesare Lombroso's criminals' facial features), or interactions with others (e.g., Edwin H. Sutherland's differential associations). This spotlight on

antecedent conditions continues in criminological theory and research.

SES (i.e., one's relative position in a hierarchical class-based social system) is associated with physical and mental health and criminal behavior in predictable ways. There is a documented SES–health gradient effect (i.e., positive correlation) between higher SES and better health and an inverse relationship (i.e., negative correlation) between nonwhite-collar crime and SES. Two proposed theories explain these associations, namely, social selection (i.e., drift) and social causation (i.e., environment). A third approach, reciprocal causation, combines the two. Analogous to nature–nurture, selection–causation has relative, not absolute, influences on outcomes; and to extend this simplistic analogy, illness–criminality (i.e., nature) selects toward downward drift in SES, while low SES (i.e., nurture) causes illness–criminality.

Relationship Between Drift in SES and Criminal Behavior

A fundamental question is whether psychopathology and/or criminal behavior causes downward drift in SES, or low SES environments (e.g., stress, poverty) cause the manifestation and identification of psychopathology and/or criminal behavior. The direction of causation remains empirically unresolved, and research results are mixed, suggesting that both causation and selection mechanisms are involved. Although unresolved, this remains an important practical issue as government budgets tighten, the focus shifts to prevention and early intervention, and accountability for resource allocation becomes paramount. For example, should governments invest more in building prisons, reducing poverty rates, mental health research and treatment, or education?

Psychopathology and criminality are interrelated and embedded in social contexts. Persons with mental illness have higher arrest rates. Criminalization theory states that societies determine what behavior is considered illegal, threatening, or disturbing, then label and stigmatize it accordingly through laws and psychopathology classification systems (e.g., *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*), and social structures influence the probability and

outcomes of encounters with the justice system. For example, those deemed *homeless* have less access to legal lodgings and mental health care, are more likely to attract unwanted attention from police officers, and have higher rates of diagnosable mental illness compared to people without this societal label. Similarly, persons diagnosed with certain *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* diagnoses, such as antisocial personality disorder and substance use disorders, have higher arrest and incarceration rates, and both reflect societal values. People who use illegal drugs are subject to arrest more often than treatment. Labeling stigma, criminal records, mental health treatment histories, and societal rejection can add pressure toward downward drift. In addition, individuals with higher social rank are less likely to be labeled with a diagnosis, arrested, or hospitalized. Proponents of the criminality perspective, on the other hand, explain this correlation simply by pointing to differences in crime rates between these groups and observe that people with mental disorders commit more crimes.

In 1964, David Matza published his classic book on juvenile boys' social drift into delinquency, *Delinquency and Drift*. He countered the reigning theory in criminology, positivism, and its predecessor, classical criminology, with his own explanation that combined aspects of each. Matza's theory focused on the causes of delinquent drift after social controls, or constraints, were *neutralized* such that the individual no longer felt bound by law. The concept of drift assumes a potential for delinquent behavior. Only those who have this potential are at risk, and only those who have the requisite criminal skill levels (i.e., learned behavior), which are low in common types of delinquency (e.g., shoplifting, burglary, illicit drug use and distribution), plus low apprehensiveness are at risk.

Matza posited preparation and desperation as the salient influences on drift. *Preparation* includes learned skills, low fear, and prior success committing infractions. This leads to repeat offending. Fear level reduces through beliefs in the low likelihood of arrest, the incompetence of those in authority, and the inconsequential and incremental nature of postarrest consequences for children.

Desperation involves what psychologists now call *learned helplessness* (i.e., the belief learned

from experience that one has no control over what happens to oneself). In the delinquent subcultural group with its sense of community, this is experienced as a reduction in manliness that can be restored through criminal conduct, especially more audacious or new types of crimes that elevate in-group status.

Edward Jarvis conducted a seminal epidemiological study in 1855 that assessed the prevalence of psychiatric disorders in Massachusetts and found strikingly higher rates in the *pauper* compared to the *independent* classes. This essential finding holds true today. Social selection (i.e., existing pathology causes lower class standing) was posited as the cause. This fits with moral causality theory and pseudoscientific, quasi-biological beliefs such as phrenology and eugenics, which were popular at that time, and the practical reality of few effective treatments for mental illness. This perspective downplays the role of social environment in favor of genetic or other biological factors in the development and maintenance of psychopathology and resultant disparities in social class. However, while advances in biological psychiatry and classification trends reflected in later editions of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorder* provide more evidence of the importance of biology in the etiology (i.e., causes) of mental illness, environmental influences cannot be ruled out.

Geographic, occupational, and financial social drift have been investigated as explanations for observed SES–mental health disparities. This perspective predicts that those with serious mental illnesses, particularly if they involve hospitalization, would tend to move to less costly communities as well as experience declining employment and more financial insecurity compared to others. Although the idea that poor health triggers downward drift is intuitively appealing (i.e., has face validity), there is little intragenerational or intergenerational research support for the social selection–drift hypothesis, except for children with early onset psychotic disorders (e.g., schizophrenia) or serious childhood disruptive behavior (e.g., aggressiveness, hyperactivity, and poor social adjustment).

In addition, the life cycle can be examined to assess the cumulative effect of SES disadvantage on health and criminality and effects on social drift. Developmental and life course criminologists assert

that early onset starts a path toward criminality and away from conventional lifestyles. Early offenders have more conflict at home and school and with peers, which starts an escalating criminal drift process. Analogously, a chronically ill or delinquent child can cause a downward trajectory in social and economic viability for middle-class families, both in terms of lost income and future prospects and in terms of social isolation and decreased self-esteem. On the other hand, there is evidence that some marginalized families benefited from learning care-taking skills and successfully managing the challenges, which improved self-esteem and increased social connection.

Whether early or late initiation of criminal activity is more criminogenic and why remains equivocal. The Cambridge Study in Delinquent Development, launched in 1961, was a longitudinal study of predominantly White working-class 8- to 9-year-old boys in London. Results indicated those who committed first offences at earlier, younger, ages reoffended more often and for a longer period of time compared to later onset offenders, reflecting a greater propensity for criminal behavior. This example of propensity theory supports social drift theory. However, other studies suggest late onset as more predictive of reoffending, and propensity theorists generally discount onset age as causally significant. They focus on the tendency (i.e., propensity) toward antisocial action that is in the individual exacerbated by family (e.g., poor parenting, parents' criminal history) and social (e.g., poverty, education) factors.

Final Thoughts

A century of data disputes the poverty-causes-crime thesis. Crime rates plummeted during the Great Recession of the 1930s, increased during the expanding economy of the 1960s, and dropped after the 2008–2009 recession. The 21st century witnessed a return to strict social control of crime through policies such as data-driven policing strategies, mandatory sentencing, and privatizing prisons (i.e., prison–industrial complex).

Areas of interest in criminal psychology now include the relevance of improving the quality of social connections for those at risk and strengthening the explanatory power of theories in criminology, psychopathology, and criminal psychology. Social connections appear to be

crucial in explaining, for example, the shorter time between diagnosis and mental health recovery in some developing countries compared to the United States and Europe and designing prison to community transition programs.

The merit of criminal psychology is its accuracy and ability to predict future behavior. The challenge remains to establish an objective, empirical, replicable scientific basis that can be applied to solve practical problems. Social drift theory contributes to this scientific basis, and further research will determine its specific contributions and relevance.

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See also *Diagnostic and Statistical Manual of Mental Disorders*, Classification of Psychopathy in; Psychopathy; Social Bond Theory

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SOCIAL LEARNING AND ENVIRONMENTAL DETERMINANTS OF PSYCHOPATHY

The construct of psychopathy is most frequently characterized as a lifelong, persistent condition associated with a lack of capacity for empathy, interpersonal/affective deficits, and engagement in social deviance/antisocial behaviors (e.g., aggression). There are several different environmental influences that can impact psychopathy. These include, but not limited to, childhood abuse and/or trauma, caregiver/parental bonding and resultant insecure attachment styles, and community and/or peer influences. Understanding factors that contribute to the development of psychopathy is of paramount importance to criminal justice and

forensic psychology professionals due to its impact on criminal offending, forensic assessment, treatment amenability, and recidivism.

Environmental experiences may interact with biological factors in a process known as *biological embedding*. Clyde Hertzman and Tom Boyce (2010) define *biological embedding* as follows, “biological embedding occurs when experience gets under the skin and alters human biological processes; systematic differences in experience in a socially partitioned environment lead to different bio-developmental states; the differences are stable and long-term; and these differences influence health, well-being, learning, and/or behavior over the life course” (p. 330). All of these factors play a role in *epigenetics*, which is defined by Andrea Gonzalez (2013) as “the altering of a gene’s function without altering the gene’s structure or sequence” (p. 417). Psychopathy is influenced by both biological and environmental factors.

Andrea Glenn and Adrian Raine discuss important factors to consider regarding the debate as to whether psychopathy is causally influenced more so by genetic or environmental factors. Glenn and Raine discuss how people often misinterpret the fact that although scientific research may report findings suggesting brain abnormalities and/or deficits in individuals with psychopathic characteristics, those findings do not necessarily mean that psychopathy is a condition that only has a biological basis. They continue their explanation of the aforementioned discussion by stating, “in reality, the brain is just the machine that the biological and environmental factors act upon. The factors that make our brains function the way they do can be either genetic or environmental in origin, or more likely a combination of the two” (2014, p. 14). This entry discusses the process of biological embedding and the environmental determinants of psychopathy as they relate to psychopathy.

Biological Versus Environmental Determinants

A core component of psychopathy is emotional disturbance, which may be caused by environmental factors impacting the emotional and moral development of an individual. Environmental

influences, such as childhood abuse or trauma, insecure attachment styles resulting from poor parenting, and adverse community or peer influences, may impact the development of psychopathic traits.

Environmental influences are contributing factors of psychopathy in and of themselves; however, when they also interact with biological components of psychopathy, the result may be a more pronounced form of psychopathy. Glenn and Raine posit that any changes in the severity of psychopathic traits across time are a result of environmental determinants. Lisa Marshall and David Cooke contend that adverse familial experiences in childhood are commonly associated with low- to moderate-level psychopathy. Somewhat surprisingly, however, the majority of individuals classified as severe psychopaths come from good homes. According to Marshall and Cooke’s 1999 study, the contention is that the familial factors or variables contributing to what is considered a *good home* includes competent parenting comprised of appropriate parental discipline and supervision as well as lack of parental discord, antipathy, and abuse or neglect. This suggests that perhaps psychopaths at the extreme end of the severity spectrum may have more of a biological predisposition to psychopathy when compared to those at moderate levels or the low end of the psychopathic continuum.

Childhood Abuse or Trauma

High rates of childhood victimization are associated with increased scores on the Psychopathy Checklist–Revised and an increased likelihood of violent or antisocial behavior. Common symptoms of trauma include anxiety and fearlessness. Anxiety can be associated with the affective component of psychopathy, while fearlessness can be associated with the antisocial facet of psychopathy. Childhood abuse or trauma can be physical, emotional, sexual, or neglectful in nature.

Each type of trauma can impact the developmental trajectory of psychopathy overall as well as specific facets of psychopathy. For instance, childhood sexual abuse can be associated with the grandiose and manipulative interpersonal style of psychopathy, the impulsive aspects of psychopathy,

and the antisocial behaviors associated with psychopathy. Childhood neglect is associated with the flattened affect and antisocial behavior components of psychopathy. Childhood physical abuse has only been tentatively associated with the antisocial behavior aspect. It has been posited that many psychopathic individuals experience complex trauma, which is the experience of different types of abuses and violence, such as an individual experiencing both sexual and physical abuse.

These early traumatic experiences may impact different brain structures. The ventromedial prefrontal cortex is essential in several areas in which psychopaths commonly exhibit deficiency. These include impulse control, socioemotional responses, interpersonal abilities, and empathy. Decreased ability and/or lack of impulse control results in an increased likelihood of engaging in antisocial and impulsive behaviors. The amygdala, which controls an individual's fear response and emotions, may also be impacted by early adversity.

Sex differences may also play a role in the exhibition of psychopathic characteristics. For instance, psychopathic female offenders with histories of abuse tend to score higher on the personal gain and parasitic orientation items of the Psychopathy Checklist-Revised. Male psychopathic offenders have been found to score higher on the interpersonal and antisocial items, especially with regard to poor anger control, irresponsibility, and serious criminal behavior. Overall, childhood abuse and trauma can significantly impact the developmental trajectory of psychopathy.

Parental Bonding and Attachment Styles

Prior research suggests that individuals who display psychopathic traits often experience parental rejection and dysfunctional affectionate relationships early in life. Poor parental bonding, which involves a lack of caregiver care and/or overprotection, is highly associated with psychopathy. This especially occurs when children are separated from their parents within the first 3 years of life, a critical developmental period for children, especially in the development of mirror neurons that foster empathic capacity. The mirror neuron system can only develop appropriately when a caregiver properly models empathy for the young

child. In doing so, he or she assists the child in training their mirror neuron system, which usually engenders secure attachment.

Children who experience early adversity like abuse typically do not develop effective mirror neuron systems, are insecurely attached, and have higher scores on the Psychopathy Checklist-Revised: Youth Version, especially on Facet 4: antisocial behaviors. Harsh or erratic parenting styles can also impact psychopathy scores. Dysfunctional parental relationships can impact behavioral regulations, resulting in antisocial and impulsive behavior.

Dysfunctional or insecure attachment styles can be the impetus for the behavioral, psychological, and antisocial behaviors displayed by psychopaths. Insecure attachment styles may also impact the emotional detachment facet of psychopathy. If this emotionally detached affective style is consistently reinforced, it can lead to the development of callous-unemotional traits, which are common in psychopathic individuals. Insecure attachment styles may also be a result of constant relocation from caregiver to caregiver (as is unfortunately often the case in foster care), which can impact an individual's ability to develop strong attachments.

Dysfunctional relationships with mothers tend to be the most common dysfunctional relationship among psychopathic individuals. Insecure attachment styles can also impact aggression, hostility, and delinquency. The inability to form emotional relationships early in life may cause psychopathic individuals to be unable to form emotional attachments to other people at all.

Severe neglect (and the resulting inability to form strong emotional attachments) is thought to be one of the most important environmental determinants of psychopathy. Not only does it lead to the negative affect component of psychopathy, but it may also lead to the superficial charm or sociability aspect as well. The importance of the role of attachment styles in psychopathy is highly emphasized in the etiology of psychopathy.

Community or Peer Influences

Community or peer influences are highly influential when a model (typically an adult, though can be a peer) is valued by the individual. Influences

from models can come from both inside and outside of the home. An example of influences from inside the home that may incite psychopathic characteristics, traits, and/or behaviors is parental criminal activity. This influence can be especially impactful as it may be present in an individual's formative years.

Community influences are also associated with psychopathic traits. Living in violent areas, which is especially common in low socioeconomic neighborhoods, can increase aggression and antisocial behaviors. Those who live in communities where exposure to violence is prominent may also display an increased amount of psychopathic traits and/or behaviors.

Peers, especially during adolescence, influence an individual's likelihood of engagement in antisocial behaviors and delinquency. Social learning is prominent during these years. Gang membership enhances engagement in these activities as well as in some criminal activities. Psychopaths tend to have low arousal levels. This causes them to be prone to boredom and thrill seeking. This need for excitement may lead them to join gangs and engage in high-risk behaviors, which are usually criminal and antisocial in nature. In fact, individuals with psychopathic traits display extremely high levels of aggression and antisocial behaviors, which are often diagnosed as conduct disorders in childhood and adolescence.

Social Learning and Biological Embedding

Albert Bandura's social learning theory is a reciprocal interaction between behavioral, cognitive, and environmental factors. Social learning deficits are prominent in psychopathic individuals. For instance, the ability to care about how another person is feeling or to feel another's pain (a key component of empathy) is typically acquired through social learning. Psychopaths lack this ability. This may be due in part to the difficulty and/or inability that psychopaths experience as children in forming strong attachments with their parents. The abuse or neglectful relationships that some psychopaths experience at a young age often distort the schemas that they hold about the world.

Psychopaths tend to demonstrate the hostile attribution bias, which, in turn, adversely impacts the relationships that they are able to form with their peers and caregivers. The *hostile attribution bias* is the tendency for an individual to interpret others'

actions as aggressive, even when the actions are ambiguous. Psychopaths also tend to have immature defense mechanisms, deficits in the ventromedial prefrontal cortex, and hypersensitivity to rejection, which can also impact social learning abilities.

The process of biological embedding can occur in many, if not all, of the environmental determinants of psychopathy. Biological embedding is a process by which environmental situations alter biological functioning. In essence, environmental situations or experiences contribute to genetic predispositions, leading to a greater likelihood of psychopathy.

Environmental experiences, such as childhood abuse and/or trauma, can impact biological functioning. For instance, Avshalom Caspi and colleagues report that the enzyme monoamine oxidase plays a role in the gene-environment interaction in childhood, specifically when childhood abuse or maltreatment is present. This effect occurs as both an interaction and as a main effect itself. Biological embedding and epigenetics in tandem with environmental influences and biological predispositions are instrumental in the manifestation of psychopathy and are salient factors of upmost importance to comprehend and consider in the study of psychopathy.

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See also Criminal Justice Correlates of Psychopathy; Human Trafficking; Malingering; Neurobiological Models of Psychopathy; Psychopathic Traits, Structure of; Psychopathy; Psychopathy, Etiology of; Sexual Offenders

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SOCIAL LEARNING THEORY AND COGNITIVE BEHAVIORAL THERAPY

See Cognitive Behavioral Therapy and Social Learning Theory

SOCIAL LEARNING THEORY OF CRIME

Social learning theory of crime refers to a theoretical perspective of crime and criminal behavior, which blends ideas from psychological behaviorism with sociological traditions. In its contemporary form, the theory is associated with sociological criminologist Ronald Akers. His version identifies distinct learning mechanisms crucial to the explanation of both conformity and forms of nonconformity. A recent definition of the perspective offered by Akers and Gary F. Jensen (2006) defines social learning theory as

a general theory that offers an explanation of the acquisition, maintenance, and change in criminal and deviant behavior that embraces social, non-social, and cultural factors operating both to motivate and control criminal behavior and both to promote and undermine conformity. The basic proposition is that the same learning process in a context of social structure, interaction, and situation, produces both conforming and deviant behavior.” (p. 38)

After describing the history and ideas incorporated into social learning theory, this entry reviews the mechanisms of social learning as well as research on social learning theory. This entry concludes with a discussion of the expansion of social learning theory into social structure/social learning (SSSL) theory and possible new directions.

History and Foundational Ideas

Early History

Some of the basic ideas behind social learning theory were expressed by Neal E. Miller and John Dollard in their 1941 book *Social Learning and Imitation*. In the preface, they proposed to “apply training in two different fields—psychology and social science—to the solution of social problems.” Another psychologist, Albert Bandura, extended the study of modeling and vicarious learning mechanisms to adolescent aggression in 1959 and published *Aggression: A Social Learning Approach* in 1973.

Many of the sociological ideas ultimately incorporated into social learning theory emerged at the University of Chicago in the 1920s and 1930s. The basic thesis among these sociologists was that criminal behavior can be explained in the same manner as other forms of behavior and that support for such a view could be found in both ecological patterns of crime and delinquency and in case studies of individuals and groups. In his research on gangs more than 80 years ago, Frederick Thrasher identified regularities in the emergence of gangs that still hold true today and are quite consistent with social learning theory.

Differential Association Theory

Known as the father of scientific criminology, Edwin Sutherland was the first scholar to develop a systematized sociological explanation of criminal behavior in his *Principles of Criminology*, first

published in 1924. By 1939, Sutherland had organized a set of propositions emphasizing the role played by *conflicting definitions* of appropriate and inappropriate conduct in a complex society and *differential association* with people communicating conflicting definitions.

In 1947, Sutherland's systematic elaboration of a theory of both crime and criminality in a set of nine fundamental propositions earned him honors as the most influential theoretical criminologist of the 20th century. Applied to delinquency, the central proposition of differential association theory was simply that "a person becomes delinquent because of an excess of definitions favorable to violation of law over definitions unfavorable to violation of law" (p. 7). Definitions were the symbolic messages communicated in everyday interaction with significant others such as parents, peers, and teachers.

Differential Association-Reinforcement Theory

The two traditions, psychological development of a social learning theory of human behavior and sociological development of criminological theories emphasizing normal learning processes, proceeded rather independently until the mid-1960s. Then, Akers teamed with Robert Burgess, a sociologist trained in operant theory, to modify Sutherland's principles using the terminology and principles of modern behaviorism. This differential association-reinforcement theory of criminal behavior became the foundation for a perspective in criminology that Akers in 1973 deemed *social learning theory*. Social learning put the primary emphasis on mechanisms involving exposure to people and peers, cultural variations, social structures, and social institutions. Differential association-reinforcement included both nonsocial and social learning processes.

Social Learning Mechanisms

Akers elaborated four key explanatory concepts or dimensions of social learning theory: differential association, definitions, differential reinforcement, and imitation. The concept of differential association includes interaction with others who engage in certain kinds of behavior or express norms, values, and beliefs supportive or contrary to such behavior. The balance of people and groups encouraging or discouraging criminal behavior provides the major

immediate and intermediate social contexts in which social learning mechanisms operate. The most important of these groups include the so-called primary groups such as family and friends. Differential association also includes exposure to secondary and reference groups as well as mass media, Internet, computer games, and other *virtual groups*.

The concept of culture is central to social learning theory and encompasses values, norms, and beliefs that can facilitate or inhibit criminal behavior. Sutherland's definitions favorable and unfavorable to lawbreaking as a key variable have endured and continue to play that role in social learning theory. Although definitions played the central role in Sutherland's version of differential association theory, such definitions do not capture all ways of learning delinquency. For example, peer pressures to *go along* can increase the odds of delinquency even when a youth defines the activity as wrong. Concern about parental reaction can inhibit delinquency even when a youth does not define the activity as something he or she ought not to do. In short, in contrast to differential association theory, social learning theory stresses nonnormative as well as normative learning mechanisms that can lead to or inhibit delinquency. Social learning theory fits with differential association theory in that the learning processes are normal and can involve learning of expectations that conflict with the law.

The original emphasis in Sutherland's theory was on cultural conflict in society as a whole, with some forms of criminal behavior merely being attempts to abide by enduring subcultural traditions taught and learned through normal socialization in some groups and settings. This conception was the foundation for the conception of Sutherland's theory as a *cultural deviance* theory. Variations in crime were products of normal learning processes, but the content of that learning differed.

Imitation and vicarious learning have been incorporated into the theory as well. If a person merely copies what others are doing, the process is referred to as *imitation*. Imitation is distinct from learning the normative standards appropriate to roles within a society or among groups (normative learning). If the learning process involves observation of the rewards and punishments experienced by others, the social learning mechanism is vicarious learning. If the learning process involves personal or direct experience of rewards and punishment as a product of one's own behavior, then

the process is one of differential reinforcements. Differential reinforcement refers to the general process of the individual's experience with and/or anticipation of the balance of positive and negative consequences of behavior.

Imitation is distinguished from differential association in that it refers to that part of the interaction in which one observes the behavior of others and the consequences of the behavior of the others. In brief, behavior is the outcome of differential association in which one is exposed to cultural or normative expectations and expressions, role models, and reward or punishment (including the reactions of others) attached to or following behavior. One's internalized attitudes are also an outcome of this same process and in turn serve as a *cause* or factor in the variations in overt behavior.

Research

Social learning theory has been subjected to more empirical inquiry in relation to a wider range of forms of deviance and in a wider range of settings and samples than any other criminological theory. Much of the research testing social learning theory has focused on its ability to explain variations in self-reports of lawbreaking behavior, especially among adolescents. Two perspectives have dominated comparative tests in criminology: social control and social learning. Social control theories assume that it is the absence of constraints or limits on opportunity for crime, which are key to the explanation of crime and delinquency. In such theories, the *motivation* for crime is found in characteristics of humans considered to be quite natural when social, cultural, or opportunity constraints are absent, implying that no special pressure is required. In contrast, social learning theories focus on normal learning processes, including socially structured schedules of reward and punishment; variable values, norms, and beliefs; and associations with people who both encourage and discourage crime and delinquency.

SSSL Theory

The social learning perspective has since been expanded to deal with both micro and macro issues, and Akers now labels the SSSL theory. In the SSSL approach, social learning is the principal mediating process by which social structure has consequences for criminal and delinquent behavior.

Social structural variables and factors are the primary macro-level and meso-level causes of crime, while the social learning variables reflect the primary or proximate causes of criminal behavior that mediate the relationship between social structure and the behavior of individuals that make up group, community, and societal crime rates.

This assertion is supported by research in which age, race, ethnicity, gender, social class, community, and region sociodemographic and community variables are inserted in empirical models. The findings typically are that the net effects of social learning variables remain in these models, while the net effects of sociodemographic variables are reduced, typically to statistical nonsignificance. For instance, several studies have found that variations by age and life course are largely accounted for by family socialization, peer associations, and other social learning variables. Tests of the SSSL model have produced positive findings for delinquency and substance use, elderly alcohol abuse, rape, violence, and binge drinking by college students.

New Directions

Other than replications and additional comparative tests, Akers and Jensen have outlined new directions for SSSL theory. One direction has been designated *Taking Social Learning Global*. The key development proposed has been to identify those mechanisms that can be designated as macro-level learning mechanisms that help explain international variations in homicide.

Another direction emphasizing macro processes in SSSL would be to explore the possible relevance of the logic of the theory to hypotheses about the relative salience of different forms of cultural learning to the explanation of variation in crime and/or different forms of crime. For example, from a social learning perspective, the violent resolution of interpersonal conflicts could be argued to become *normative* in environments where institutional means of conflict resolution have been scarce, where relations with institutional authority have been strained, and/or where escape from violent situations is difficult.

Another macro hypothesis reflecting the logic of SSSL is that the most common forms of criminal or delinquent activity will likely be those involving the most routine and ordinary learning processes. Shoplifting violates fewer normative

rules than purse snatching from an older lady. Robbing someone at gunpoint violates more normative rules than grabbing a bicycle from someone's driveway. Shoplifting is most probable when youth have the opportunity to do so, can manage such activity without generating suspicion, and have either learned rationales or excuses for such activity or not learned to judge such activity as a violation of norms.

Gary F. Jensen

See also Cognitive Behavioral Therapy and Social Learning Theory; Social Control Theory; Social Learning and Environmental Determinants of Psychopathy; Sociological Theories of Crime

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SOCIAL SKILLS TRAINING

Social skills training refers to teaching individuals how to interact harmoniously with others, and especially how to maintain balanced and constructive behavior in difficult interpersonal situations. An individual may deal constructively with negative peer pressure by suggesting a responsible alternative activity, for example, or may calmly and sincerely offer a clarification or apology to an angry accuser. Social skills training programs typically apply to individuals with deficiencies in social interaction, such as children with attention-deficit/hyperactivity disorder or autism. This entry focuses on social skills

training for juvenile and adult offenders. Particularly noted is the use of virtual reality immersion therapy with *dual diagnosis* offenders, that is, adults with intellectual and developmental disabilities who have also committed felonies.

Social Skill Deficiencies

Many offenders evidence social skill deficiencies. Studies show that offenders low on measures of social skills commit more serious offenses; have a higher number of correctional facility placements, absent without leave (AWOL) attempts, and school absences; and self-report more substance and alcohol abuse. One study of peer-helping programs at juvenile correctional facilities found a paucity of practical social skills, such as how to take into account another's perspective. Without helping skills, the peer *helpers* readily resorted to counterproductive behavior, such as name-calling, profanity, screaming in the peer's face, and physical intimidation.

Training Programs

Social skills training programs seek to remedy such deficiencies and thereby reduce antisocial behavior. These programs generally explain to trainees that a social skill is learned the same way as one learns any skill. As with learning to ride a bicycle, swim, or play a sport, learning a social skill involves

- observing someone showing the skill (modeling),
- trying to imitate what was observed (enactment),
- finding out what one did right and wrong and how to do better (performance feedback), and
- trying again (practice) until the skill becomes habitual or automatic (second nature).

Such programs generally present social skills in concrete steps and emphasize social perspective taking in role-played and then actual, interpersonal situations. Social skills training pioneer, Arnold Goldstein, suggested that social skills should more accurately be called *social interaction skills*. This is to underscore the point that balanced perspective taking must apply not only to a single act but also across an ongoing interpersonal situational episode. He introduced a typology of

50 step-by-step social skills designed to promote an individual's ability to avoid aggression, reduce social tension or stress, deal with feelings, and plan ahead.

Equipping Youth to Think and Act Responsibly (EQUIP) and Responsible Adult Culture (RAC)

Social skills are taught, for example, in a treatment program for juvenile offenders called *EQUIP*, which was adapted for adults as *RAC*. *EQUIP* and *RAC* teach in a group context 10 social skills adapted from Goldstein's typology. These are

- expressing a complaint constructively,
- caring for someone who is sad or upset,
- dealing constructively with negative peer pressure,
- keeping out of fights,
- helping others,
- preparing for a stressful conversation,
- dealing constructively with someone angry at you,
- expressing care and appreciation,
- dealing constructively with someone accusing you of something, and
- responding constructively to failure.

A group leader discusses with the group how learning a social skill is like learning any skill and how these skills are useful. He or she encourages group members to think of difficult interpersonal situations where one of these skills would have helped. Group members can either provide a situation from their experience or select from a list of situations for the training. For the skill of expressing a complaint constructively, the list of sample situations includes items such as "You just found out who stole your sneakers" or "Your friend has spread a rumor about you."

Case Study

In the *EQUIP* program, a juvenile offender (Joe) learns the social skill of expressing a complaint constructively. Joe observes a group leader model the skill, tries to perform it, receives feedback from the leader and the group, and then practices the skill in increasingly diverse and challenging contexts. The skill is presented and modeled in four steps:

Step 1: Identify the problem. How are you feeling? What is the problem? Who is responsible for it? Did you contribute (or are you contributing) to the problem in any way?

Step 2: Plan and think ahead. To whom should you express your complaint? When? Where? What will you say (see step 3)?

Step 3: State your complaint. In a calm, straightforward way, tell the person the problem and how you feel about it. If you've contributed to the problem, mention how you may be partly at fault and what you are willing to do to improve the situation.

Step 4: Make a constructive suggestion. Tell the person what you would like to do about the problem. Ask the other person if he or she thinks your suggestion is fair. If the other person makes a constructive suggestion, say that you appreciate the suggestion or that it sounds fair.

After observing the skill as modeled by the group leader, Joe tries to role-play it in a difficult interpersonal situation: His father always wants to go to the bar instead of spending time talking to him. Going through the steps, Joe reports that he is feeling angry. His father is responsible for the problem, although Joe himself has contributed by trying to avoid it, for example, by "running off and partying" (Step 1). Joe plans to discuss it when his dad is at home and in a good mood and "say it in a polite way" (Step 2). A touching role-play follows. After acknowledging his own contribution to the problem, Joe constructively expresses the complaint to his *dad* (role-played by a fellow group member):

Dad, I would like to talk to you about how you like to go to the bar and not spend time with me. I feel that I am coming home from school and you are at the bar and I am upset about something. I want to talk to you and you are not there to talk to me.

Joe and his *dad* work out times when his father agrees to be at home and available (Step 3). Furthermore, *dad* agrees that Joe's complaint and suggestion are fair. Joe says he appreciates his father's responsiveness (Step 4). Joe's role-play performance is followed by feedback. The group and group leader tell Joe that he did

well on all the steps. Joe subsequently practices the skill in pertinent social situations, both inside the facility and outside, during permitted release periods.

Social perspective taking plays a major role in social skills training. In the example, Joe considered the moment when his father would be approachable, anticipated and accepted his father's likely viewpoint by acknowledging at the outset his own runaway behavior, listened openly to his *dad's* ideas as an understanding was reached, solicited his *dad's* feelings about the agreement, and expressed appreciation for the cooperation.

Critique

Social skills training programs have had mixed outcome results. Although some studies find gains in subsequent conduct or lower recidivism, other studies do not. A critic of such programs, the clinical psychologist Stanton Samenow, has argued that unless the offender's self-serving *thinking errors* (e.g., minimizing their harm to others or blaming their victims) are addressed, the treatment may only make matters worse. In other words, a criminal without social skills may merely learn how to become a criminal with social skills and hence more criminally effective. Samenow's critique is supported by the fact that the most successful social skills training programs have included corrective cognitive therapy. For example, EQUIP is a combined treatment program that includes not only social skills training but also an anger management component that features the correction of aggressogenic cognitive distortions (thinking errors). Other components of EQUIP and RAC include positive peer culture and moral judgment facilitation.

Virtual Reality Immersion Therapy

Worthy of note is a supplementary technique for helping offenders practice social skills. This technique can provide extra support and training where needed, such as among dual-diagnosis offenders. The technique, called *virtual reality immersion therapy*, provides an opportunity for these offenders to try out, practice, and observe their own social interaction skills within a virtual environment. A camera captures the trainee's live

image and immerses it in a computer-generated video display of a difficult interpersonal situation. The timing of when the trainee speaks is programmed by a computer. Contingent on the socially skilled or unskilled nature on the trainee's behavior, the therapist can activate prefilmed positive or negative responses in the virtual environment. Early results from the use of virtual reality immersion therapy in social skills training for dual diagnosis offenders are promising.

Future Directions

Despite their limitations, social skills training programs will likely continue to contribute to treatment approaches for offenders. The contribution of social skills training to offender treatment may be enhanced by its inclusion within cognitive multicomponent programs as well as by the use of supplementary techniques such as virtual reality immersion therapy.

John C. Gibbs

See also Cognitive Disorders in Incarcerated Offenders, Treatment of; Rehabilitation; Social Skills Training; Treatment of Criminal Behavior: Group Psychotherapy

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SOCIOLOGICAL THEORIES OF CRIME

Sociological theories of crime focus on the criminal's relationship to others. The basic assumption underlying these theories is that criminals acquire their interests, skills, and the support for their actions through their interactions with others. Criminals are not responding to biological or psychological impulses. This entry examines a number of major sociological theories: anomie, strain, the Chicago School, and conflict theories.

Anomie Theory

Preceded by the social structure theories of Auguste Comte, Andre-Michel Guerry, and Adolphe Quetelet, anomie theory was developed by Emile Durkheim. For Durkheim, the word *anomie* was used to describe a state of normlessness. Anomie is caused by social change. Changes caused by the American and French Revolutions, the Industrial Revolution, and other significant societal events led to a disruption in the social order. According to the anomie theory, as the existing society loses its ability to maintain and balance societal needs and wants, the behavior of individuals goes unchecked and moral order declines.

Durkheim's ideas about crime grew out of his study of societal development, which focused on economics and the distribution of labor. The change from a simple agricultural-based society (i.e., mechanical) to a complex society that was the product of industrialization and the growth of urban areas (i.e., organic), as seen during the Industrial Revolution in Europe and North America, caused a state of normlessness or anomie. The social restraints of simple societies were broken by the vast anomies (i.e., increased social problems, especially criminal activity) of the newly urbanized areas. These broken restraints subsequently were the catalysts for a decline in moral order.

Crime is an outgrowth of this breakdown, and according to Durkheim, crime is normal and needed in all societies. Under the structural functionalist approach, crime has a purpose in society: Crime moral boundaries are *mapped out*, punishments for criminal acts increase awareness of what is unacceptable within society, and crime strengthens the social bonds of those whose

actions keep them within socially acceptable boundaries.

Crime is so important that within a crimeless society the definition of crime would need to be rewritten to assure that some individuals could be considered criminals. The overall purpose of redefining crime is group unity and group cohesion (i.e., criminals will be the agents of bonding for the greater society since the self-righteous will unite to combat the dysfunctional within the society).

Strain Theory

Strain theory assumes that humans are born innocent with good intentions. It is the society that causes individuals to commit criminal acts. Influenced by Durkheim, Robert K. Merton developed a strain theory connected to the time in which he lived. The Great Depression provided the backbone of Merton's theory as he focused on the influences of the American Dream in the United States. His ideas were based on his perceptions that the goal and means of pursuing the American Dream produced the *strain* that led to dissatisfaction and criminal behavior. The strain grew out of frustration that occurred when members of the lower socioeconomic classes realized that the American Dream was beyond their reach. Merton proposed five ways that individuals react to strain:

- (1) Conformity—These individuals accept the realities of their status.
- (2) Ritualism—These individuals simply go through the motions, setting new, less glamorous goals. (These groups have no desire or little motivation to commit crimes.)
- (3) Innovation—These individuals seek the goals of society, but their means are antisocial (i.e., criminal activities). (Not all innovators are criminals. Some use their creativity to seek the rewards of the American Dream by sidestepping traditional means.)
- (4) Retreatism—These individuals withdraw from society, subsequently abandoning all pursuits of and the desire for the American Dream.
- (5) Rebellion—These individuals seek to tear down and rebuild society on their own terms, establishing new goals and means.

Although Merton's ideas appeared sound during the Great Depression in the United States, as time moved onward and as society changed, his ideas came to be criticized by later scholars.

Merton's work was followed by the work of Albert Cohen in the 1950s and the work of Richard Cloward and Lloyd E. Ohlin in the 1960s.

Cohen's work focused on group formation. According to Cohen, disadvantaged youths are apt to experience failure because they have not been socialized to function within middle-class society. Failure elicits frustration, which causes strain. These individuals counter middle-class norms with delinquent behaviors that are anti-middle class.

Cloward and Ohlin's ideas are also linked to the American Dream. They believed that all social classes seek the values and norms that lead to the American Dream. Members of the lower socioeconomic classes who are blocked from socially acceptable approaches to obtaining the rewards of the Dream will experience frustration and strain. To counter this experience, these individuals will seek acceptance within one of three types of gangs:

- (1) Criminal gangs are structured, may be formed through adult criminal mentoring, and focus on crimes, of taking from others.
- (2) Conflict gangs exist in areas where there is less structure and no benefit from adult criminal mentoring; as a result, these gangs generally focus on violent, destructive behaviors.
- (3) Retreatist gangs are generally made up of members who failed to fit into society and criminal or conflict gangs. Their focus is to withdraw from society and focus on substance use to quell the frustration and strain that they experience.

A general strain theory was developed by Robert Agnew in the 1980s. Agnew broadened the scope of strain to include all socioeconomic levels. He believed people at all levels experience strain daily. He saw strain as being negative (i.e., noxious) or positive (i.e., valued).

Strain theory critics point out that various strain theories are dominant at specific times (e.g., the Great Depression, the 1950s, 1960s, and 1980s) and are rooted in the ideas and practices of their specific time frames.

The Chicago School's Theory

Just as Durkheim was inspired by the American and French Revolutions as well as the Industrial Revolution and Merton linked his ideas to what he and others observed during the Great Depression in the United States, the scholars of the Chicago School were motivated by the effects of rapid population growth and the urbanization of Chicago, IL. Along with the rise in population growth and urban expansion came a corresponding increase in poverty. These scholars viewed crime as a social ill that resulted from socialization that favored criminal behavior rather than that of the typical middle-class American family of the mid- to late-19th century to the early 20th century. The result of this environmentally influenced, crime-driven socialization process led to a breakdown in social institutions including families, schools, and communities. This breakdown has been termed *social disorganization*.

Robert E. Park and Earnest W. Burgess used ecological analysis to explore various aspects of social disorganization. They also focused on crime rates but did not focus on criminals. Park and Burgess developed a system of analysis consisting of five zones: Zone I—the central business district, Zone II—the transition zone, Zone III—the working-class homes, Zone IV—the area that included expensive homes, and Zone V—the suburbs.

Zone II seems to be the hotspot for the growth and development of social disorganization due to government-subsidized housing or government-run programs. This seems to be the area where people who cannot afford housing in Zones III, IV, and V end up living.

Conflict Theory

Conflict theorists are interested in the study of conflicts among various socioeconomic groups, especially as these groups struggle over power, the distribution of resources, and inequality.

Karl Marx noted that the poor and members of the working classes were arrested and charged, found guilty of crimes, and incarcerated at a rate that surpassed that of the upper classes. Law becomes a means of controlling the less fortunate whose numbers are vastly superior to the middle and upper classes combined. The bourgeoisie (i.e., upper classes) keep the proletariat (i.e., lower classes)

from sharing in the wealth and power, assuring that they will be the dominate force within society.

Laws make resistance to authority and the struggle for equality a crime. As with other social scholars, Marx saw crime as the result of a dysfunction with society. He saw the seemingly endless pursuit of capitalism and the sanctioning of inequality as the catalyst for crime.

George Vold basically noted that humans are social beings; therefore, they work collectively to survive. As societies flourish and expand, various groups begin to compete for power. This competition leads to conflict, especially as groups seek to control the political power within their society. The groups in power create and enforce laws that suppress the efforts of the less powerful with society. Vold reasoned that by using power to suppress others, the dominant group was equally guilty of committing criminal acts. However, Vold saw that conflict could lead to a state of equilibrium (i.e., compromise would bring about social and political stability).

Austin Turk, like other conflict theorists, saw competition among groups as the catalyst for crime. Turk stands out because he looked at the role of the criminal justice system in maintaining the status of those in power. Laws are created, enforced, and maintained as a means of controlling the less powerful within society and of supporting the position and authority of the power elite. For Turk, crime is not the result of biopsychological impulses. For Turk, crime is a method of determining how the criminal justice system can classify and treat someone based solely on his or her social status.

Paul Cech

See also Economics of Crime; Education and Crime; Feminist Perspectives on Crime; Social Control Theory; Strain Theory of Crime

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SPECIALTY COURTS

Specialty courts, also referred to as *problem-solving courts*, have specially designed dockets that address one type of criminal offender. In a 2016 document titled *Specialized and Problem-Solving Courts*, published by the National Institute of Justice, it was noted that these courts focus their attention on offenders whose criminal activity stems directly or indirectly from one or several problems related to drug abuse, mental health, family adjustment, or other criminogenic issues. Typically, the defendants who appear before specialty courts will receive a sanction that addresses the source of the problem (e.g., drug abuse, mental health, family abuse) that resulted in their criminal behavior. The sentencing judge and other criminal justice personnel as well as social service workers play a critical role in the supervision and treatment of those offenders under the court's jurisdiction. This entry first discusses the concept of diversion in the justice system and then reviews several types of specialty courts, including mental health courts, drug courts, domestic violence courts, community courts, and veterans' courts.

Diversion

Research on convicted criminals completed during the late 20th and early 21st centuries revealed that a large proportion of those sentenced to jails and

prisons throughout the United States could have been diverted to some form of community supervision without posing any threat to the security of the community. The majority of those eligible for diversion are in need of some form of treatment as a result of having mental health, substance abuse, or family adjustment problems.

The term *diversion*, when applied to the justice system, refers to any method used to move a person, either juvenile or adult, who has allegedly committed a criminal offense away from formal court processing. Diversion occurs when some action is taken by a justice agent, usually a police officer, in which the person is referred to a nonjudicial agency or to a specialized court rather than being referred to the traditional courts for processing. The decision to divert a certain offender is either based on the arresting officer's discretion, the prosecutor's office, policies of the agency, or the statutes of the state or local government. Offenders most likely to be diverted from the criminal justice system are those who have committed minor offenses, those with mental illness, elderly offenders who have committed minor offenses, those who are homeless, and alcohol and substance abuse offenders.

Mental Health Courts

In 2015, there were over 11 million admissions to U.S. jails and lockups. The jails in the United States, particularly those located in large metropolitan areas, tend to be overcrowded and dangerous for both inmates and correctional staff.

Concern over incarcerating those who are mentally ill has increased nationwide. It is not known what proportion of those held in jails have mental health problems. A National Initiative to Reduce the Number of People with Mental Illnesses in Jails was launched in 2015 by the Council for State Governments Justice Center and the American Psychological Association Foundation. This initiative was designed to rally support for achieving a reduction in the number of people with mental illness in jails. Programs that address this initiative can be found throughout the United States.

The police working in many counties throughout the United States, particularly those that have a relatively small population, face a dilemma when they encounter a law violator whose

behavior shows signs of mental illness. Although, the police realize that arresting the person and transporting the person to jail is not the ideal course of action, it is often the only option available since the community may not have other means for dealing with such cases. In making a decision to arrest or divert mentally ill persons they encounter, police officers also have to consider the potential for the mentally ill person to become violent and thus pose a danger to the community. Although a lack of resources in the community may be the primary reason for not diverting mentally ill criminal offenders away from jail, poor coordination and distribution of available resources are also reasons why many mentally ill offenders (particularly those who have committed nonviolent misdemeanors offenses) may end up in jail rather than in a facility with staff and resources to deal with offenders who exhibit some form of mental illness.

Federal and state grants to local criminal justice agencies have helped to fund police and court diversion programs. This has led to the development of mental health courts throughout the United States. The Council for State Government Justice Center describes the characteristics of mental health courts as those courts that employ a problem-solving approach to court processing of offenders in place of the more traditional court procedures that often result in defendants with mental health problems being incarcerated in jails or prisons.

Mental health courts were developed in the latter part of the 20th century to meet the needs of the millions of criminal offenders processed through the justice system each year who have some form of mental illness that directly or indirectly relates to their criminal behavior. The American Law Enforcement and Mental Health Project was created by the U.S. Congress in 2000. This legislation provided funding for the development and implementation of mental health courts. As a result, the number of mental health courts increased significantly in the ensuing years.

A survey of mental health courts found that the political jurisdictions included in the research received funding from a number of sources, including dedicated county funding, federal grants, local mental health funding, and in-kind contributions from local health-care agencies. Authors of

the survey concluded that, typically, mental health courts are judicially administered in a specific community. They utilize court staff and professionals who treat patients with mental health problems in the development and implementation of a treatment plan that addresses the needs of the offender as well as those of the community. Referrals to mental health courts can originate from several sources, including the judge, county or state prosecutor, public and private attorneys, social service agency personnel, and even family members.

The treatment programs included in this survey provided incentives for program completion. The most common was to drop or suspend the criminal charges. Participants were required to attend court sessions before the mental health court's judge. Generally, their participation in some form of counseling and contribution of a specified number of hours of community service were required. Those who successfully completed the program participated in a graduation ceremony held in the courtroom. Those who did not complete the program for reasons related to recidivism, failure to complete the requirements, or other reasons were terminated from the program and sanctioned.

Each mental health court functions independently within its own district, but the mental health courts have similar characteristics and goals that make them different from the typical criminal courts. These characteristics are as follows:

- Each court requires voluntary participation, so the defendant must consent to be a part of the program and consent to treatment.
- Each court has eligibility criteria, all include mental illness as defined by the *Diagnostic and Statistical Manual, Fourth Edition, Text Revision*, and some include developmental disabilities and traumatic brain injury as possible qualifiers for participation in mental health court.
- Mental health courts employ legal and mental health professionals to address a specialized docket that focuses solely on preventing incarceration of mentally ill individuals, offering court-mandated treatment as an alternative.
- Mental health courts place public safety in the highest regard when considering treatment or housing options for mentally ill offenders.
- In general, most mental health courts offer a higher level of supervision, requiring clients to attend regular status hearings to assess the progress of treatment and to update treatment plans.
- Finally, most programs have defined criteria for completion of the program, marked with a graduation or certificate of completion.

Drug Courts

The implementation of drug courts was spread throughout the United States during the late 20th century and early 21st century. These specialty courts required those who were brought before the drug court judge as a result of being charged with a drug-related offense (alcohol included) to agree to participate in a program that provided sanctions as well as treatment.

The drug court movement was stimulated by the passage of the Violent Crime Control and Law Enforcement Act in 1984. This act provided funding to local jurisdictions to set up community-based programs for drug-using offenders. The drug courts that were developed varied in structure and operation but tended to have several common characteristics. To be eligible for the drug court, the offense was required to be drug related. Participation was voluntary, that is, the defendant had the option of being tried in the drug court or in the regular criminal court, and the determination of the guilt or innocence of the charge would be deferred. If the person successfully completed the program, then the charges could be dropped. The presiding judge of the drug court had wide discretion in deciding who is eligible for the court (generally violent offenders are excluded) and what type of sanctions and treatment program the defendant would be required to complete. The supervision and treatment programs that the drug court participants are involved in are staffed by both court officials (probation officers) and mental health professionals such as psychologists, counselors, and social workers.

The evaluation of the success of drug courts is very difficult since criteria for referral eligibility to the courts are often quite different. For example, some courts accept only defendants who engaged in a drug-related felony crime. Others generally exclude defendants charged with a felony-level

crime, particularly if the crime involved violence. The resources for the treatment portion of a drug court program can make a difference on the likely success or failure of the participants. Also, the characteristics of the participants and the support systems they have (i.e., family support, steady employment, community support) will have an effect on the outcome.

The manner in which success or failure is defined is important and should always be considered when deciding if the program should be continued. One of the requirements of drug court participants is that they periodically appear before the presiding judge in open court and discuss their progress in the program. The judge will question them on the degree to which they have made progress toward fulfilling the conditions set by the court, such as finding employment, the use of drugs, the completion of the community service required, and other factors pertaining to the fulfillment of the conditions set by the court.

Domestic Violence Courts

Specialized domestic violence courts were first established in the 1990s. The specific goals of these courts were to process domestic violence cases quickly and efficiently, to ensure more consistent rulings and case follow-ups, to ensure that the offenders are held accountable for their acts, and to incorporate a stronger focus on the treatment of the offender deterring future offending.

As with other problem-solving (specialty) courts, domestic violence courts tend to be based on theories and practices grounded in therapeutic jurisprudence. That is, domestic violence courts focus on the needs of those involved, including those of the perpetrator of the violence, those of the victims of the violence, and the needs of the community in which the violence occurred. Rather than following the traditional adversarial process in the judicial proceedings, a problem-solving orientation is employed. Several domestic court models have been delineated to include the following:

- The *dedicated civil protection order docket model* handles only civil protection orders. Under this model, a court and judge are dedicated to hearing and making determinations on civil domestic violence matters.
- The *criminal model* segregates the domestic violence cases into one specialized court, with the judge being specialized in domestic law. In some jurisdictions, a single court can hear both misdemeanor and felony domestic violence cases, but in other jurisdictions, there are separate courts for the misdemeanor and felony cases. The integrated model handles both criminal domestic violence cases and related civil matters.
- In the *Unified Family Court*, one judge handles all matters related to the family. In addition to domestic violence, this court handles protection orders, dissolution custody, juvenile delinquency, paternity, and child dependency resulting from abuse and neglect.

Research revealed that the existence of a specialized domestic violence court led to an increase in the law enforcement responsiveness to domestic violence and a reduction of recidivism of domestic violence offenders. In addition, by having all domestic violence cases processed through one specialized court, there was better coordination of resources, supervision of defendants, and consistency in case processing

Community Courts

Another example of the trend toward diverting some categories of criminal offenders rather than processing them through the criminal justice system is the implementation of community courts. As the name implies, *community courts* are problem-solving courts that attempt to address some of the community's crime-related problems such as theft, property destruction, vandalism, and public safety needs through court intervention at the local community level. This is accomplished by way of an integrated community response to the safety of the community and the quality of life problems that are caused by those residents of the community committing crime.

Community courts do not concentrate on one specific problem area as is the case with drug courts, mental health courts, and family violence courts. However, the goals are similar to the goals of those courts in that there is an attempt to develop communications between the judiciary and the community, and there is an attempt to

provide the sanction that will be beneficial to the offender, the victims, and the community. In addition, social and psychological assistance is provided when needed.

The structure, administration, and goals of community courts may differ. However, most community courts have several key features:

- *Individualized Justice*—Community courts base judicial decision-making on access to a wide range of information about defendants.
- *Expanded Sentencing Options*—Community courts have available enhanced range of community and social service diversion and sentencing options, some of which involve referrals to community-based providers. Community courts seek a reduction in conventional sentences such as jails, fines, and time served.
- *Varying Mandate Length*—Community courts develop a multitrack system, in which a (typically small) proportion of defendants receive medium- or long-term judicially supervised treatment for drug addiction, mental illness, or other problems, while the majority of defendants receive short-term social or community service sanctions, typically 5 or fewer days in length.
- *Offender Accountability*—Community courts emphasize immediacy in the commencement of community or social service mandates and strict enforcement of those mandates through the imposition of further sanctions in response to noncompliance.
- *Community Engagement*—Community courts establish a dialogue with community institutions and residents, including obtaining community input in identifying target problems and developing programs.
- *Community Impacts*—Community courts seek community-level outcomes, such as reductions in neighborhood crime or repairing conditions of disorder through community service.

As one example, the Midtown Community Court was established in 1993 through the joint efforts of community leaders, neighborhood residents, and justice officials in New York City. This court deals with community disruption crimes

such as prostitution, illegal vending, vandalism, destruction of property, and theft.

This court provides a quick response to those involved in such offenses by having the cases heard as soon as possible and giving appropriate sentences that fit the nature of the crimes and needs of the offenders. For example, offenders are required to provide community service by cleaning subway stations, cleaning streets and parks, or removing graffiti from public buildings. The court could also order drug treatment and health-care education for those who need such assistance.

Research on community courts indicated that outcome goals of establishing community engagement, providing alternative sanctions, reducing costs, and engaging the defendants were largely achieved. The research showed that a majority of defendants received alternative sentencing such as a community service mandate and were given jail time primarily as a secondary sentence if the defendant failed to complete the requirements of the original sentence. The court provided individualized treatment, and those who needed special services, such as drug treatment, were required to participate in a treatment program as a condition of their sentence.

Veterans' Courts

Veterans' courts are similar to community courts in that they are not directed toward addressing a specific offense but directed toward a specific category of offenders, that is, military veterans.

The criteria for eligibility to a veterans' court vary in accordance with the laws established in the state and local jurisdiction in which the court is established. Typically, standard features of veterans' treatment courts are required court appearances at times specified by the court, mandatory attendance at the treatment sessions ordered by the court, drug and alcohol testing for those with a substance abuse problems, and submitting to outcome assessments. As with other specialty courts, those selected for veterans courts have an option of having their case docketed in a veterans' court or having their case processed in the traditional criminal court.

A benefit of such courts for veterans is that they appear before a judge who understands the sources of their problems, that is, how their

experiences in the military influence their actions that led to their criminal justice involvement. In addition, the judges and staff of the veterans' treatment court have established cooperative relations with the Veterans Health Administration, Veterans Benefits Administration, and with state departments of veterans' services. The veterans brought before the court who are in need of physical or mental health services are referred to appropriate agencies.

Final Thoughts

There were several influences leading to changes in criminal justice philosophy and laws that led to the development of specialty courts. The cost of holding impaired offenders in jail and in long-term correctional institutions is prohibitive; there is considerable evidence that the punishment received did more harm than good to the inmates, their families, and the community; the type of treatment that such offenders needed to eliminate or reduce the effects of their problems was generally not available in the correctional facilities; and the prediction that those offenders with mental health problems and drug abusers would in some way pose a special threat to the security of the community just did not materialize.

With the help of federal, state, and local funding, justice agencies were able to establish specialty courts such as mental health courts, drug courts, veterans' courts, and community courts. All of these specialty courts rely on community resources and cooperation from various service agencies to provide the type of treatment offenders with special problems need.

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See also Domestic Violence Courts; Mental Health Courts; Veterans Courts

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SPIRITUALITY

Spirituality concerns ways of living in relation to, believing in, and valuing the immaterial aspects of existence. In Western tradition, it has been historically associated with religious faith involving core beliefs in a divine, causal intelligence (i.e., a god) and a soul (i.e., an incorporeal, personal essence). As the United States becomes multicultural, non-Western religions have contributed to emerging concepts of spirituality. In today's diverse, secular society, spirituality may also proceed from a humanistic perspective. Atheists or agnostics, as well as persons of faith, may dedicate themselves to the well-being of others through investment in ideals and principles, lifestyles, political causes, and/or faith in science as a means of improving the human condition. Spiritual beliefs offer purpose, community, and meaning to followers and provide comfort and solace to many adherents in difficult circumstances. Spiritual leaders may be ordained clergy, teachers (e.g., gurus), political figures, or those promoting human and civil rights or environmental causes. This entry addresses the history of Western spirituality and then examines the relationship of spirituality with both science and the criminal justice system.

Early History: Spirituality and the West

From Religious Orthodoxy to Pluralism

In polytheistic Greece, Plato (*ca.* 427–347 BCE) spoke of the immortal soul and the reward after death for a virtuous life guided by philosophy. According to tradition, the three major monotheistic religions, Judaism, Christianity, and Islam, originated with the patriarch Abraham. Beginning as a Jewish sect in the Roman Empire during the 1st century CE, Christianity became a separate messianic religion whose members were regularly persecuted and often executed for their faith. Orthodox Christianity deified its object of veneration, Jesus of Nazareth, and taught scripturally based codes of belief and conduct, whereby sin and virtue were judged, with the soul's eternal salvation or damnation hanging in the balance. After the Emperor Constantine (*ca.* 280–337) was converted, Christianity received favored status (327) within the Roman Empire. The church, in turn, supported the Emperor's secular legitimacy. Over time, distinct, albeit mutually supportive, spheres of church and state developed in the western part of the empire. Church courts in early modern Europe had limited jurisdictional authority, varying by country, in concert with the state. Punishments meted out by ecclesiastical courts were often mild, including public penance, although death sentences were occasionally imposed, notably by the Inquisition.

Beginning in the early 17th century, settlers representing a range of Protestant denominations began colonizing North America, promoting religious toleration. Among these were the Quakers, or the Society of Friends, whose members became involved in many social causes, including prison reform.

Psychiatry and Spirituality

From the late 17th century, persons in England and France claiming direct communication with God began coming under the scrutiny of the emerging field of psychiatry. Their behavior was increasingly seen as symptomatic of madness rather than as the overt manifestation of supernatural forces. An overemphasis on religious exhortation was even seen as potentially exacerbating madness. Moral treatment, or moral therapy, for the insane, a humane practice partly derived from religious pastoral care, and promoted by such luminaries as Philippe Pinel

(1745–1826) in France and the Tukes, a lay Quaker family, in England, replaced, at least temporarily, more punitive, restrictive forms of treatment. Similarly, madness became a basis in modern law for exculpating some criminal defendants (*i.e.*, the *not guilty by reason of insanity* verdict).

Faith, Science, and the Penitentiary

The Enlightenment era gave rise to a belief in the ability of controlled environments to shape behavior. A new type of prison called the *penitentiary*, dating from the late 18th century, was intended not only to punish but also to rehabilitate offenders. With considerable influence from the Quakers in Philadelphia, penitentiaries were designed to promote introspection by isolating the inmates, leading to self-examination and reform, and thereby inducing them to embrace law-abiding lives upon release. Although these institutions were unsuccessful in this respect, spirituality has continued to be an integral part of the American criminal justice system.

Spirituality, Science, and the Modern American Criminal Justice System

Spirituality in a Changing World

The spiritual landscape of the United States is changing. As of 2014, about 76% of all Americans described themselves as affiliated with some formal religion, with the great majority endorsing one of the Christian denominations. However, the number of persons characterizing themselves as Christians fell from the previous survey in 2007 (from 78.4% to 70.6%), while those identifying with non-Christian faiths or claiming no affiliation (*e.g.*, atheist or agnostic) increased over the same period (4.7–5.9% and 16.1–22.8%, respectively).

In the context of global promotions of human rights, notably the United Nations Universal Declaration of Human Rights, passed in 1948, spirituality in the latter half of the 20th century underwent a marked shift. Increasingly, it was based on adherence to values and beliefs apart from organized religion. Similarly, a *third force* emerged within psychology, differentiated from the psychoanalytic and behavioral schools, emphasizing the entirety of human experience, including needs unique to each individual (*e.g.*, self-actualization).

The 1960s marked a sea change in American culture due in large measure to a youth movement, the counterculture, characterized by experience seeking and sometimes militant protest. Many members of that age cohort embraced psychoactive drugs, particularly hallucinogens, and/or practices derived from Eastern religions, including meditation, as nontraditional paths to enlightenment and spiritual growth. Since the 1960s, the nation's racial and ethnic demographics have also changed considerably. Consequently, contemporary spirituality is a more heterogeneous concept, having both traditional religious and secular elements, consistent with the United States' growing multiculturalism. This has been reflected in American jails and prisons, where the percentage of prisoners professing non-Christian faiths exceeds that in the adult general population.

Spirituality and Government

Since the latter half of the 20th century, there has been a contentious relationship between groups who want more religion in public life and those who insist on a greater separation between church and state. The 1962 U.S. Supreme Court decision in *Engel v. Vitale* (370 U.S. 421) blocked compulsory school prayer. However, the evangelical Christian movement brought new energy to initiatives such as the teaching of creationism in public schools as an alternative to the theory of evolution, and opposition to abortion, which had been legalized in 1973 by the Supreme Court's *Roe v. Wade* (410 U.S. 113) decision. The White House Office of Faith-based and Neighborhood Partnerships was established by President George W. Bush in 2001 and was continued during the Obama administration. Its mission is to provide care and services for needy Americans through partnerships between government and faith-based as well as secular non-profit organizations. Mirroring this trend was the passage of the Religious Freedom Restoration Act of 1993 and the Religious Land Use and Institutionalized Persons Act of 2000, which strengthened prisoners' rights to exercise their religious beliefs.

Spirituality, Science, and Rehabilitation

Notions of the self (i.e., consciousness and free will), and therefore of spirituality, have been

called into question by data from the field of neuroscience. Studies with patients undergoing callosotomies (i.e., *split-brain* operations) demonstrated that consciousness was not a unitary phenomenon. It has been shown that motoric behavior occurs prior to conscious awareness of the action.

However, there has been a shift in some quarters away from reductive theories of positivism and radical behaviorism that were popular in the mid-20th century and toward an integrated science of mind which accommodates consciousness, free will, and personal responsibility, and thus religious belief. The impact of Buddhist teaching is evident in the increased interest in and study of interventions such as mindfulness.

As of 2014, there were more than 2 million persons in U.S. jails and prisons. The right of inmates to participate in religious services, including those of the so-called pagan religions (e.g., Wicca), of their choice is legally guaranteed. Most federal prisons make sweat lodges available to Native American inmates for their religious practices. State and federal prisons typically have one or more full-time chaplains or religious services coordinators to accommodate the needs of the inmates.

Interventions with spiritual, sometimes formally religious, components continue to be a part of the U.S. corrections system. Of particular relevance is Alcoholics Anonymous, the 12-step program premised on a belief, broadly construed, in God. The Federal Bureau of Prisons operates the Life Connections and Threshold Programs. These are in-prison, faith-based programs that also support community reintegration and are available to inmates throughout the federal prison system. Prisoner visitation programs include those operated by Prisoner Visitation and Support, an interfaith agency grounded in Quaker tradition, and Prison Fellowship, an evangelical Christian organization. The Aleph Institute offers a range of services to Jewish prisoners, including rabbinical prison visitation. Other organizations offer a range of services, from visitation to meditation classes and instructional materials, derived from Eastern religious traditions. Since the 1990s, mindfulness, based on Buddhist meditation techniques, has been adopted by mainstream clinical psychology. Whether mindfulness will be successfully adapted for use in correctional rehabilitation programs remains to be seen.

Spirituality and Resistance

The Judeo-Christian tradition has long been associated with enduring oppression through faith. The Israelites of the Old Testament were subjected to slavery in Egypt before their escape, and the central figures of the New Testament, particularly Jesus of Nazareth, were arrested, imprisoned, and executed for their faith. Several of St. Paul's epistles were supposedly written while he was in prison in Rome. In modern times, spirituality was a means of coping with the horrors of the Holocaust in Nazi Germany.

Civil disobedience, an integral part of American political protest since the mid-19th century, has continued to the present. At the forefront of the American civil rights movement of the 1950s and 1960s were several members of the clergy. The Rev. Martin Luther King Jr. and the Rev. Ralph Abernathy were among those arrested and jailed for protesting racial discrimination laws in the South.

The prisoner rights movement was also ascendant in the United States during the 1960s, supported by the growth of the Black Muslim sect as more and more African American males were being incarcerated. This state of affairs offered a competing narrative to the traditional notion of individual pathology as causing criminal behavior, reframing criminality in terms of class/race oppression. Where the mental health establishment might label prisoners as *antisocial*, a growing awareness of solidarity, in some cases spiritually based, permitted prisoners to view themselves as victims of societal bias. After the terrorist attacks on the World Trade Center and Pentagon on September 11, 2001, there was a heightened concern about the potential of Islamic radicalization among American prison inmates—a contemporary form of spiritually based resistance, and to prison administrators, a potential management concern. However, as of 2016, there is little evidence of a significant security threat within or beyond prisons from inmates espousing radical forms of Islam.

Robert K. Ax

See also Basic Mental Health Services Versus Rehabilitation; Correctional Rehabilitation Services, Best Practices for; Faith-Based Initiatives

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SPOUSAL ASSAULT RISK ASSESSMENT (SARA)

The SARA is a structured clinical judgment screening tool used by clinicians, mental health providers, and other professionals to evaluate the risk of future violence in persons who are accused or convicted of spousal assault or intimate partner violence (IPV). The SARA was developed by the British Columbia Institute Against Family Violence, the British Columbia Forensic Psychiatric Services Commission, and several other agencies as part of the Project for Protection of Victims of Spousal Assault. After a brief discussion of IPV in today's society, this entry focuses on the uses, completion process, and reliability and validity of the SARA.

IPV

IPV is prevalent in today's society. According to the U.S. Centers for Disease Control and Prevention's 2014 *Understanding Intimate Partner Violence Fact Sheet*, every minute, 24 people are victims of IPV, including more than 12 million

men and women each year. IPV is associated with psychological distress, poor cognitive functioning, depression, drug and alcohol abuse, and suicide. The 2010 *National Intimate Partner and Sexual Violence Survey* reported that approximately one in four women and one in 10 men who have experienced IPV report short-term and long-term symptoms of post-traumatic stress and other emotional difficulties. For these reasons, risk assessment tools, such as the SARA, are in high demand to aid in the management and treatment of the offender and to reduce the likelihood of recidivism.

Completing the SARA

Accurate completion of the SARA requires collecting a large amount of data on the client, including interviewing the defendant/offender, and victim; completing standardized measures of physical and emotional abuse as well as standardized measures of alcohol and drug abuse, reviewing collateral information (e.g., police reports, criminal offense records); and using other psychological assessment procedures (i.e., personality inventories, cognitive testing and clinical interviews with children, relatives, and/or probation officers). Suggested standardized measures are included in the user's manual.

After completing these procedures and measures, the clinician rates the client on 20 items on a 3-point scale (0 = *absent*, 1 = *possible or partially present*, 2 = *present*), which are grouped into four risk areas: criminal history (i.e., history of assault), psychosocial adjustment (i.e., mental disorders, recent stressors), spousal assault history, and elements of alleged/most recent offense (i.e., use of weapon). The overall risk designation is determined by the clinician and not necessarily tied to the sum of the items. Also contained within the SARA is a section titled Other Considerations that allows for the clinician or mental health professional to note important risk factors not incorporated within the SARA. The user's manual includes the scoring instructions.

Uses of the SARA

The SARA has been used throughout various stages of the criminal justice process. The SARA

can be used during the pretrial phase to assist the judge in determining whether the accused should be granted pretrial release. If the accused is seen as a threat to his or her spouse and/or others, the individual may not be granted bail. The SARA can also be used during the presentencing phase when the judge is determining the sentence or discharge.

Correctional personnel can use the SARA to evaluate the individual and develop an appropriate treatment plan. Correctional personnel may set conditions, such as visitation restrictions or temporary absences, based on their findings. When the offender is being discharged, the SARA can help correctional personnel or parole officers determine the discharge conditions and aid in postrelease treatment and management. The SARA's usefulness is not limited to the criminal justice system but may also serve as a tool in civil cases such as custody agreements and divorces.

Reliability and Validity

Although the SARA is not a psychological test, it is important to evaluate its reliability and validity as an assessment tool. Since it is designed to assess risk of future behavior, interrater reliability is a significant issue. Interrater reliability refers to the degree to which two or more individuals agree on the ratings of a certain phenomenon.

In a study conducted in 2000 on two large groups of adult male offenders ($N = 2681$), P. Randall Kropp and Stephen D. Hart tested the interrater reliability of the SARA. Interrater reliability was high across correctional officers who had extensive experience and background dealing with these cases and doctoral graduate students who based their opinions on the case history information provided. Intraclass correlation coefficient for total score and number of factors present were .84 and .83, respectively. Intraclass correlation coefficient for summary risk ratings based on low-, moderate-, and high-risk classification by clinicians was .63. The raters agreed in 69 of 86 cases (80%), and no extreme disagreements existed where an accused person received a high-risk rating and a low-risk rating from two different individuals.

The researchers also found that the SARA had moderate concurrent validity with the Psychopathy Checklist–Screening Version ($r = .43$ for total

score and $r = .34$ for the summary risk rating). Concurrent validity refers to how well the scale correlates with other tests measuring the same or similar construct. In 2004, Kirk R. Williams and Amy Barry Houghton also found statistically significant correlations between the Domestic Violence Screening Instrument and the SARA for both total scores ($r = .54$) and the summary risk rating ($r = .57$; $n = 434$). In 2008, N. Zoe Hilton and colleagues found moderate to large correlations between SARA total scores and a variety of assessments of psychopathy and risk of violence.

The SARA total score has similar predictive validity when compared with several other IPV risk assessments using the receiver operating characteristic area under the curve (AUC). Predictive validity refers to the likelihood of future events. When compared to the Ontario Domestic Assault Risk Assessment (AUC = .666, $k = 5$), the Danger Assessment (AUC = .618, $k = 4$), the Domestic Violence Screening Inventory (AUC = .582, $k = 3$), and the Kingston Screening Instrument for Domestic Violence (AUC = .537, $k = 2$), the SARA (AUC = .628, $k = 6$) scored the second highest on the AUC measure for predictive validity.

Jill Hayes and Sarah Ford

See also Criminal Risk Assessment, Domestic Violence; Domestically Violent Offenders: Treatment Approaches; Domestically Violent Offenders: Treatment Outcome Research; Intimate Partner Violence; Ontario Domestic Assault Risk Assessment (ODARA)

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STABLE-2007 AND ACUTE-2007

The prediction of sexual recidivism is one of the most difficult tasks in forensic psychology since human behavior is dependent upon a variety of different factors. Yet assessing risk of recidivism in sexual offenders is an important societal and legal issue because it guides decisions concerning public safety and adequate treatment planning for sexual offenders. Two actuarial risk assessment instruments (ARAIs), the Stable-2007 and the Acute-2007, encompass risk factors that are able to change slowly (i.e., stable) or quickly (i.e., acute) and are therefore amenable for offender treatment programs to reduce the risk to sexually reoffend. By assessing dynamic risk factors, the Stable-2007 and Acute-2007 predict the probability to reoffend in adult male sexual offenders. This entry provides a snapshot of recidivism risk prediction and static and dynamic risk factors, then focuses on the Stable-2007 and the Acute-2007, their development as well as their items, scoring, and validity.

Actuarial Prediction of Recidivism Risk

In order to predict the recidivism risk of sexual offenders, clinicians started to assess offenders based on their subjective experiences after some personal contact with the person concerned. However, Paul E. Meehl demonstrated in 1954

that intuitive judgments, even if they were conducted by experienced clinicians, performed not better than by chance. Meehl revealed that explicitly defined risk factors (e.g., the number of previously committed crimes) that were empirically linked to an increased recidivism risk were more accurate than intuitively established clinical risk factors. He defined the former as the actuarial method of prediction, which has at least two main characteristics: First, there is an explicit rule of combining risk factors (e.g., summing up all scores to one total score), and second, this sum is linked to an empirically derived probability figure (e.g., the probability to reoffend). Structured prediction methods, especially actuarial methods, are state-of-the-art tools in the prediction of recidivism risk in sexual offenders.

Static and Dynamic Risk Factors

Every ARAI consists of a number of risk factors that have to be combined in an explicit manner. These risk factors have different characteristics related to their stability over time. Risk factors are categorized as static or dynamic depending on whether or not they are potentially prone to change. *Static risk factors* are characteristics of an offender, which are unchangeable, such as the criminal history (e.g., the number of prior offenses) or victim characteristics. Static risk factors provide information about the status risk of an offender compared to the population he belongs to. Due to their clear operationalization, static risk factors can be easily rated based on file information, which leads usually to a high interrater reliability of these ARAIs. *Dynamic risk factors* are amenable to change and can be further divided into stable or acute dynamic risk factors depending on the rapidity of change. *Stable dynamic risk factors* last usually longer time periods (e.g., months or years), but they could be potentially modified, for example, by treatment. Examples of stable risk factors are risk-related traits (e.g., lack of concern for others or impulsivity), sexual self-regulation deficits (e.g., sexual preoccupation or deviant sexual interests), or intimacy deficits (e.g., emotional identification with children or loneliness). *Acute dynamic risk factors* are factors that could rapidly change and are therefore conceptualized as immediate warning signs of an impending risk to commit a crime.

Examples of acute risk factors are victim access, substance abuse, or the collapse of the social support system.

The research and proliferation of static risk factors as well as the development of ARAIs consisting of stable and acute dynamic risk factors were strongly influenced and supported by the Risk-Need-Responsivity model of offender rehabilitation, which indicated that an effective intervention has to focus on risk (i.e., the risk potential of the single offender for committing new offenses), need (i.e., consideration of empirically proven criminogenic needs in terms of particular treatment goals), and responsivity (i.e., the use of intervention techniques and treatment programs to which the individual offender's abilities, learning style, motivation, and strengths respond).

The use of ARAIs can be regarded as an important component of effective offender rehabilitation because it contributes to an accurate measure of the individual level of risk by using static risk factors (i.e., risk principle) and by defining treatment targets in terms of criminogenic needs by using stable and acute dynamic risk factors (i.e., need principle). Currently, the most widely used series of actuarial sexual offender risk assessment instruments are the *Static-99*, which consists of 10 static, historical, and biographical risk factors; the *Stable-2007*, which consists of 13 stable dynamic risk factors; and the *Acute-2007*, which consists of seven acute dynamic risk factors.

The Development of the Stable-2007 and the Acute-2007

These two instruments were developed to assess dynamic risk factors in order to predict the probability to reoffend in adult male sexual offenders. There have been three empirical steps in the development of the current versions of the *Stable-2007* and the *Acute-2007*.

The predecessor of both instruments, the Sex Offender Risk Assessment Rating, was developed by Karl Hanson and Andrew Harris within the Dynamic Predictors Project that spanned from 1996 to 2004. In this project, the researchers compared 208 sexual offenders who reoffended during their time on community supervision with 201 offenders who did not reoffend during that time period. When investigating the differences between

these groups, they found two different types of dynamic risk factors: stable and rapidly changing factors. Therefore, the Sex Offender Risk Assessment Rating implied five stable and four acute dynamic risk factors.

In the second step, Hanson and his colleagues revised the Sex Offender Risk Assessment Rating due to conceptual and clinical concerns by separating stable and acute items into two distinct measures, the Stable-2000 and the Acute-2000. Additionally, the items of the Stable-2000 were further embedded in a more psychologically sound theory. A manual provided clear operationalizations and definitions of all items as well as explicit scoring details. The Stable-2000 comprised six risk areas: significant social influences, intimacy deficits, sexual self-regulation, general self-regulation, cooperation with supervision, and attitudes supportive of sexual offending. The final score results from the highest score of an item within each risk area. The Acute-2000 contained 8 items: seven general risk factors and a unique risk factor which should capture risk-relevant information only applicable in the individual case.

In the third step, Hanson and colleagues started a study in 2007 by using a prospective-longitudinal research design, the Dynamic Supervision Project. Parole and probation officers in Canada, Alaska, and Iowa were trained in the administration of the Static-99, the Stable-2000, and the Acute-2000. Across 16 jurisdictions, 997 sexual offenders were assessed; after a median of 41-month follow-up time period, the predictive accuracy of the three instruments was investigated. Based on these results, the Stable-2000 and the Acute-2000 were revised to their current versions (see Tables 1 and 2). Due to a relatively low predictive accuracy of the Stable-2000, the ratings of 3 items were adjusted. The risk area scores of the Stable-2000 became less important, and all items were added up to yield the final risk score. Additionally, the 3 items concerning *attitudes supportive of sexual offending* were dropped because they did not significantly predict sexual reoffending. With regard to the Acute-2000, the individual risk factor was dropped, and the researchers examined two different dimensions within the instrument. The first dimension was especially relevant for the prediction of sexual and violent recidivism and consisted of 4 items, while the second dimension represented a general

criminality factor which included all seven risk factors of the instrument.

Stable-2007

The current Stable-2007 version is an ARAI for sexual offenders comprising 13 stable dynamic items allocated to five risk domains. These domains and items are presented in Table 1.

The use of the Stable-2007 requires a thorough review of the files of the offender and an interview with him. Each risk factor has to be scored by considering whether or not this particular factor would play a risk-relevant role in the next 12 months assuming that the offender would have the opportunity to reoffend (i.e., that he is actually released and *on risk*). Each item is scored on a 3-point rating scale, with 0 for *no problem*, 1 for *some concern/slight problem*, and 2 for *present/definite concern*. Total scores are obtained by summing up all item ratings with higher scores indicating higher risk to recidivate. Total scores ranging from 0 to 26 are transformed into three risk categories: low, medium, and high.

Table 1 Domains and Items of Stable-2007

<i>Domains</i>	<i>Items</i>
Significant Social Influences	1. Significant social influences
	2. Capacity for relationship stability
	3. Emotional identification with children
Social Relationships	4. Hostility toward women
	5. General social rejection/loneliness
	6. Lack of concern for others
	7. Impulsive acts
General Self-Regulation	8. Poor cognitive problem-solving
	9. Negative emotionality/hostility
	10. Sex drive/preoccupation
Sexual Self-Regulation	11. Sex as coping
	12. Deviant sexual interests
Cooperation With Supervision	13. Cooperation with supervision

Additionally, these risk categories may be combined with risk categories of the Static-99 to obtain combined risk-need categories.

Measurement with Stable-2007 is very precise as shown by interrater reliability indices of .90 or higher (values of .75 and above typically are considered excellent according to conventional standards). Furthermore, the Stable-2007 is a strong predictor of sexual recidivism which is demonstrated by moderate to large effect sizes for the prediction of sexual recidivism in male adult sexual offenders in various studies from different countries and jurisdictions. Besides the Dynamic Supervision Project-based studies, there were two independent cross-validation studies from Austria which revealed significant effect sizes for the prediction of sexual recidivism with Area Under the Curve (AUC) values ranging between .67 and .71 for male sexual offenders released from the prison system as well as for forensic patients. Furthermore, the Stable-2007 has been shown to have incremental validity beyond static risk factors in different Canadian and Austrian samples.

Acute-2007

The current version of the Acute-2007 encompasses seven acute dynamic risk factors that are rated in four different categories from 0 for *no problem*, 1 for *maybe some problem*, 2 *yes, definite problem*, and to 3 for *intervene now*. The last category *intervene now* indicates situations in which the risk of reoffending may be sufficiently high to initiate immediate preventive interventions.

Table 2 lists the items of the Acute-2007. For the prediction of sexual recidivism, items 1–4 are summed; for the prediction of general recidivism, all items are summed for the final score rating. Both final scores aimed to predict recidivism within the next month and can be transformed into three risk categories: low, medium, and high. Additionally, these risk categories can be combined with the combined Static-99 and Stable-2007 risk-need categories to inform risk management decision-making processes and to further improve the prediction of recidivism. There has only been one comprehensive empirical investigation published about the reliability and validity of the Acute-2007, which is based on the Dynamic Supervision Project database from Hanson, Harris,

Table 2 The seven items of the Acute-2007

<i>Prediction of sexual recidivism</i>	<i>Prediction of general recidivism</i>
1. Victim access	1. Victim access
2. Hostility	2. Hostility
3. Sexual preoccupation	3. Sexual preoccupation
4. Rejection of supervision	4. Rejection of supervision
	5. Emotional collapse
	6. Change in social support
	7. Substance use

Terri-Lynne Scott, and Leslie Helmus in 2007. First, the findings support the predictive and incremental validity of acute risk factors. The results showed a high effect size for the sexual recidivism subscale and a moderate effect size for the general recidivism subscale in predicting recidivism for sexual offenders under community supervision. Second, a more in-depth analysis of the items included in the Acute-2007 indicated that the instrument is actually assessing dynamic, changeable risk-relevant propensities for offending.

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See also Criminal Risk Assessment, Sexual Offending; Criminogenic Needs, Targeting; Risk-Need-Responsivity, Principles of; Static-2002 and Static-2002R; Static-99 and Static-99R

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STALKING

Stalking is the imposition of a pattern of repeated and unwanted intrusive acts by one person into the life of another, with the result that the victim (i.e., the target of the acts) experiences apprehension, distress, or fear. Stalking emerged as a concept in the English-speaking world during the 1990s. It first came to public attention because of the victimization of celebrities, then was recognized as a widespread social problem because of its links with domestic violence. Research has since shown that stalking affects a wide range of victims and is relatively common in industrialized societies. The entry reviews the epidemiology of stalking, the effects on victims, anti-stalking laws, and some proposed explanations for stalking behavior.

Description

Epidemiological studies of stalking suggest that approximately 17–30% of women and 4–12% of men in industrialized nations are victims of stalking at some point during their lifetime, with variation in estimates depending on the definition, sample, and method of inquiry. Victims are typically female (70–80%) and stalkers typically male (80–85%), with 10–20% of cases involving stalkers and victims of the same gender, the majority of these cases being male–male. Stalking, like any complex human activity, arises from a wide variety of intentions and influences. Meta-analytic reviews suggest that approximately 45% of stalking cases emerge following the dissolution of a romantic relationship, while the remainder are

perpetrated by people who were previously acquaintances of or strangers to the victims. In these cases, stalking is usually motivated by amorous intent or by a desire for revenge in retaliation for a perceived wrong. In a relatively small number of cases, stalking may occur as part of a pattern of sexually deviant behavior; in such cases, stalking may be a precursor to some form of sexual assault.

Definitions of stalking are necessarily broad and encompass a wide range of behavior that may cause distress to victims. Stalking most often involves relatively mundane if unwanted behaviors including repeated telephone calls or e-mail contacts; however, it can also involve terrifying and fortunately rare behaviors including sexual assault or severe physical violence. Between these extremes lies a range of harmful behaviors, including unwanted approaches (50–70% of cases), surveillance (30–40%), threats to injure or kill (at least 50%), property damage (approximately 20%), and nonlife-threatening physical violence (approximately 30%). As use of the Internet has become more pervasive, stalking online has also become common. Online stalking behavior, which has been labeled *cyberstalking*, can involve direct contact with the victim (e.g., e-mails, instant messaging, posts on social media), while others use the Internet to monitor the victim or cause harm (e.g., impersonating the victim, hacking their accounts, spreading malicious information). There is some debate about whether cyberstalking is fundamentally different from off-line stalking or merely another medium by which off-line stalkers can target their victims. Research suggests that most people who use cyberstalking tactics for prolonged periods also engage in off-line stalking; however, the literature in this area is still evolving and firm conclusions are not yet possible.

Effects on Victims

Stalking victimization is linked to significant negative psychosocial effects on victims, particularly if the stalking persists for longer than 2 weeks. This threshold is often used in research to define the presence of stalking behavior and to differentiate it from potentially less damaging forms of harassment. Early studies described a range of significant impacts of stalking, from symptoms of

traumatic stress to increased substance use, to damage to the victim's occupation and career. Subsequent epidemiological studies from multiple countries have quantified these impacts, showing that stalking victims experience higher rates of psychiatric morbidity than community members, which persists even after the stalking has ceased. It is also important to recognize the ripple effect of stalking on people associated with the victim (e.g., partners, other family members, coworkers). While there has been little specific investigation of the impacts on these secondary targets, it is known that they are often victims of physical violence by the stalker, and it would be reasonable to think that some of the psychological burden of stalking victimization also extends to them.

Anti-Stalking Legislation

Anti-stalking legislation was first introduced in California in 1990, and legislation with similar purpose was introduced in most English-speaking jurisdictions by 2000. Anti-stalking laws are less common in non-English-speaking jurisdictions, although a number of European and Asian countries introduced legislation during the 2000s and 2010s, using either the English terms or a local language variant to define the behavior. Some jurisdictions have opted for a summary and an indictable version of the offense, differentiated by the nature of the behaviors involved, while others have a single offense category. Anti-stalking laws have been criticized for being unnecessary, too broad, and for infringing on individual rights. In many jurisdictions, early anti-stalking legislation had to be reformed or rewritten due to problems with the original codification or application of the laws. Despite these problems, since 1990, there has been a steady increase in the criminalization of stalking behaviors around the world. While each jurisdiction defines stalking slightly differently, most anti-stalking laws require two or three critical elements to establish the offense:

- The *conduct element* is defined in one of two ways. Most laws provide a broad definition of stalking as a pattern of unwanted behavior. Some allow for police and court discretion in interpretation of what stalking might involve, while others provide a list of specific behaviors

that can constitute stalking. This latter approach is useful in that it may make application of the law easier or more consistent; however, it runs the risk of limiting the law if the list is not exhaustive. This has been dealt with in some jurisdictions by providing a catchall clause to prohibit behaviors that may constitute stalking but are not explicitly described.

- *Perpetrator intent* is usually dealt with either by requiring that it be proved that the perpetrator knew the likely impacts of his or her behavior and persisted regardless (an explicit knowledge or intent requirement), or requiring that it be shown that in behaving in the way that he or she did, the perpetrator was negligent or reckless as to the reasonably foreseeable impacts.
- *Effect on the victim* elements are part of many stalking laws and require that the victim must experience deleterious effects for stalking to be proven. In its most restrictive form, this requires that the victim actually feel fear as a result of the stalking. Less restrictive are requirements that there was some level of psychological harm or impediment to the victim's lifestyle. In some jurisdictions, there is no requirement that victim suffered negative effects and the proof of the offense is in the stalker's behavior rather than the victim's vulnerability to experiencing harm.

Explanations for Stalking

Stalking, like any complex human behavior, is the product of a range of psychological, social, and cultural factors. How these factors influence one another, why they produce stalking in one person but not another, and why stalking emerges in such a wide range of different contexts are all questions in need of answers. Existing explanations often focus on a single causal factor that is relevant to only some stalking cases (e.g., disturbed attachment), and there have been few attempts to integrate the body of stalking evidence into a multifactorial theory.

Psychopathology

Stalking has always been closely linked to psychopathology, and research shows that mental disorders are prevalent among stalkers, affecting at least half of stalkers who are in contact with

forensic systems. The most frequently reported diagnoses in forensic samples are personality, psychotic, depressive, and substance use disorders, although a wide range of other diagnoses are also reported. While mental disorder is common, it is rarely identified as the sole causative factor in stalking behavior. In a small number of cases, there is a clear causal relationship, usually when the stalker's delusional beliefs about the victim drive the behavior. In these cases, treating the delusion is the most effective way of ending the stalking. However, in most cases, treating symptoms is not an effective management strategy if used in isolation, indicating that other factors are also important in causing the behavior.

Disturbed Attachment

A number of authors have proposed that stalking is a consequence of disturbed attachment, specifically of preoccupied and/or anxious attachment. They have suggested that due to their attachment disturbance stalkers experience extreme negative emotions when confronted with relationship failure. The stalking is thought to be an attempt to either remove or devalue the victim, or to resume the relationship. In either case, the stalking acts to reduce negative emotional arousal. Research has shown that stalkers do have higher levels of disturbed attachment than nonstalkers, providing some support for this theory; however, insecure attachment is by no means ubiquitous among stalkers. Moreover, it would seem that not everyone who is insecurely attached stalks. As yet, the reasons why insecure attachment might produce stalking in some situations but not others remain unexamined.

Maladaptive Form of Courtship

Stalking in the context of relationship pursuit has been explained as a maladaptive extension of normal courtship behavior. Relational goal pursuit theory proposes that those who engage in persistent pursuit of relationships in the face of rejection tend to inflate the importance of relationship success and link it to their overall well-being and sense of self-worth. Therefore, when a relationship goal is thwarted, they are highly motivated to continue to pursue it. This

motivation is maintained by rumination about the goal and consequent negative emotional arousal. In this state, they rationalize (i.e., justify and minimize) their stalking behavior as necessary or simply fail to attend to its negative impacts on the victim. Relational goal pursuit is perhaps the best elaborated theory of stalking in an intimate relationship context, and evaluative research suggests that rumination and heightened negative emotion do play roles in persistent relationship pursuit.

Extension of Domestic Violence

Evidence indicates that between one third and two thirds of cases of postseparation stalking are preceded by domestic violence during the relationship. Moreover, domestic violence appears to be followed by postseparation stalking in between a quarter and half of cases. The close relationship between the two behaviors has meant that psychological theories of domestic violence that posit a role for disturbed personality and/or attachment and feminist theories that conceptualize domestic violence as an expression of patriarchal social structures and men's need for power and control over women have both been extended to stalking of former intimates. Findings from the large body of domestic violence research are also frequently generalized to extend to stalking. Yet, while they appear similar in expression and are clearly closely related in some cases, stalking and domestic violence do not seem to be coextensive. Further research is required on the conceptual and empirical links between these behaviors to best inform assessment, management, and prevention.

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See also Criminal Risk Assessment, Stalking; Cyberstalking; Screening Assessment for Stalking and Harassment (SASH); Stalking Assessment and Management (SAM), Guidelines for; Stalking Risk Profile (SRP)

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STALKING ASSESSMENT AND MANAGEMENT (SAM), GUIDELINES FOR

The Guidelines for SAM are a set of structured professional judgment guidelines for assessment and management of the risk of stalking—a pattern of targeted, repeated, and unwanted intrusive acts—which can cause serious physical or mental harm to victims. The diversity and the number of stalking cases make it difficult for police and other professionals to determine which cases require the greatest assistance to prevent negative outcomes and where to direct assistance to have the greatest effect. The SAM provides a structure for assessing stalking cases in a standardized way in order to help with case prioritization and management decisions. This entry provides an overview of the development, structure, and use of the SAM as well as a review of the empirical evidence related to its reliability and validity.

Development

The SAM was designed by a group of Canadian clinicians and academics with a strong history of research in and development of structured professional judgment risk assessment. Led by psychologist Stephen Hart, the same group has authored similar structured professional judgment risk assessment instruments for spousal assault and sexual offending as well as for general violence. The SAM was based in part on a systematic

review of the existing stalking research, consistent with recommendations for guidelines in the field of health care. The authors outlined many of the principles that underpin the SAM in a seminal 2002 article on challenges associated with assessing the risk of stalking. The SAM itself was published in 2008 after 3 years of field trials in Sweden and Canada. It was designed to assist professionals dealing with stalking to exercise their best judgment. It allows for immediate, systemic risk management of an ongoing stalking situation, focusing on risk factors associated with the stalking behaviors, the perpetrator's background and current presentation, and victim vulnerabilities that may exacerbate risk.

How to Use

The SAM is a 100-page manual available in English and Swedish, which guides the user through the process of assessing a stalking case, identifying relevant risk factors, developing risk scenarios and risk management strategies, and stating conclusory opinions. The SAM is intended for use by criminal justice, security, and mental health professionals working in a variety of contexts where complaints of stalking arise. It is intended for use in any case where there is a known or suspected history of stalking by a perpetrator over the age of 18 years.

The SAM must be completed separately for each perpetrator and victim, or group of related victims, being targeted. The risk factors included in the SAM are relevant to those who are known or suspected to have committed stalking. Risk judgments made using the SAM are specific to the current stalking situation and victim and cannot be generalized to apply to other forms of violence toward other people.

Users of the SAM are not required to complete any formal training; however, they should have expertise in individual assessment of stalkers or victims (through training or work-related experience) and expertise more generally in stalking. Users are not required to diagnose any form of mental disorder to use the SAM, making it accessible to nonmental health professionals. Users are required to complete approximately 8–16 hr of directed reading and supervised application of the SAM to be considered competent in its use.

Structure

Like all structured professional judgment instruments, the SAM guides the user to assess a number of risk factors associated with a particular risk outcome. Risk factors in the SAM are divided into three domains: Nature of Stalking includes 10 risk factors relating to the pattern of stalking behavior, Perpetrator Risk Factors are 10 factors reflecting the stalker's history and psychosocial adjustment, and Victim Vulnerability Factors are 10 factors relating to the victim's situation and psychosocial adjustment. Each risk factor is rated present (Y), possibly or partially present (?), or absent (N) during the current stalking episode and then separately for past presence outside the current stalking episode. Each risk factor is also rated for its relevance to the hypothesized causes of the person's stalking behavior. Risk factors identified as highly relevant are those that will be primary targets for interventions to reduce or prevent future stalking.

Once all risk factors are rated, SAM users are instructed to complete risk scenarios: Short narratives informed by their assessment of risk factors that describe the types of future stalking the perpetrator might commit. These scenarios typically canvas what might happen if the stalking continues its current course, if it reduces in intensity or severity, or if it worsens in intensity or severity; also included is a *twist* scenario where stalking behavior evolves in a new way, perhaps with different behaviors. The scenarios are used to guide the types of risk management that might be implemented with regard to monitoring of the case, treatment of the perpetrator, supervision/control of the perpetrator, and victim safety planning.

The final step in applying the SAM is to develop a number of conclusory opinions that communicate the main points of the risk assessment in a clear, simple manner that facilitates action. These judgments reflect the opinion of the user and address the following issues:

- Case Prioritization: A judgment about the degree of effort or intervention it will require to prevent the person from committing further stalking. Designed to assist with prioritization of resources where they are limited.
- Risk of Continued Stalking: The likelihood that the stalking of the victim will persist into the future, regardless of its nature or severity.
- Risk of Serious Physical Harm: A judgment about the severity of stalking the perpetrator might commit in future, with a focus on serious or life-threatening stalking-related violence.

Each of these judgments is rated as *low*, *moderate*, or *high*; these categories are associated with different levels of management. Any case judged to be at moderate or high risk or case prioritization should have more management resources focused on the case.

In addition to these judgments, the user makes judgments about the reasonableness of the victim's fear and whether immediate action is required to prevent harm. The former judgment attempts to capture the extent to which the victim's level of fear corresponds to the severity of the stalking, given the totality of the circumstances in the case. It is rated as *too low*, *appropriate*, or *too high* and helps to guide decisions about victim safety planning and counseling. A judgment about whether immediate action is required relates to the imminence of any future risk and is rated either *No* or *Emergency*, with the latter associated with imminent risk and issues surrounding the duty to warn or protect the victim, and the need for involuntary incapacitation of the perpetrator, or protective shelter for the victim.

Finally, users are instructed to recommend a date for review of the risk assessment. The SAM, like other structured professional judgment instruments, is designed to be valid for approximately 6 months from the date of assessment, with more frequent reassessment recommended if there are marked changes in the case (e.g., a dramatic escalation in the frequency of stalking contacts).

Reliability and Validity

The reliability of the three major SAM conclusory opinions (i.e., case prioritization, risk of continued stalking, and risk of serious physical harm) has been evaluated in five studies between 2009 and 2016, two of which also reported on concurrent and predictive validity. In 2009, a Swedish study evaluated the use of the SAM by police, concluding that police were able to rate all items, and

there was a clear positive relationship between the number of items present and overall risk judgments, providing a measure of the structural reliability of the instrument. Subsequent studies have reported mixed interrater reliability results. For Case Prioritization judgments derived using the SAM, agreement has ranged from slight to high (Interclass correlation, $ICC_{A,1} = .39$ to $.80$). Moderate agreement was observed across studies for both Risk of Continued Stalking ($ICC_{A,1} = .71$) and Serious Physical Harm ($ICC_{A,1} = .44$ to $.60$) judgments. The study reporting the highest levels of agreement used a sample of only six stalkers for interrater reliability analyses, while the largest such study ($N_{IRR} = 62$) found the lowest level of agreement for ratings. It should be noted that none of the studies published to date have investigated the reliability of ratings that distinguish between the risk factors' presence during the current stalking episode versus prior to that time (instead combining ratings into a lifetime score or rating only *current* presence).

The concurrent validity of SAM conclusory opinions was reported in 2011, through comparison with the results of other risk assessment instruments. SAM opinions correlated with a measure of psychopathy (the Psychopathy Checklist: Screening Version) between $.26$ and $.41$, while correlations with a measure of general violence risk (the Violence Risk Appraisal Guide) were approximately $.20$ (controlling for psychopathy). These small to moderate correlations were considered appropriate given that the risk instruments are attempting to assess somewhat different risk outcomes.

The predictive validity of the SAM has been reported once, in a 2016 U.S. study in which the SAM was prospectively rated in 89 (primarily ex-intimate) stalking cases involving convicted offenders. The Nature of Stalking and Perpetrator Risk Factors were scored in each case and used to make summary judgments (the information required to score Victim Vulnerability factors was not available). Each participant was followed up using police data, self-report, and treating clinician report over an average of 2.5 years to identify subsequent stalking or violent offending. Survival analyses showed that conclusory Case Prioritization opinions were not related to subsequent stalking or violent offending.

However, when the authors calculated a SAM score by assigning numerical values to risk factor

ratings in the Nature of Stalking and Perpetrator Background domains, perpetrators with higher total scores reoffended by stalking somewhat more quickly and more often than those with lower scores. The Nature of Stalking domain score alone similarly predicted stalking reoffending, although the Perpetrator score did not. There was no relationship between SAM scores and violent reoffending. Importantly, this study did not evaluate the Victim Vulnerability factors as the authors did not have access to victim information, which may have impacted the predictive validity of the instrument. The authors concluded that the study provided mixed support for the predictive validity of the SAM in clinical forensic settings as a risk assessment instrument for stalking.

Troy E. McEwan

See also Criminal Risk Assessment, Stalking; Cyberstalking; Screening Assessment for Stalking and Harassment (SASH); Stalking; Stalking Risk Profile (SRP)

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STALKING RISK PROFILE (SRP)

The SRP is a structured professional judgment instrument that guides risk assessment in stalking situations. Stalking—a pattern of targeted, repeated, and unwanted intrusive acts—can cause significant harm to victims, particularly when it is persistent or involves physical violence. The SRP provides a structure for assessing the likelihood of these outcomes by evaluating the presence of risk factors linked to each. Judgments made using the SRP can help professionals to more effectively allocate resources to manage stalking situations. This entry describes the development of the SRP, outlines its use, describes its structure, and reviews the empirical evidence for the reliability and validity of the SRP.

Development of the SRP

The SRP was developed by a team of Australian and English clinician academics, drawing on their research, which began in the early 1990s, into the understanding and treatment of stalkers and their victims. The content of the SRP was also heavily influenced by the authors' clinical work with stalkers and victims in forensic, mental health, and policing settings and broader research into violence risk assessment.

The SRP was first presented in a 2006 article as a set of brief guidelines designed to help professionals consider risk factors that may be relevant in a specific stalking case. The guidelines emphasized that when assessing stalking risks, it was important to consider both the nature of the prior relationship between the stalker and victim and the stalker's apparent motivation. Drawing on the nascent stalking risk assessment literature and the authors' clinical practice, the article highlighted the importance of understanding the stalker's history of similar behavior toward the same victim or others, the nature and pattern of stalking behaviors in the current stalking episode, and the role of clinical factors, including stalker psychopathology and personality. Situational factors and victim

vulnerabilities that may exacerbate risk of continued stalking, physical violence toward the victim, or other negative outcomes were also canvassed. These brief guidelines were elaborated on and developed into a full, structured professional judgment instrument that was published in 2009.

Using the SRP

The SRP is a 100-page manual available in English, Dutch, and German. It guides the user through the process of assessing risk factors associated with different types of stalking risk and developing management plans for stalkers. It includes a specific section highlighting additional areas for consideration when assessing risks to stalking victims who are public figures (e.g., politicians or celebrities).

The SRP is intended for use with individuals aged 18 years and older where there is evidence of current or past stalking behavior. The SRP is specific to a particular stalking case, with a separate risk assessment completed for each unique stalker–victim pair. Mental health professionals are the primary intended users, although professionals including law enforcement are able to apply the SRP with formal training and diagnostic support from a mental health clinician. Users are required to be familiar with conducting interview-based assessments and with their local anti-stalking legislation. A 2-day training workshop is required for those unfamiliar with structured professional judgment risk assessment or stalking.

Structure of the SRP

The SRP differs from other structured professional judgment tools in that the risk factors assessed in a specific case depend on both the risk outcome being assessed and the stalker's underlying motivation. This structure was based on research indicating that risk factors were differentially related to stalking outcomes. For example, threats are associated with physical violence in a stalking episode but are unrelated to stalking duration, while psychotic symptoms have the opposite relationship, being unrelated to stalking violence but strongly predictive of duration. The authors also observed that risk factors that were highly relevant in some stalking situations were simply irrelevant to others. For example, where

the stalker is a rejected former intimate, sharing children or property with the victim is a risk factor for continued stalking. This risk factor simply does not apply when the stalker and victim had no prior relationship. The SRP therefore uses the type of risk and the apparent motivation of the stalker to cluster risk factors into distinct sets, each of which results in a separate risk judgment.

Domains of Stalking Risk

The SRP can assess six areas of stalking-related risk. Two relate to the potential for future stalking behavior, one to the potential for physical violence toward the current victim, one to the stalker's level of psychosocial need, and two are specific to public figure stalking situations. Each is defined further below. Administration of the SRP will usually result in risk judgments in three domains, five if victim is a public figure.

- *Persistence* is the likelihood that a person will continue to stalk this victim. Persistence is assessed when there is evidence that the stalker has intruded upon this victim within the previous 6 months.
- *Violence* is the likelihood that a person who is currently stalking will engage in physical violence toward the stalking victim or people associated with the victim. Violence is specifically defined as physical contact intended to coerce or harm.
- *Recurrence* is the likelihood that a person who has stopped stalking will resume. The Recurrence domain is scored only if the stalker has not intruded upon the victim for a period of 6 months, despite being at liberty to do so. Two Recurrence judgments are made: one regarding future stalking of the same victim as in the previous episode (Recurrence_{same}) and the other relating to future stalking of a different victim (Recurrence_{different}).
- *Psychosocial Damage to the Stalker* is the likelihood that the stalker will experience significant psychological and social harm due to his or her behavior and situation. High levels of psychosocial need increase risk in other domains and may present challenges for engaging the stalker in offense-related treatment.
- *Escalation* is the likelihood that stalking of a public figure will escalate from communication to attempting to approach the victim. This domain helps agencies responsible for public figure protection to allocate resources to cases posing the greatest physical threat.
- *Disruption* is the likelihood that stalking of a public figure will involve significant disruption, distress, and/or embarrassment. This domain helps security agencies identify cases that may involve significant disruption to the target's activities and so require management, even if other domains of risk are low.

Stalker Motivational Types

Assessment of the stalker's motivation is integral to the structure of the SRP as it partially determines the risk factors that are assessed. The SRP classifies motivations using the typology developed by leading stalking researchers Paul Mullen, Michele Pathé, and Rosemary Purcell. The prior stalker–victim relationship, the stalker's apparent initial motivation for seeking unwelcome contact with the victim, and the presence and nature of psychopathology are used to classify a stalking episode into one of five types.

- *Rejected* stalkers begin after the breakdown of a close relationship. Former sexual intimates belong to this type, but it may also include others in close relationships such as family members or friends. Rejected stalkers are motivated by a desire for reconciliation, revenge, or both and are not typically afflicted by severe mental illness.
- *Resentful* stalkers target strangers or acquaintances who they believe have wronged them in some way. Resentful stalkers seek revenge against their victims as a way to regain a sense of power and control and frequently present with paranoid personality traits or frank psychoses that contribute to their sense of injustice.
- *Intimacy Seekers* stalk acquaintances or strangers with whom they falsely believe they have a loving relationship, often due to a severe mental illness. The stalking is often driven by a (potentially delusional) conviction that either the victim loves them in return or inevitably will love them if they only persist.

- *Incompetent Suitors* are seeking to establish friendships or dating relationships with strangers or acquaintances. Motivated by loneliness or lust, their approaches are unsophisticated and intrusive. Incompetent Suitors are not necessarily affected by mental illness, but they often exhibit impaired social skills or interpersonal deficits.
- *Predatory* stalkers target strangers or acquaintances to obtain sexual gratification, which is often deviant in nature. Predatory stalkers do not usually suffer from serious mental illness, although diagnoses of paraphilia, substance abuse, personality disorder, and depression are common.

Judgments about motivational type for the SRP are facilitated using a decision tree. Once the user has determined the type of stalker, the choice of risk factors to assess in each risk domain is restricted to those relevant to that type.

Risk Factors and Risk Judgments

Depending on type of stalker and the domains of risk to be assessed, administration of the SRP involves rating between 32 and 40 risk factors. Each is rated as present (Y), possibly or partially present (?), or absent (N). When all risk factors in a domain have been rated, the assessor makes a risk judgment of *low*, *moderate*, or *high* risk for that domain. Risk judgments are a clinical decision made by the assessor but are guided by the number and nature of risk factors that are present in that domain. Like other structured professional judgment instruments, the risk judgment categories are tied to the anticipated level of resourcing and intervention required to prevent an adverse outcome. Risk judgments are valid for approximately 6 months from the time of assessment and, with the exception of Recurrence_{different} judgments, are specific to risks to the victim of the current stalking episode.

Reliability and Validity of the SRP

The SRP has been evaluated in a single study of the English manual conducted by the authors of the instrument. The SRP was administered in 256 Australian stalking cases (93% male), with law enforcement charges for stalking and related

offenses used to measure recidivism over an average follow-up time of 4.3 years. Interrater reliability of decisions about stalker type was excellent ($\kappa = .98$). The interrater reliability of risk judgments was moderate to substantial, with intraclass correlations (one-way, random effects model, single ratings, absolute agreement method) ranging from .70 for Recurrence_{same} judgments to .90 for Persistence judgments. Risk judgments for Persistence and Recurrence were able to discriminate between stalkers who did and did not engage in further stalking. There was a 66–68% probability that a randomly selected reoffender would have a higher risk judgment on the SRP than a randomly selected nonreoffender. Those judged to present a high risk of future stalking of the same victim (either Persistence or Recurrence_{same}) were more than 6 times as likely to reoffend against the victim as those judged to present a low risk. Those judged to present a high risk of Recurrence_{different} were almost 4 times as likely to reoffend by stalking a new victim as those judged low risk. The validity of violence risk judgments was not reported in this study due to low rates of violent reoffending. The authors concluded that the results indicated that the SRP shows promise in clinical forensic settings as an effective risk assessment tool for stalking.

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See also Criminal Risk Assessment, Stalking; Cyberstalking; Screening Assessment for Stalking and Harassment (SASH); Stalking Assessment and Management (SAM), Guidelines for

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STANFORD PRISON EXPERIMENT

The 1971 Stanford Prison Experiment (SPE) is one of the best known psychology studies of all time, both for its dramatic demonstration that ordinary people have the capacity to impose serious harm on their fellows and also for its simple and striking explanation of this phenomenon: Human beings cannot help but succumb to the demands associated with the roles into which they are thrust.

The study is not only a staple in every introductory psychology textbook, it has transcended disciplinary boundaries and is regularly cited across the humanities and social sciences—most famously, perhaps, in Christopher Browning’s acclaimed historical study of a Nazi killing squad *Ordinary Men*. But more than that, the SPE has permeated from the academic world into popular culture. In particular, it has been the basis for several feature films.

Over the decades since the study was conducted, it has been widely cited as evidence of the impact of situation on behavior and of the way in which extreme situations can engender extreme behavior. But while contemporary scholarship generally accepts the phenomena that the SPE reveals, the lead researcher Philip Zimbardo’s theoretical account has much less support and is very much out of step with decades of research in social psychology.

Background

In the SPE, Zimbardo and his colleagues explored whether an authority figure needs to be present in order for people to exhibit brutality toward

others. More particularly, they asked whether, if you assign people to a role that is associated with clear role expectations to be brutal, they will conform even without anyone instructing them how to act.

Zimbardo and his team were interested in addressing this general question in one particular social context: the prison. This was because they were struck by the wave of prison unrest that had swept across the United States in the 1960s, culminating in the 1971 Attica riot in which 34 inmates died. They were particularly struck by the mounting evidence of brutality on the part of prison guards, well expressed in a 1972 *Time* article about Attica that concluded that the guards had “anaesthetized their humanity” (p. 22). Thus, the SPE was designed to address questions that were of profound importance not just for academics but for society at large.

The Study

The SPE started in 1971 with Zimbardo and his colleagues recruiting “mature, emotionally stable, normal, intelligent” young men to take part in a “psychological study of prison life.” Once 24 participants who appeared to fit this description had been identified, they were randomly assigned to either the role of a prison guard or a prisoner. With the cooperation of the local police force in Palo Alto, the prisoners were picked up in a mock raid (but in real police cars) and taken to the basement of the Psychology Department at Stanford University, which had been transformed into a prisonlike environment. Zimbardo placed himself in the role of prison superintendent, and a student assistant, David Jaffe (who had previously conducted a class exercise with a similar design that had piqued Zimbardo’s interest), took on the role of prison warden. A former convict, Carlo Prescott, provided advice on how to create a setting that would simulate imprisonment, including the psychology of such.

The guards were given a uniform consisting of khaki shirts, trousers, and reflective sunglasses. They were also provided with repressive tools: a whistle and a night stick. By contrast, the prisoners were systematically humiliated and degraded from the moment of their arrival. They were stripped naked, sprayed with a *delousing agent*, given a number by which they were to be referred (rather than by name), and forced to wear a short

smock without underwear, rubber sandals, a cap made from a nylon stocking, and chains on one ankle. They were then locked up in three-man cells measuring six by nine ft. There was also a windowless closet—the *Hole*—which could be used to place prisoners in solitary confinement punishment.

Critical to the logic of the study by Haney, Banks, and Zimbardo, in 1973, was that beyond the guards being told that they had to “maintain the reasonable degree of order within the prison necessary for its normal functioning” (p. 7), Zimbardo asserts that the participants were not trained in how to perform their randomly assigned role.

Findings

At the start of the study, the prisoners felt aggrieved at their circumstances and the way they were treated. They became insubordinate. They planned rebellion. The occupants of two cells removed their caps and prison numbers and barricaded themselves into their cells. By the end of the first day, the prisoners were in the ascendant and the guards felt confused, disempowered, and resentful.

At this point Zimbardo intervened. He took out one of the rebel prisoners, No. 8612, and sought to recruit him as an informer. The rebel also left with the impression that the prisoners no longer had the right to leave the study. As Zimbardo recounted in 2007, the rebel returned to his cell screaming “you can’t get out of here”—although it remains unclear whether Zimbardo himself had said this explicitly or whether it was a misimpression that Zimbardo did not correct. Whatever the case, the impact on the prisoners and that on the balance of power in the prison was dramatic. At this point, the guards too decided to suppress rebellion. They broke into the barricaded cells, stripped the protestors naked, and put the ringleader into the Hole.

From this point, the guards became more repressive. They subjected the prisoners to long roll calls. Anyone who objected was singled out for humiliation. Prisoners were forced to perform arduous physical tasks (e.g., push-ups with a guard’s foot on their back), needlessly foul menial chores (e.g., cleaning toilet bowls with their hands), and sexually humiliating acts (e.g., playing homoerotic games of leapfrog). As this happened,

the prisoners themselves became increasingly passive and some began to show signs of psychological disturbance.

Overall, the situation had become highly toxic. As Zimbardo recounted it in 2007, this was something to which he himself had become blind. It was only when a visitor to the study, Christina Maslach (Zimbardo’s future wife), expressed shock at the depravity into which the guards had sunk that Zimbardo was motivated to bring the study to a premature close. Thus, even though it was scheduled to last for 2 weeks, the study concluded on Day 6. Reporting to Congressional Hearings shortly afterward, Zimbardo, in 1971, explained:

At the end of only six days we had to close down our mock prison because what we saw was frightening . . . human values were suspended, self-concepts were challenged, and the ugliest, most base, pathological side of human nature surfaced. (p. 154)

Zimbardo’s Explanation

Zimbardo’s explanation of his findings takes the form of strong situationism. He assumes that the behavior of participants in the SPE was entirely determined by features of the context such that anyone who had been placed in that context would have behaved similarly. More specifically, he argues that participants could not help but take on the roles to which they had been assigned (i.e., as prisoner or guard) and act in terms of the requirements associated with those roles. When it comes to acts of the guard’s aggression, Haney and colleagues, in 1973, claim that these were “emitted simply as a ‘natural’ consequence of being in the uniform of a the ‘guard’ and asserting the power inherent in that role” (p. 62).

In 2007, Zimbardo applied a similar analysis in an attempt to elucidate the psychological underpinnings of a range of contemporary atrocities—notably the 9/11 attacks carried out by members of Al-Qaeda and the abuse of prisoners perpetrated by U.S. military personnel at Abu Ghraib prison in Iraq. Referring to the SPE and Abu Ghraib, he argues that both exhibit similar psychological dynamics: “bad systems [prisons], create bad situations [brutal regimes], create bad apples [brutal guards], create bad behaviour [abuse of prisoners]” (p. 445).

Criticisms and Alternatives

One year after the abuse at Abu Ghraib had come to light, Zimbardo's expertise on the subject of prison abuse led to him being asked to act as an expert witness for the defense of Ivan "Chip" Frederick, who was one of the military policemen implicated in the abuse at Abu Ghraib. In line with his situationist account of findings in the SPE, Zimbardo argued that responsibility for creating a toxic situation lay higher up the command chain and that Frederick was just a victim of that situation. The prosecutors, Charles Graveline and Clemens in 2010, disagreed, arguing: "to say that bad action becomes inevitable negates the responsibility, free will, conscience, and character of the person" (p. 179). Faced with the evidence, the judge sided with Graveline. Frederick was found guilty, sentenced to 8 years' detention, and given a dishonorable discharge.

Yet, aside from the moral and political issues that were pertinent to the Frederick case, scholars have proffered three main reasons to doubt both Zimbardo's account of what happened in the SPE and his explanation of it. First, the role explanation depends on accepting that participants acted of their own accord with no external shaping or direction. As noted earlier, to support his theoretical analysis, Zimbardo claimed that his participants had received no prior training in how to act. Yet the transcript of his briefing of the guards before the study in 2007 began throws this claim into question. He told the guards:

You can create in the prisoners feelings of boredom, a sense of fear to some degree, you can create a notion of arbitrariness that their life is totally controlled by us, by the system, you, me—and they'll have no privacy. They'll have no freedom of action, they can do nothing, say nothing that we don't permit. We're going to take away their individuality in various ways. In general what all this leads to is a sense of powerlessness. (p. 55)

Thus, even if Zimbardo did not describe the precise forms of action that the guards should undertake, he gave them an indication of the general ways in which the prisoners should be treated. More subtly, through his use of *we* and *they*, he positioned himself as integral to the guard group

(rather than as a neutral experimenter). More particularly, Zimbardo positioned himself as leader of the guard group, and if, as the leader, he advocated harsh measures, then, as S. Alexander Haslam, Stephen D. Reicher, and Michale J. Platow assert, his study should be seen as an investigation of leadership and followership not simply as a study of role conformity.

Second, even with such leadership, the study is rife with resistance from start to end. The prisoners did not all accept their assigned roles, and dissent was widespread among the guards. In the video *Quiet Rage*, Zimbardo acknowledges that the guards split into three factions: those who sided with the prisoners, those who were firm but fair, and those who were abusive. Indeed, there is only one unambiguous instance of an abusive guard, an individual who came to be known as *John Wayne* for his aggressive swagger. Accordingly, it seems implausible to argue that conformity is inevitable and that individual differences (whatever their nature or basis) are not important.

Third, where there was abuse, it did not reflect passive compliance with role requirements on the part of the guards. Rather, they were creative in finding new ways of targeting the prisoners. This is exemplified in an exchange between *John Wayne* and one of those he had tormented, shown in *Quiet Rage*. At one point, the guard asks his victim what he would have done had he been in his position. The prisoner replies, "I don't know. But I don't think I would have been so inventive. I don't think I would have applied as much imagination to what I was doing . . . If I had been a guard I don't think it would have been such a masterpiece."

In sum, scholars have argued that Zimbardo's situationist explanation fails to account for the patterning of behavior that was produced within the SPE. Close inspection suggests that guard abuse was legitimated and guided by Zimbardo's authority but that the guards had agency both in choosing to follow his guidance and in deciding how to apply it. That is, the abusive guards were *engaged followers* who did not conform passively like zombies, but who behaved as they did because they actively identified with their role and with Zimbardo's leadership.

This *engaged followership* analysis was lent further support by the 2006 BBC Prison Study. This

study revisited the paradigm and issues raised by the SPE by dividing men into groups of prisoners and guards within a simulated prison environment. However, it provided a more systematic investigation of the conditions under which participants identify or do not identify with their roles and showed that it was on this basis that they accepted role demands or else resisted them.

Conclusion

The SPE provides a powerful illustration of the power of situations to transform behavior and of the ways in which ordinary people can be led to behave in abusive ways. However, the analysis of the study that Zimbardo provided in 2007 overstates the generality and automaticity of this phenomenon—failing to pay sufficient attention to resistance to situational demands, even within the SPE itself. Intellectually, more attention needs to be paid to the dynamics that determine whether people identify with their roles and hence are motivated to creatively enact them. Politically and morally, it is also important to acknowledge that abusers do make choices and hence are accountable for their actions.

Stephen D. Reicher and S. Alexander Haslam

See also Correctional Officer's Attitudes Toward Offenders; Imprisonment and Stress; Intimidation; Research in Criminal Psychology; Victimization in Prisons

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STATE PRISONS

State prisons refer to correctional facilities that are operated by a state government rather than federal government. According to the Treatment Advocacy Center, a nonprofit organization that advocates for the effective treatment of severe mental illness, approximately 234,200 individuals with severe mental illness were incarcerated in state prisons across the United States in 2014. This number comprised 15% of the total inmates located in U.S. state prisons that year. This reflected a 5% increase over 10 years, based on statistics collected by the Department of Justice in 2004. Inmate rights to health care, including mental health care, are defined by the U.S. Constitution (Eighth Amendment prohibition against cruel and unusual punishment) and in several landmark U.S. District and Supreme Court cases, including decisions in *Estelle v. Gamble* (1976) and *Ruiz v. Estelle* (1980). An examination of the background for these court cases reveals that mental health care lagged behind medical care in terms of importance and appropriation of resources (i.e., financial, facilities to provide care, use of evidence-based practices, and employment of appropriately educated and trained mental health-care providers) for many years. However, correctional administrators are facing shifting priorities, as the number of inmates with serious mental illness has increased steadily over time and more resources have been devoted to improving the quality of

mental health-care services in state correctional systems. The increased need to treat mental illness in correctional facilities has resulted in the revision and broadening of standards from correctional health-care accreditation bodies, such as the National Commission on Correctional Health Care and the American Correctional Association. This entry on state prison systems offers a review of mental health programs, outlining best practices as well as challenges inherent in offering these services in correctional environments.

Entry or Intake Process

The provision of health-care services, which includes mental health care and psychiatric care, begins with the intake process. Newly convicted and sentenced inmates generally enter the state prison system through a designated intake or processing facility. The specialized missions of these facilities include evaluating the health and mental health-care needs of newly arrived individuals, in addition to specific administrative procedures designed to evaluate the inmate's security and custody level. The resulting disposition is utilized to identify the inmate's needs and to determine facility assignment and management plans (including treatment).

Mental health intake processes vary across systems, but general goals include identification of risk of suicide or harm to others and significant mental health issues that will require ongoing treatment services such as psychotropic medication management and counseling services. Intake mental health professionals focus on diagnostic assessment processes and ensure that accurate diagnostic determinations are made for each inmate; psychological testing and procurement of community mental health records can be very beneficial in the assessment effort. In many systems, the collection of information relevant to community reentry also begins during the intake process.

Programming and Services for Special Populations

As noted, state prison systems have been expected to adapt to managing an inmate population with more serious mental health issues than previously experienced. Inmates identified with severe mental

illnesses and those with other unique needs warrant specific attention within correctional settings. Inmates garnering specialized treatment and management services include those diagnosed with serious mental health issues, inmates who have developmental disabilities or neurocognitive disorders, frail and older adult inmates, juveniles convicted as adults, inmates with physical disabilities, and those who identify as transgendered. Female inmates also present with unique challenges for state correctional systems, as many incarcerated women have significant trauma histories that make adjustment to correctional settings difficult.

Inmates diagnosed with serious mental health issues tend to serve longer sentences than those without significant mental health issues and often experience greater struggles attempting to manage behavioral expectations while incarcerated. It is known that stress often precipitates mental health crises, and stress levels in correctional settings can be very high. In addition, inmates presenting with unique needs may be targeted by other inmates for various reasons. Mental health staffing ratios for facilities are typically designed to meet the needs of the varied inmate population, and specialized training is generally offered to the mental health staff who work in correctional facilities. While many excellent evidence-based treatment programs have been developed, there are only a few developed specifically for correctional populations given the challenges of conducting the needed research in correctional settings. Treatment staff should be supported in their use of the programs designed for inmates, as well as in efforts to adapt other evidence-based programs for use in correctional settings. Some state systems do participate in research efforts, generally through university-based psychology graduate programs, to design treatment programs specific to this inmate population.

State prison systems generally offer a broad range of treatment services, including mental health counseling, psychotropic medication management, and substance abuse and sex offender treatment. Various treatment modalities are utilized, including individual and group treatment opportunities. Inmates often prefer individual treatment for many reasons. However, group treatment offers several benefits such as the ability to practice skill building with peers, to develop a greater sense of empathy, and to understand the

benefits of positive social support by developing more successful interpersonal skills.

Crisis assessment and intervention services are also essential components for correctional mental health programs, as suicide risk is higher among correctional populations compared to the community. While there is some overlap in risk factors for self-harm behaviors between correctional and community populations, there are also unique factors that must be considered when working with an incarcerated population. Such factors are related to environmental stressors, separation from family, and legal stressors, to name only a few.

Inmates isolated from the general prison population in restrictive housing units, or segregation, present a host of needs for correctional mental health care. Isolated housing can bring about depressive and anxious functioning and sleep problems, contribute to physical decompensation, heighten suicidal ideations, and lead to the exacerbation of symptoms for those struggling with mental illness. The mental health professional's role for this subset of the prison population includes monitoring and assessment, treatment planning and implementation, behavior management, and consultation and recommendations regarding placement. In addition, mental health staff assist in the implementation of programming aimed at assisting the inmate to effectively maintain in or transition out of segregated housing.

Many state systems have specialized mental health units that offer intensive treatment services for inmates whose illness acuity does not allow them to safely reside in general population settings. Some states operate licensed mental health inpatient facilities, whereas others operate units that follow correctional accreditation standards for intensive treatment units. These units typically utilize a clinical treatment team model led by a psychiatrist, have high treatment staff to inmate ratios, and offer structured programming on a daily basis. Correctional staff are often specially trained to manage such units, and ratios of correctional staff to inmates in these units are also higher than in general population settings. Some state systems allow the use of involuntary medication processes, with procedures typically based on the U.S. Supreme Court decision in the case of *Washington v. Harper* (1990). Other states do not offer intensive treatment units for a variety of reasons, and these states generally work with state or

private psychiatric hospitals to transfer inmates to secure units for treatment.

Multidisciplinary Teams

The most successful mental health programs in state correctional systems make use of a multidisciplinary team model, and such an approach has become more important as the acuity of mental illness has increased. Multidisciplinary teams generally include members from mental health, medical, nursing, case management, security, and administration. All team members are expected to maintain confidentiality regarding inmate health and mental health information, and the presence of security and administrative representatives is essential given the reality of carrying out treatment services in security-focused environments. Inmates who present unique management challenges require a team approach for successful management and the safety of all personnel involved in the care of the inmate.

A particular benefit of the multidisciplinary team is highlighted when the need arises for a specialized behavioral management plan. There is a small but particularly challenging group of inmates who present not only with significant mental health issues but also with special security challenges given their potential to harm others and/or destroy property. A behavioral management plan can be implemented to set behavioral goals that allow the inmate to regain lost facility privileges or become eligible for new privileges. Some aspects of the plan may require special permissions that only administrative and/or security personnel can provide. Well-planned and consistently implemented behavioral management plans can improve the safety and security of an institution and provide an opportunity for an inmate to function more successfully.

Many inmates have significant medical and substance abuse comorbidities in addition to serious mental health issues. Clinical meetings between medical and mental health services are essential to ensure that inmates receive appropriate, effective, and efficient treatments and that health-care providers are able to share information seamlessly. In addition, identifying the role substance use plays in the mental and physical functioning of the inmate is vital, and communication of those findings among medical and mental health providers is also important.

Discharge and Reentry Services

More than 90% of inmates in state prison systems will be released back into the community at some point. This reality stresses the importance of preparing inmates for return to their community, as reducing risk of recidivism is a goal for all state correctional systems. Particular challenges for inmates with serious mental health issues include ensuring a seamless transition to appropriate treatment services in the community, including mental health care and psychiatric care, along with substance abuse and sex offender treatment services. Additional challenges include securing employment and income (including disability benefits), health insurance, housing, and transportation.

Inmates who release on parole may benefit from working with specially trained parole officers who are prepared for the reentry challenges offered by this group of inmates. Inmates who release *off paper* and do not have parole requirements may have a particularly difficult transition, especially if there are no family members or friends willing to provide assistance. Discharge and reentry planning efforts may start as early as 18 months before release for those inmates expected to have the greatest challenges in the transition process, and programming such as Life Skills and ongoing substance abuse treatment services can be particularly beneficial.

Ethical Issues

Attention to ethical practice should be at the forefront for any health-care professional, and practice within correctional settings brings additional ethical issues to consider. An exhaustive review of this topic is beyond the scope of this entry, but a few key points are noted here. Confidentiality has different parameters in correctional versus noncorrectional practice settings. Safety and security of the institution is paramount, and most state systems outline additional mandatory reporting issues, such as planned escapes and knowledge of drug use and sales in the facility. Some states also have specific statutes that require reporting knowledge of crimes beyond child and vulnerable adult abuse, and correctional mental health professionals are expected to be familiar with these statutes.

Therapeutic boundaries are also exceptionally important in correctional settings, as mental health professionals, as empathic and caring professionals, may be targeted by inmates who want to curry favor or obtain contraband items. As a result, the mental health professional electing to work in the correctional setting must demonstrate the ability to balance the treatment needs of the inmate while still adhering to the safety and security of the facility, as well as the specific statute requirements of the state. Providing clinical services as part of a larger treatment team in correctional settings can provide the support mental health-care providers need to ensure adherence to professional ethics and facility guidelines.

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See also Correctional Psychology Practice, Ethical Issues in; Imprisonment and Stress; Mental Health Assessment; Offenders With Mental Illness in Prisons, Treatment for; Prevalence Estimates of Mental Illness Among Offenders; Reentry, Best Practices for; Segregation in Prison, Psychological Consequences of; Suicide and Self-Harm in Corrections, Risk Factors for

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STATIC-2002 AND STATIC-2002R

The Static-2002 and its revised version, the Static-2002R, are risk assessment tools that are used to predict sexual recidivism. Both versions were created by Karl Hanson and David Thornton as

improvements on the Static-99 and the Static-99R risk assessment tools. This entry begins by providing some background information and then discusses the purposes, evaluation, and use of the Static-2002 and the Static-2002R.

Background

In the field of risk assessment, research has consistently demonstrated that risk assessments that are structured have increased accuracy when compared to unstructured professional opinion or clinical judgment. This being said, within the field, there is a lack of consensus as to how known predictive factors should be structured. One method for structuring risk factors in assessment is known as the *actuarial method*. Actuarial risk tools are regularly used in forensic psychology in both applied and research settings. Such tools provide a clinician or researcher with an explicit algorithm for combining known risk factors that have been shown to be predictive of recidivism. Such tools provide an empirically validated method of combining risk items into an overall score. The overall score derived provides users with a way to meaningfully compare the person currently assessed with known samples of offenders.

As noted earlier, Hanson and Thornton created Static-2002 with the primary goal of improving the Static-99. They designed the Static-2002 to be similar to the Static-99 in that it was intended to be a brief actuarial measure that was predictive of sexual recidivism while making use of information common to many forensic assessors. Another goal was to address the perceived weaknesses of the Static-99. The Static-99 was created by merging two previously existing scales (Rapid Risk Assessment for Sexual Offense Recidivism and Structured Anchored Clinical Judgment), which led to two separate sets of item definitions being merged into the Static-99. In designing the Static-2002, Hanson and Thornton selected the definitions with the strongest support in pilot studies and structured the items into subscales for the purpose of interpretation. With these changes, it was also hoped that the Static-2002 would be more accurate than the Static-99 at predicting sexual and violent recidivism.

Following the publication of the Static-99 and the Static-2002, given the data that criminal

behavior generally declines with age, it was deemed to be empirically appropriate to adjust the Static-99 and the Static-2002 to statistically factor age of release into these assessment tools. Sequentially, there was a revision of both the Static-99 and the Static-2002, and these tools became known as the *Static-99R* and the *Static-2002R*.

The Static-2002R is a 14-item actuarial measure designed to predict both sexual and violent recidivism in sexual offenders. The items of the Static-2002R are identical to the Static-2002 with the exception of updated age weights. When compared to the Static-99, the Static-2002R added or altered some items, organized items into meaningful subscales with the goal of assisting interpretation, and is believed to have more standardization in coding rules. The Static-2002R items are grouped into five main subscales: Age at Release, Persistence of Sex Offending, Sexual Deviance, Relationship to Victims, and General Criminality. The total score of the Static-2002R ranges from -2 to 13. The total score of the Static-2002R can be used to place offenders in one of five risk categories: very low (-2 to -1), below average (0-1), average (2-4), above average (5-6), and well above average (7+). The items of the Static-2002R are as follows: (1) age at release, (2) prior sentencing occasions for sexual offences, (3) any juvenile arrest for a sexual offence and convicted as an adult for a separate sexual offence, (4) rate of sexual offending, (5) any sentencing occasion for noncontact sex offences, (6) any male victim, (7) young, unrelated victims, (8) any unrelated victims, (9) any stranger victim, (10) any prior involvement with the criminal justice system, (11) prior sentencing occasions for anything, (12) any community supervision violation, (13) years free prior to index sex offence, and (14) any prior nonsexual violence sentencing occasion.

Purpose and Evaluation of the Static-2002 and the Static-2002R

Most predictive research on the Static-2002 and the Static-2002R has focused on the ability of these measures to distinguish offenders on their risk of recidivism. Typically, predictive accuracy is presented statistically using correlation coefficients, areas under receiver operating characteristics

curves (AUC), or standardized mean differences (Cohen's d). Correlation coefficients quantify the statistical strength and direction of the relationship between two or more values. A receiver operating characteristic curve is a graphical curve created by plotting the true positive rate (sensitivity) against the false-positive rate ($1 - \text{specificity}$) and sequentially evaluating the ability of an instrument to discriminate a binary dependent variable (i.e., in this case recidivism). AUC values range from 0 to 1. A score of 1 means that the test in question is perfect in its predictive and/or diagnostic abilities. An AUC value of 0.5 means that a predictive or diagnostic tool worked in a fashion that was equivalent to chance. Cohen's d measures the difference between two means divided by a standard deviation for the data. All of these statistics describe the extent to which the recidivists are different from the nonrecidivists; however, these statistics do not provide absolute recidivism rates. It is important to note that absolute recidivism rates (i.e., the percentage of individuals who reoffend) differ in the literature from sample to sample and that relative risk measures (e.g., risk ratios or percentiles, which compare the level of risk of one offender, to that of other offenders) are considerably more stable.

Use of the Static-2002 and the Static-2002R

The Static-2002 and the Static-2002R can be used by a wide range of evaluators in terms of educational or training background. The instrument developers recommend that users receive specific training in the Static-2002R and related measures (i.e., the Static-99 and STABLE 2007) prior to clinical use.

The Static-2002 and the Static-2002R were designed to be used with male sexual offenders who have been convicted of at least one sexual offence after their 18th birthday. The Static-2002 and the Static-2002R should not be used with offenders who have abstained from violent offending while in the community for a period of 8 years or more since release from their most recent sexual offence. The measures are not recommended when the only sexual infraction involved consenting sexual activity with a similar-age peer. The measures should not be used for offenders whose only sexual offence is one of the following:

consenting sex with adults in public places; child pornography offences (unless the offender was involved in manufacturing the child pornography); indecent behavior with no sexual motive; failing to inform a sexual partner of HIV positive status; prostitution, pimping, or pandering (including profiting from child prostitution); bigamy; or the sale of sexually explicit materials to minors (with an economic motive). The Static-2002R can be used with developmentally delayed offenders, those with symptoms or diagnoses of major mental health issues, and with Canadian Aboriginal offenders.

The Static-2002 and the Static-2002R make use of information commonly available to practitioners in forensics. In particular, there are three basic types of information necessary to score the Static-2002R: offender demographic information, an official criminal record, and victim information. Self-reported information is not acceptable in scoring the 9 items relating to an offender's official criminal record except in rare circumstances (e.g., immigrants, refugees from developing countries). Moreover, the evaluator must come to the conclusion that the self-reported information is indeed credible. Despite the noted limitation of self-report, self-reported information can be used to *supplement* official records. Information derived solely from polygraph sources should not be used to score the Static-2002R unless the information can be corroborated by outside sources. It is possible to score the Static-2002R even if an assessor is missing certain items.

The Static-2002 and the Static-2002R were intended to assess theoretically meaningful characteristics thought to be important to understanding recidivism risk (persistence of sexual offending, deviant sexual interests, general criminality). This being said, experts often disagree about the causal nature of psychological constructs while agreeing that there is practical utility with existing measures, such as the Static-2002R for applied decision-making.

The Static-99 is the most researched of all risk assessment tools for sex offenders, with moderate predictive accuracy (on average). The Static-2002R has a moderate relationship with sexual recidivism. Meta-analysis has found that the Static-2002R has consistently higher AUC areas (i.e., predictive accuracy) than the Static-99 for sexual, violent,

and general recidivism. The Static-2002 and the Static-2002R are noted to predict sexual, violent, and any general recidivism as well as other actuarial risk tools typically used with sexual offenders. In terms of clinical use, the Static-99 is the most widely used measure for assessing risk of sexual recidivism. In a 2009 meta-analysis, there were 63 validation studies of the Static-99 (about twice the number of studies of the next most researched scale). Moreover, the Static-99 and the Static-99 have been the subject of relatively large field and cohort studies. The Static-99 and the Static-2002 have been validated for use internationally and with various ethnic groups.

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See also Recidivism; Risk Assessment, Actuarial; Risk-Need-Responsivity, Principles of; Sexual Offending; Static-99 and Static-99R

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STATIC-99 AND STATIC-99R

The Static-99 and its revised form, the Static-99R (together referred to as *Static-99/R*), are static, actuarial risk assessment instruments. The Static-99/R is designed for the evaluation of future re-offense risk among adult men, specifically those with a history of sexual offense convictions. It is comprised of 10 items which inventory the offending individual's demographic characteristics and criminal conviction history and the characteristics of the sexual offense victim. Although originally developed in English, the Static-99R has since been translated into several different languages including Chinese, French, and German. At present, the Static-99/R is the most widely used sexual offense

risk assessment instrument in the world. This entry briefly addresses the history of the Static-99/R, then examines the Static-99/R items, criteria for use, and guidelines for interpreting scores.

History

The name Static-99 is derived from 1999, the development year of its original form, and its focus on static, or unchanging, risk factors associated with future sexual or violent offense behavior. It was originally developed following analyses of two separate risk assessment tools: the Rapid Risk Assessment of Sex Offender Recidivism and the Structured Anchored Clinical Judgment-Minimum. Each provided statistically unique contributions to recidivism risk estimates, and a 10-item amalgamation was assembled from these two instruments. In 2009, research demonstrating a correlation between increased age and reduced recidivism risk drove a change in the age item from two categories to four. This represented enough of a substantive change to rename the instrument the Static-99R (i.e., the revised version).

Static-99/R Items

The Static-99/R is completed using information drawn from the offending individual's demographics and criminal history, and sexual offense victim demographics. Some of the Static-99/R items are relative to the *index sexual offense*, that is, the most recent sexual offense (usually the current offense) for which the individual has been convicted and sentenced.

Age at release from index sex offense refers to the individual's age upon placement in the community. This may be the offender's age when sentenced to community supervision in lieu of incarceration or the offender's age at release from jail or prison. The Static-99 only differentiated between younger and older individuals. The Static-99R updated this item to include multiple age cutoffs; research has illustrated recidivism risk reduces with age.

Ever lived with a lover queries the individual's history of maintaining cohabitation with an age-appropriate intimate partner for at least two uninterrupted years. This is believed to reflect skills

associated with reduced sexual offending behavior (e.g., the ability to develop prosocial relationships and engage in interpersonal problem-solving).

Index nonsexual violence—any convictions is counted for any specific convictions for a violent, nonsexual crime, prosecuted concurrent to the index sexual offense. This may include convictions for assault, murder, kidnapping, or robbery. Similarly, *Prior nonsexual violence—any convictions* counts convictions prior to the index offense sanction. While such nonsexual, violent behaviors are often associated with future criminal behavior, these items do not include arrests or charges that do not result in convictions, institutional rule violations, or self-reports of nonsexual violence.

Prior sex offenses includes sexual offense arrests, charges, and convictions recorded prior to the index offense sanction. The number of arrests, charges, and convictions, including those as a juvenile, is converted into a prior sex offense score, depending on the number of each type of sanction. Pseudo-recidivism (i.e., historic offenses adjudicated after the index sexual offense) is not counted toward this score.

Prior sentencing dates counts the number of unique sentencing episodes for any offense prior to the index offense sanction. Four or more prior sentencing episodes are weighted toward increased recidivism risk.

Any convictions for noncontact sex offenses is scored if the individual has been convicted of offenses including exhibitionistic or voyeuristic behavior, offenses related to child pornography, or obscene use of a communications device.

The remaining items, *any unrelated victims*, *any stranger victims*, and *any male victims*, are described as *the three victim questions*. Scoring these items may be based on official information related to the offense but also based on an individual's self-report or other information the evaluator deems credible.

Criteria for Use

The Static-99/R is an actuarial risk assessment tool, and as such, its primary purpose is to inform evidenced-based estimates of recidivism risk. Formal research on the Static-99/R has focused on adult men who have been legally sanctioned for an offense that is sexual in nature. The Static-99/R

is not typically recommended for use with juvenile males who commit sexual offenses and is not recommended for use with female sexual offenders.

A number of criteria adopted by many sexual offense risk assessment instruments originated from or were popularized by the Static-99/R. What follows is a discussion of several key criteria.

Legal Sanctions

To qualify for a Static-99/R scoring, an individual must have been *legally sanctioned* for some criminal sexual behavior, which includes a number of possible legal classifications. While court proceedings involving sexual offenses often result in convictions for a sexual crime, there are many situations in which a specific sexual crime conviction is not achieved, such as a defendant being found not guilty by reason of insanity. Such a criminal charge is still considered a legal sanction necessary for Static-99R use. An arrest for sexually motivated criminal behavior may be classified as a qualifying legal sanction as well; even if the individual is not charged for an offense which is sexual in nature, there can be enough evidence to substantiate a sexual motive or quality to the behavior. Other legal sanctions include institutional disciplinary actions for nonconsensual sexual behavior and violations of probation, parole, or other forms of community supervision.

Offense Categories

The Static-99/R classifies sexual offenses into two categories. Category A offenses include those sexual behaviors involving any child or a nonconsenting adult victim, including rape, child molestation, or exhibitionist behavior. Category B offenses involve legally consented, criminal sexual behavior, including consenting sexual activity between adults in public, or behavior that does not involve an identifiable victim (e.g., behaviors involving child pornography). Individuals who have never been sanctioned for Category A offenses in their lifetime cannot be scored on the Static-99/R.

The Index Offense

A key component of scoring the Static-99/R is the index offense. The index offense is the most

recently sanctioned sexually offense. This may include any new Category A offense, or a Category B offense committed by those sanctioned for Category A behavior in the past. The index offense also contributes to the time reference for the recidivism risk estimates provided by the Static-99/R.

Many individuals' sexual offense histories are complicated, though, and an individual being scored on the Static-99/R may have multiple recent sexual offense sanctions. The following two classifications for multiple offense types have been identified:

Index clusters—An index cluster is identified most simply as several offenses committed during the same period of time. These multiple offenses are investigated and prosecuted as a group, often appearing as a *spree*, or cluster, in one court episode on a criminal record review. Variants of the index cluster are determined by the evaluator scoring the Static-99/R. For example, these offenses may occur in multiple areas, thus causing court proceedings in different jurisdictions. Alternatively, multiple offenses may not all be uniformly identified by the authorities, but nevertheless their proximity in time qualifies these offenses as a cluster.

Pseudo-recidivism—Pseudo-recidivism refers to new sanctions for sexual offending behavior that is substantially older than the index offense. Many sexually offending individuals have previous sexual offenses which are unreported for a variety of reasons but later come to light following the official index sanction. For example, the publicity surrounding an individual's conviction for sexual abuse may encourage victims of previously unreported offenses to come forward about their experiences. As these offenses were never sanctioned before the index offense, they are not counted toward prior sexual offense convictions. Pseudo-recidivism is a class of index cluster but differs from other index clusters in that the time factor between the early offenses and the index offense is distal, not proximal.

Interpreting Static-99/R Scores

The Static-99/R raw score is derived from summation of the 10 items, without further scaling or adjustment. The Static-99's scores ranged from 0 to 12, while the Static-99R range is from -3 to 12.

There are multiple applications of this score to determine the risk of sexual recidivism as well as nonsexual violent recidivism, for a specific individual score on this instrument.

As an actuarial risk assessment instrument, the Static-99/R predicts the probability that a sexually offending individual will be sanctioned again for another offense. For a specific Static-99/R score, several ways of reporting this probability are available. Observed recidivism rates are available from a number of sources; given the lower prevalence of some offender types (e.g., relatively high-risk offenders), a type of statistical modeling known as *logistic regression* may be used to estimate the rate of recidivism associated with a specific score. Alternatively, the risk ratio for a specific score may be reported. The risk ratio is the individual's odds of recidivism against a reference point for the offender population (e.g., the median score of all offenders). These recidivism data are often based on the likelihood of re-offense 5 or 10 years following placement in the community after the index offense.

A key consideration in assessing recidivism predictions is the application of data from an appropriate sample. Users of the Static-99/R must consider the population from which a sexually offending individual originates, then draw conclusions about risk based on information from a sample which most closely fits this population. Some jurisdictions may choose to survey their own population and develop specific, appropriate risk information or norms. However, the Static-99/R undergoes regular evaluation, which includes updating norms based on multiple aggregated samples of offenders. The developer-provided risk norms fall into two categories: routine and preselected high risk. The use of preselected high-risk norms is based on information exclusive from the Static-99/R score, which indicates an individual presents greater recidivism risk than is typical for that individual's Static-99/R score. An example of this includes elevated scores on a separate dynamic risk assessment tool.

It is necessary to be aware of population characteristics to ensure information provided by the Static-99/R is statistically valid in risk assessments. The primary method of evaluating the statistical accuracy of the Static-99/R is the area under the receiver operating characteristic curve (AUC) statistic. This statistic ranges in value from 0 to 1.0; an AUC of 1.0 shows perfect prediction, whereas an

AUC below 0.5 implies more incorrect than correct predictions. A comprehensive meta-analysis of Static-99/R research found an overall AUC between 0.69 and 0.70, which essentially means that there is a 69–70% probability that a randomly selected sexual recidivist will have a higher Static-99/R score than a randomly selected nonrecidivist. However, the AUC value can vary significantly between different populations; ensuring the Static-99/R is valid within a specific population is of paramount concern in risk evaluations.

Static-99/R consecutive scores may be clustered into relative risk categories, traditionally defined as low, low-moderate, moderate-high, and high risk of recidivism. As of 2016, the recommended classification of Static-99R scores involved qualitatively categorizing scores which correlate with psychologically meaningful criteria. A five-category system is used which clusters offenders not solely on the probability of a new offense but on the characteristics of those who fall into a given category. Static-99R scores of 1–3 comprise Category III or the *average risk* category. This suggests individuals in this group are within the average likelihood range of recidivism risk of their jurisdiction. Category-I and Category-II offenders encompass Static-99R scores of –3 to –2 and –1 to 0, respectively, and are typically older and less involved with the criminal justice system than the average risk offender. Category IV-a includes scores of 4 or 5, and Category IV-b includes scores of 6 and above. Each increased level is typically indicative of greater history with the criminal justice system, violent offenses, and other factors associated with persistent sexual offending (e.g., offenses against strangers). These categories more easily communicate an individual's risk potential, while being less subject to differences between jurisdictions or between methods of evaluation.

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See also Recidivism; Risk Assessment, Actuarial; Risk-Need-Responsivity, Principles of; Sexual Offending

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STATISTICAL INFORMATION ON RECIDIVISM (SIR)

The SIR Scale is a static actuarial risk assessment tool developed and employed within the Correctional Service of Canada for the assessment of risk of general recidivism with adult male federal offenders (serving sentences of a minimum 2-year duration). This entry discusses the development, applications, and validation research of the SIR Scale, including its use with special populations.

Development and Item Content

Developed initially in 1982 by Joan Nuffield, the SIR Scale was constructed and validated on a combined sample of 2,475 adult male federal offenders who were released from 1970 through 1972 and followed up for 3 years in the community. The SIR Scale was developed through what

has become known as the *Burgess method*, that is, by differentially weighting predictor variables shown to successfully discriminate recidivists from nonrecidivists. For each category or value of a predictor demonstrating a 5% increase or decrease in recidivism from the overall rate, a weighting of +1 or –1, respectively, is assigned. The weights are increased in either direction based on the degree of difference from the overall recidivism rate associated with a given category or value on a variable. In this manner, stronger predictors (i.e., variables with the best discriminating power) are given the heaviest numerical weights. As the SIR Scale was developed in a purely data-driven manner in the absence of theory, it is termed an *Empirical Actuarial Scale*.

In the original Nuffield study, the construction sample had a mean 43.9% recidivism rate (i.e., rearrested for a new offense), or conversely, a 56.1% success rate (i.e., were not rearrested for a new offense). The Nuffield scoring of the SIR was conducted in terms of success, or nonrecidivism. For instance, having one or two prior imprisonments was associated with success rates of 55.1% and 53.6%, respectively; as this is less than a 5% departure from the overall success rate in the sample, values of 1 or 2 were assigned a score of 0. Having 0 prior imprisonments, however, was associated with a considerably higher rate of success, 79.1%; given that this is a 23% increase from the overall rate of success, this was given a weighting of $23/5 = 4.6$ or “–4” (values were rounded down). By contrast, having three or four prior imprisonments was associated with success rates of 48.5% and 51.1%, respectively, which are each associated with 7.1% and 5% decreases in success, so they were assigned +1 points each. For this item, this was done up to a maximum of five to eight previous imprisonments, which was associated with success rates ranging from 43.3% to 40.5% (about a 12–15% decrease), and for consistency, a weighting of +2 was assigned.

In total, 15 variables shown to discriminate recidivists from nonrecidivists were identified and given differential weights in this manner. These variables include

- age at admission,
- number of previous imprisonments,
- previous breach of parole supervision or mandatory supervision,

- number of previous escapes,
- security classification,
- age at first adult conviction,
- number of previous convictions for assault,
- marital status,
- interval at risk,
- number of dependents,
- aggregate sentence,
- number of previous convictions for violent sexual offenses,
- number of previous convictions for break and enter,
- employment status at time of arrest for commitment offense, and
- type of commitment offense.

Once scored, the items were simply summed to generate an overall score that was associated with probability of success on release. The SIR was scored in a manner originally, such that higher scores were associated with increased recidivism (or decreased success) and lower scores were associated with increased success on release (or nonrecidivism), with possible scores ranging from -27 to +30. This has since been reversed so that possible scores range from -30 to +27, with lower scores indicating poorer prospects for success upon release. The SIR was divided into five score bands associated with different rates of success or nonrecidivism. In a validation sample of 1,237 offenders, these score bands with associated rates of success were as follows:

- Group 1: *Very Good* (-6 to -27) 84.5% success
- Group 2: *Good* (-1 to -5) 67.9% success
- Group 3: *Fair* (0 to +4), 50.8% success
- Group 4: *Fair to Poor* (+5 to +8) 41.9% success
- Group 5: *Poor* (+9 to +30) 31.6% success

Applications

The SIR Scale has undergone minor revisions in the years subsequent to Nuffield's development of the tool, with the SIR-Revised-1 developed in 2002 and still in use. Note, the term SIR Scale is used throughout this entry for consistency in language. Experimental variations on the SIR and SIR-Revised-1, termed *SIR proxies*, have been developed with parallel item content and similar item scoring and weighting for examination with special populations

for which the SIR Scale had not been originally validated; most notably, female and Aboriginal offenders (discussed below). It is standard operating procedure with the Correctional Service of Canada for parole officers to administer the SIR at the point of intake in the offender's admission to custody in order to evaluate potential for success on release to the community. It is not, however, administered to women or Aboriginal offenders.

The SIR Scale is one important piece of information the Parole Board of Canada uses in evaluating an offender's suitability for conditional release. As the SIR is made up of static items (i.e., historical, and generally unchanging), it cannot assess changes in risk from positive progress made on the individual's correctional plan or resulting from other credible change agents (e.g., specialized treatment completion, improvement in supports, major deterioration in health). For this reason, the SIR is typically supplemented with other measures that assess dynamic (i.e., changeable) risk markers to assess suitability for conditional release. Moreover, although subsequent validations of the SIR have provided some support for the ability of scores on the tool to predict other forms of recidivism (e.g., return to custody for a sexual or violent offense), the SIR Scale is used primarily to forecast probable success in the community or new returns to custody for any new offense in general (i.e., general recidivism).

Subsequent Validations

Subsequent validations of the SIR Scale have reaffirmed its properties for predicting postrelease returns to custody. One of the largest validations was performed in the early 1990s by federal government researchers from the Ministry of the Solicitor General of Canada. In this study, 3,267 male prison inmates released from 1983 to 1984 and rated on the SIR Scale were followed up for a minimum 3 years postrelease. The SIR Scale in this new sample demonstrated similar rates of success and return to custody across the five score bands as in the original Nuffield evaluation. It also displayed impressive predictive accuracy for general recidivism, with an area under the receiver operating curve (AUC) value of .76. With possible values ranging from 0 to 1.0, an AUC value of .76 would be interpreted to mean that there is a 76% chance

that a randomly selected recidivist (for any new offense) would have a worse score on the SIR Scale than a randomly selected nonrecidivist.

As the volume of research on the SIR has accumulated, meta-analyses have been possible to examine how well the SIR and its variants predict different forms of recidivism, although most of these reviews have examined how the SIR has fared in specific offender populations, such as sexual or violent offenders. Two meta-analyses that examined the prediction of violent recidivism in violent offenders found the SIR Scale fared reasonably well, with AUC values ranging from approximately .63 (17 studies) to .68 (three studies). A further major meta-analysis published in 2009 of recidivism prediction among men who committed sexual offenses yielded similar findings. Specifically, AUC equivalents were obtained for the prediction of sexual recidivism (AUC = .64, five studies), violent recidivism (AUC = .71, three studies), and general recidivism (AUC = .76, four studies). In all, the existing research to date has supported the predictive accuracy of SIR scores for return to custody, particularly when it comes to assessing risk of any (i.e., general) recidivism.

Research With Special Populations

In 1988, it became policy within the Correctional Service of Canada to not administer the SIR Scale to persons of Aboriginal ancestry owing in part to the limited research available at the time. At least four evaluations to date conducted by Canadian federal government researchers have examined the properties of the SIR Scale or the SIR-Proxy with Aboriginal men and Aboriginal women federal offenders. Two early evaluations of the SIR with Aboriginal men in 1989 ($n = 49$) and 1993 ($n = 269$) found the SIR Scale had acceptable accuracy for predicting general recidivism with AUC values in the low .70s. Much larger subsequent examinations of the SIR-Proxy with Aboriginal men in 2002 ($n = 1,211$) and 2012 ($n = 2,560$) found that it predicted sexual (AUC = .60 and .62, respectively), violent (AUC = .63 and .57, respectively), and general (AUC = .68 and .63, respectively) recidivism. Of note, the effect sizes for the latter two evaluations tended to be higher for non-Aboriginal offenders in the prediction of general and violent recidivism but were

higher for Aboriginal offenders in the prediction of sexual recidivism.

The latter two studies benefited from a large sample size, which enabled them to examine the SIR-Proxy among female offenders, including Aboriginal and non-Aboriginal subgroups. In the subset of 342 women offenders from the 2002 evaluation, the SIR-Proxy showed good predictive accuracy for general (AUC = .77) and violent (AUC = .73) recidivism. The larger 2012 evaluation similarly found the SIR-Proxy to predict general and violent recidivism among 246 Aboriginal (AUC = .65 and .70, respectively) and 666 non-Aboriginal (AUC = .74 and .82, respectively) women. Although prediction effect sizes among male and female offenders did not appear to differ substantively, again, prediction magnitudes were somewhat higher for non-Aboriginal offenders with respect to violent and general recidivism.

Final Thoughts

The SIR Scale continues to be a primary risk assessment tool to assist in appraising suitability for conditional release and prospects of postrelease success among adult male, non-Aboriginal federal offenders in Canada. As a static actuarial tool, the SIR is limited in its ability to assess change but is a useful complement to other general and specialized dynamic measures that can track progress and change. Although psychometric research to date demonstrates that the SIR Scale and its variants can predict recidivism among special populations, such as women and Aboriginal offenders, at this current juncture, the tool is not used with these groups, and alternative measures are used instead to aid in the assessment and management of risk.

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See also Correctional Services of Canada; Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR); Juvenile Sex Offender Recidivism Risk Assessment Tool-II (JSORRAT-II); Recidivism

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STIGMA OF CRIMINALS

See Criminal Stigma

STRAIN THEORY OF CRIME

Strain theories of crime propose that people are pressured into crime through experiencing stressful events. Classic strain theories focus on the mismatch between the desire to obtain monetary success and the opportunity to achieve it. Those who experience this type of strain (i.e., the lower class) may choose crime as a way to achieve their goal of obtaining middle-class success. Given that people experience many different types of strain beyond financial-related strain and those who are part of the middle class engage in crime as well, Robert Agnew developed general strain theory (GST) to expand on the shortcomings of classic strain theories. This entry describes the history of strain theory as well as the assumptions and concepts of GST, then explores how GST has been applied to explain group differences as they relate to crime.

Historical Background of Strain Theory

Anomie Theory

Robert K. Merton's 1938 publication spurred the development of two related theoretical traditions, anomie theory and strain theory. Merton argued that when the goals of middle-class financial success were emphasized in the absence of the same weight placed on the legal means to achieve it, anomie results. Anomie theory is a macro-level

theory designed to explain differences in crime rates among societies, including why places like the United States have higher crime rates than other countries. In 1994, Steven F. Messner and Richard Rosenfeld expanded this idea to argue, in their institutional anomie theory, that the United States in comparison to other industrialized nations places a strong emphasis on the *American Dream*, or a culture of individual financial success. Therefore, in the United States, the economic institution dominates in importance compared to other institutions such as the family, educational system, or the polity, and the values of the economic system are infused into these other institutions, inhibiting their effective operations. For example, similar to the economic institution, the education system prioritizes rewards based on competition rather than learning as a key goal. Crime rates are proposed to be higher in societies when a high level of anomie exists along with a dominant economic institution. Research has found that when the economic institution has more importance in a society than institutions, such as family, religion, and education, crime rates are higher. It has been more methodologically challenging for researchers to test the ideas that the United States has higher crime rates than other places because citizens strongly desire the economic goals while deemphasizing the legal means to achieve them. The findings from a limited number of studies provide mixed support for this part of institutional anomie theory.

Classic Strain Theory

At the microlevel, Merton examined the consequences of anomie when individuals experience a disjuncture between the cultural ideas of economic success and the legitimate opportunities to attain them. As a result of this strain, individuals may adapt in five different ways: conformity, innovation, ritualism, retreatism, and rebellion. First, most individuals will choose to conform to the cultural goals of striving to achieve economic success and pursue the legal means to accomplish these goals (e.g., going to college). Individuals who fall under the innovation category, which is the most common deviant response to strain, accept the cultural goals but realize they will not be achieved through legitimate channels so they

resort to illegal options (e.g., becoming a drug dealer). Ritualists reject the cultural goals that are outlined by society; however, they accept the means of achieving the goals. An example of these individuals may be those who in low-paying jobs with few opportunities for advancement. These individuals may not have any aspirations to advance, but they continue to follow the norms required of their work. Retreatism is the mode of adaptation when individuals reject the cultural goals and the means of achieving these goals, essentially withdrawing from society possibly through drug or alcohol addiction. Those who rebel (rebellion adaptation) reject both cultural goals and the legitimate channels of achieving the monetary goals. For example, a person who tries to violently overthrow the government in order to substitute the cultural values with their own goals would be an example of adapting to strain through rebellion.

Albert K. Cohen and Richard A. Cloward and Lloyd E. Ohlin in the 1950s and 1960s extended classic strain theory to explain how individuals who experience strain are less likely to engage in crime unless they become part of a delinquent subculture whose main values are centered on crime. In addition, Cohen stated that economic success is not the only important source of strain for those with blocked opportunities. Rather, lower class youth do not have the verbal or social skills to obtain middle-class status and as a result reject mainstream values of trying to do well in school and working hard to get ahead.

In the late 1960s and 1970s, classic strain theory was critiqued for lacking empirical support. In addition, much of the literature of classic strain theory failed to discuss delinquency among middle- and upper-class families. Robert Agnew expanded on classic strain theories through developing GST which addressed many of these critiques.

GST

Agnew provides one of the most influential expansions of Merton's ideas at the social psychological level with his development of GST. He argues that individuals experience a variety of strains, including criminal victimization, peer abuse, discrimination, and the inability to achieve autonomy, which then lead to negative emotions such as anger,

frustration, depression, and fear. Anger is more likely to lead to crime given that this emotion reduces the likelihood that individuals will think through their actions, is associated with a desire for revenge and blaming of others, and invigorates individuals to react to the strain. Overall, research shows that strain leads to anger and anger then leads to crime, although some studies do not find this proposed relationship. The roles of other negative emotions in GST are either understudied or provide mixed support.

Strain may lead to crime through other avenues including reducing social control, facilitating personality characteristics compatible with crime, and increasing the learning of crime. For example, strains which involve being treated negatively by others (e.g., being ridiculed by others or being fired from a job) can lead individuals to withdraw from law-abiding others which reduces social control. In addition, strains such as those associated with poor parenting (e.g., harsh or inconsistent discipline) can foster personality characteristics in an individual which are related to crime, such as being quick to anger or being impulsive. Finally, some strain may encourage individuals to become a part of criminal groups in order to reduce the strain. For example, becoming involved with others who sell drugs may be an appealing option when individuals cannot obtain their financial goals.

Strain can be classified into three broad categories: (1) the failure to achieve positively valued objectives, (2) the loss of something valuable to the individual, and (3) being treated negatively by others. Failing to achieve an objective may include not obtaining the job which is desired. Someone loses something of value when a family member passes away or a significant other breaks up with him or her. Finally, being treated negatively by others may include emotional or physical abuse from peers or family members. Some strains may be disliked by many, if not most, people; these are referred to as *objective strain*. On the other hand, strains may be deemed as stressful for one person but not as stressful for another; these are referred to as *subjective strain*. Agnew further distinguishes among experienced, vicarious, and anticipated strains. *Experienced strains* are those that an individual personally endures. *Vicarious strains* are events experienced

by others around the individual, especially those to whom the individual is closest (e.g., family or friends). Finally, *anticipated strains* include strains that the individual expects will continue into the future or new strains the individual is likely to face.

Given that not all strains result in crime, Agnew describes the characteristics of strain most likely to be related to crime: (a) high in magnitude, (b) perceived as unjust, (c) associated with low social control, or (d) create some pressure or incentive for criminal coping. High in magnitude refers to strains that are perceived to be more severe due to being greater in degree, including a substantial financial loss, occurring recently, over a long period of time, and/or likely to persist. In addition, severe strains threaten an important identity, need, or goal of the individual (e.g., masculine identity). Unjust strains refer to those in which an individual feels he or she has been intentionally mistreated without provocation. Strains which are associated with low social control include those that weaken bonds with others (e.g., being fired from a job or being physically or emotionally abused). Strains which are characterized by pressure or incentives for criminal coping are those which are easily alleviated through crime (e.g., a desperate need for money or strains in which peers encourage criminal coping).

Even when strains are high in magnitude, unjust, are associated with low social control, and could be easily resolved through crime, most individuals do not commit crime. Specifically, individuals vary in their coping skills and resources which may serve to reinforce or reduce criminal coping. For example, individuals who are more impulsive and easily angered are more likely to respond to strain with crime. In addition, when individuals have little to lose such as a good job or quality relationship, they are more likely to commit a crime in order to cope with strain. Finally, individuals who do not believe crime is wrong and/or who have peers who provide criminal models are more likely to respond to strain with crime. On the other hand, having more coping skills including problem-solving skills and emotional and spiritual coping skills or occupying more diverse roles reduces the likelihood that individuals will respond to strain with crime.

Applied GST: Understanding Group Differences in Crime

GST has been applied to understanding group differences in crime including race and gender as well as patterns of offending over the life course. Research supports that while African Americans experience more crime producing strains such as discrimination and financial strain, they also have coping resources available to them to alleviate the strain including strong family ties and religiosity. These counteracting mechanisms can explain why the relationship between race and crime is not strong in self-report surveys.

Gender differences in offending have been explained through differences in the types of strains experienced with males experiencing crime-inducing strain including criminal victimization and threats to masculine identity. On the other hand, females are more likely to experience strains which serve to increase social control including taking care of children or elderly parents. In addition, the gender gap in offending has been explained by differences in the experience and expression of emotions. In particular, evidence suggests that females experience anger at similar or even greater levels than males but factors such as simultaneously experiencing emotions such as depression suppress the desire to act out. Factors including gender identity or how masculine or feminine individuals are and differences in coping resources provide an explanation for why males offend more frequently than females. Finally, GST can be applied to understanding why offending peaks in adolescence given that the expanding social networks in secondary school increase the likelihood of individuals being treated negatively by peers and romantic partners.

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See also Female Offenders; Social Bond; Social Learning Theory; Sociological Theories of Crime

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STRATEGIC TRAINING INITIATIVE IN COMMUNITY SUPERVISION (STICS)

The STICS is a model of community supervision based on the Risk-Need-Responsivity (RNR) principles, designed specifically to implement these principles into sustainable everyday action at the organizational and officer level. STICS was developed in 2006 by a Canadian team of researchers (James Bonta, Guy Bourgon, and Tanya Ruge) after their meta-analysis that found the effectiveness of probation services in reducing recidivism was minimal.

The STICS model shifts community supervision practices away from the traditional case-management model to one that emphasizes officers taking a more active role by teaching prosocial cognitive and behavioral skills to their clients. STICS incorporates a holistic cognitive behavioral model of human behavior with the RNR principles as the foundation. Implementing the STICS model begins with a formal 4-day training to officers, which focuses on required skills and intervention techniques. This is followed by a set of structured ongoing professional development activities as well as a series of organizational strategies to ensure fidelity and sustainability. STICS was

initially tested in three Canadian provinces from 2007 to 2009 and demonstrated significant enhancement of the quality and use of STICS skills and intervention techniques by officers and decreased offender recidivism. By 2015, STICS has been fully adopted by two provinces.

Effective Correctional Services: Setting the Stage for STICS

The RNR principles of effective correctional interventions were first described in 1990. These principles linked effectiveness to services provided to higher risk offenders (Risk principle), that targeted criminogenic needs (i.e., empirically related to reoffending; Need principle); and used cognitive behavioral treatment methods that are tailored to the offender's learning style, motivation, abilities, and strengths (Responsivity principle). The robustness of the RNR model has continued to grow through extended meta-analyses of the offender treatment literature and independent tests of the principles. With its accumulated evidence to date, RNR is the predominant model in the rehabilitation of offenders.

With the majority of offenders in North America under a sentence of probation or some other form of community supervision such as parole or bail, applying the RNR principles to community supervision has been viewed as an efficient and effective method to reduce recidivism. In general, community supervision is less expensive than imprisonment, and it is believed to be more effective than custody in reducing reoffending. However, studies that actually examined the interactions between probation officers and their clients cast some doubt on the efficacy of probation officers in promoting change and reducing reoffending. In a 2008 meta-analysis of the effectiveness of community supervision, it was found that community supervision was associated with a reduction of only 2 percentage points in recidivism. Furthermore, more recent studies examining audio-recorded interviews between probation officers and their clients revealed that supervising officers adhered to relatively few of the RNR principles of effective correctional services.

Although the majority of the RNR evidence has examined studies of treatment program effectiveness, early work exploring interactions between probation officers and their clients suggested that

the RNR principles were also applicable to community supervision practices. For example, reduced recidivism was linked to probation officers' utilization of what has been called *Core Correctional Practices*, a variety of skills derived from the RNR model. These Core Correctional Practice skills included certain relationship skills, prosocial modeling, the effective use of reinforcement and disapproval, and problem-solving.

Guided by this empirical knowledge base, community correctional agencies have made efforts to improve the effectiveness of community supervision. However, translating empirical knowledge into system-wide everyday practice has proven difficult as research has illustrated that the effect of RNR-based services diminishes when it moves from a demonstration project to a real-world application. With discrepancies between expectations based on small-scale, well-controlled studies and what was found in large-scale implementations of *what works*, there has been a growing interest in the importance of program design and the integrity of implementation.

It is within this context that an empirically based RNR model of community supervision was developed. STICS was designed as a community supervision officer training program and implementation method intended to ensure fidelity and sustainability of effective community supervision practices.

Development of the STICS Model

The primary goal of STICS was to translate RNR into sustainable everyday practice of probation officers. The STICS development team focused step-by-step on the program design, strategized on how to ensure high-quality implementation, and designed a comprehensive evaluation. Firmly rooted in the general personality and cognitive social learning theoretical perspective and RNR principles, STICS is a community supervision service model and implementation training package that emphasizes officers' teaching skills and providing interventions that facilitate prosocial attitudinal and cognitive change in moderate- to high-risk offenders. Procriminal attitudes and cognitions, arguably the most predictive dynamic criminogenic need, are the primary targets for change. Probation officers are provided with intensive training in the STICS model whereby

they learn and practice a variety of skills and specific intervention techniques.

To maintain fidelity and facilitate sustainability, STICS ongoing professional development includes various learning activities such as monthly meetings that provide practice opportunities and support, regular refresher workshops, and the provision of feedback on the use and application of STICS concepts, skills, and techniques—all designed to consolidate skill development. Implementing STICS requires organizational changes as well, such as increases in staffing and work responsibilities and potential changes in policy and procedures to ensure congruence with the STICS model.

The STICS Model

After more than a year in development (2005–2006), the STICS model consisted of a 3-day initial training course and a series of ongoing professional development activities. The initial training included discussions about the research that led to the development of STICS, what was known to be effective in offender treatment and why, as well as methods to practically apply the principles of Risk, Need, and Responsivity in individual work with clients. Particular emphasis was placed on the skills and intervention techniques required for officers to effectively facilitate change in clients' procriminal thinking and attitudes.

Officers were provided with structures to follow in each supervision session as well as throughout the supervision period. They were taught a variety of skills and intervention techniques including active listening, giving effective feedback, identifying procriminal attitudes, role clarification, collaborative goal setting, cognitive behavior sequencing, countering problematic thinking, prosocial modeling, effective reinforcement, effective disapproval, rehearsal strategies, and problem-solving. Officers practiced through experiential exercises in the training and afterward in the ongoing clinical supervision and professional development activities. In each office, a coach held monthly meetings to provide regular opportunities for officers to practice the skills and techniques, as well as co-facilitated yearly refresher courses, and supported the submission of audio-recorded supervision sessions with clients for which officers received written feedback on the skills and techniques that were employed. With

STICS's emphasis on directly facilitating client change rather than relying solely on formal treatment programs and services, as well as the impact of new job responsibilities and tasks for officers, organizations who adopt STICS were required to adjust their existing workload expectations and staffing resources.

STICS Evidence

In 2006, the STICS model was piloted and evaluated in three Canadian provinces. Eighty probation officers were randomly assigned to STICS training or routine supervision and their supervision sessions were audio-recorded at the beginning of supervision, 3 months later, and 6 months later. Reconvictions statistics for their clients were collected 2 years later. The results of this study suggested that STICS was having a significant impact. First, officers spent significantly more time discussing criminogenic needs with their clients and in particular, talking about pro-criminal cognitions. Second, the probation officers significantly enhanced the use of and quality of the set of evidence-based skills and intervention techniques following training. Third, the results showed continuous development and improvement of these skills and intervention techniques with engagement in post-training clinical support services highlighting the importance of these services. Finally, the reconviction rate for the clients of the STICS officers was 15 percentage points lower compared to the control group clients, and the rate was even lower for clients of probation officers who more fully participated in the ongoing professional development activities.

Following completion of the initial pilot, the STICS team made changes to the STICS training and implementation package. The modifications were as follows: greater emphasis on the cognitive intervention techniques, enriched clinical support activities (e.g., monthly meetings included more structured learning and practice exercises), and improved implementation strategies (e.g., greater support and learning opportunities for coaches to enhance their STICS expertise). These changes were based on the findings from the pilot, feedback received from officers, observations during delivery of training and ongoing learning activities, as well as the application of the model within organizations.

As of September 2018, research and wide-scale implementation is continuing with STICS. Recidivism outcomes are not yet available, but preliminary results support the earlier findings of the pilot. Officers who participate in STICS spend more time discussing client's criminogenic needs and their problematic thinking and are using the STICS skills and intervention techniques more frequently and with higher quality. Evidence also suggests that the STICS approach toward ongoing learning and professional development is having its intended effect.

Moving Forward With Effective Community Correctional Practice

STICS is one of the first RNR-based initiatives that focused on the interaction between probation officers and their clients, attempting to address a multitude of factors that have hindered the translation of empirical knowledge into everyday community supervision practice. STICS includes a model of human behavior and change within the context of community supervision that officers understand. At its core, STICS is a training program designed to enhance officers' use and quality of RNR-based skills and intervention techniques to directly facilitate change in offenders.

STICS is also an implementation model, a package that attempts to address organizational considerations and provide strategies to enhance the implementation, fidelity, and sustainability of evidence-based practices. STICS has a commitment to continual research and evaluation. This commitment looks not only to build knowledge of what works but also to better understand how empirical knowledge can be translated, implemented, and sustained in the practical everyday world of community supervision. The RNR model provides a unifying lens and guidance to better understand how correctional agencies may facilitate and support clients moving away from criminal activity, but there is still much to be learned. Further exploration and identification is needed regarding the various cognitive and behavioral changes of clients that lead to prosocial behavior, of the specific skills and intervention techniques used by officers to facilitate change, as well as the factors that influence and mediate the fidelity and sustainability of evidence-based implementation efforts. Research on STICS and other similar

efforts will continue to aid in the evolution of effective community supervision.

Tanya Rugge, Guy Bourgon, and James Bonta

See also Community Corrections; Probation; Psychology of Criminal Conduct; Risk-Need-Responsivity, Principles of

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STREET GANGS

Not all gangs are created equal. Although there is no strictly agreed upon definition of what a street gang is, there are certain common characteristics that street gangs possess. There is a group element where the gang serves as a surrogate family for many of the members. There is no such thing as a one-person gang. Symbols are also important to identify who is a member of which gang, and these symbols also create a sense of collective identity.

There are nonverbal (e.g., graffiti) and verbal (e.g., code words) forms of communication that let others know who is part of what gang and the location of a certain gang’s turf. Street gangs also maintain an element of permanence, meaning that they stick around for extended periods of time. The most unique feature of street gangs that differentiates them from prison or motorcycle gangs is their street orientation. Although not every street gang claims turf, it is a common phenomenon among street gangs to place importance on defending their turf. Finally, the key feature of gangs that separates them from any other group is their involvement in crime. When gang members are asked what the gang means to them, they highlight the importance of the gang as a family and their involvement in crime.

Street gangs are an important feature of the criminal landscape in the United States. These groups are hotbeds for criminal activity. According to the 2012 National Youth Gang Survey, conducted by the Office of Juvenile Justice and Delinquency Prevention, there were an estimated 30,700 gangs, 850,000 gang members, and 2,363 gang-related homicides in the United States. To take a closer look at the peculiarities of these groups, this entry follows the career of a typical street gang member, highlighting the general characteristics of gang members, why they join gangs, the gang structure, the types of crime gang members participate in, and the eventual departure from the gang.

Gang Members

Street gang members are not identical, but there are patterns that arise in age, gender, race and ethnicity, socioeconomic status, and place of residence. Individuals who typically join gangs enter in middle school or the early high school years. The average age of a street gang member is 14–18 years, but there are of course gang members who are much older or younger. The majority of gang members are male, but that is not to say that females are not involved in gangs as well. When it comes to race and ethnicity, those considered to be from the lower rungs of the social ladder are typically those who are joining gangs. This trend can be seen historically. When Italians and Irish were the majority of the immigrants coming to the

United States in the 1800s and early 1900s, they were often considered to be on the lower end of the social ladder by U.S. citizens. These were the groups that were forming gangs. Blacks and Hispanics are now often considered the lower rungs of the social ladder, which is why they make up the majority of the gang population. These individuals are drawn from poorer households in densely populated urban cities and neighborhoods. As the next section will illustrate, being in a poor area does not mean an individual will automatically join a gang. Gangs are also not restricted to the poor, and in fact, there is a growing amount of middle- and upper-class youths who are joining.

Joining the Gang: Why and How

When thinking about the process of a joining a gang, one must differentiate risk factors from motivations. As mentioned earlier, living in a poor neighborhood does not automatically make someone join a gang, but that is considered a risk factor because that individual is in closer proximity to gangs in the area. Those living in areas where there are no gangs are not at the same risk of joining than someone living in an area full of gangs. Other risk factors include poor educational or employment potential, poor parental supervision, and exposure to antisocial peers.

Motivations for joining gangs are more subjective to the individual and do not take into account external risk factors like poor neighborhoods and low employment. Family members or peers already in the gang could influence an individual into joining; this is considered a *pull*. Being pulled into the gang means that the individual is drawn by the gang's offers. Along with the family aspect, other pulls include protection, money, and a sense of status. For many ethnic Hispanic gangs, membership represents a source of cultural honor. There are also gang members who are *pushed* into joining gangs. Being pushed into a gang is akin to being forced to join the gang. For example, an individual may fear physical consequences of not joining and may feel compelled to join.

The actual process of being initiated into the gang introduces the individual into the violent culture of the gang. With this initiation, individuals are *jumped* or *beaten* in. This process looks

similar across gangs in cities across the country. The potential member is forced to take a beating from the members of the gang. The potential member is either jumped in, or they must complete a mission against a rival gang. This mission usually involves the murder of a rival gang member. This initiation process shows new members that violence is important to the gang and is expected.

Gang Structure

One of the reasons why gangs are not all the same is because there are varying levels of organization among different gangs. Some gangs are more organized and some are less so. A gang's organization is dependent on how well they are able to carry out their activities. A gang that is able to give commands and successfully engage in illicit operations is more organized than a gang that has difficulty in doing so. There are two perspectives with gang organization. The instrumental-rational approach believes that gangs are organized and have a hierarchical leadership structure and that there exists discipline, well-defined roles, and rules of conduct. The unorganized perspective is the informal-diffuse approach. This approach considers gangs to be a group of poorly unified individuals who loosely pursue the group's interests but are mainly committed to individual self-interest. Street gangs are more likely to be disorganized than organized. Again, these gangs are typically filled with adolescent individuals who have little to no training in management or organizational efficiency.

Gangs that have certain organizational characteristics, either in higher quantity or quality, are considered more organized than those who do not have these characteristics. Gangs that have been around longer are usually more organized than brand-new gangs because they have had more of an opportunity to define leadership roles and structure. Gangs that have rules are more organized than gangs that allow their members do whatever they please. The most organized gangs even have written constitutions that detail rules of conduct. Very much like the criminal justice system, gangs have systems of punishment if one of their members falls out of line and breaks the rules of the gang. Gangs that have specialized roles are

more organized than gangs with no differentiation in membership. There are typically three levels of roles in gangs: leaders, experienced gang members, and regular members. Those who are leaders or experienced gang members are more committed to the gang. Regular members could include those on the fringe of the gang or those who have not proven yet that they have a strong commitment to the gang.

Another characteristic of gang organization is gang meetings. Most gangs hold meetings, but for some of the larger gangs, it would be impractical to have every member attend, so usually key leaders and decision makers attend these meetings and disseminate the information to the other members. Some gangs, such as the Gangster Disciples, are so organized that they have strong influences in the political, social, and economic landscape in the areas they reside. There are also some gangs that are so unorganized that they dissipate in a short amount of time.

Types of Crimes

Gangs and gang members do not specialize in specific types of crimes. Gang membership influences all types of criminal behavior. One of the more prominent offenses that gangs participate in is drug use. There is a general consensus among gangs that marijuana usage is fine, but once harder drugs (e.g., cocaine, heroin) are involved, this consensus begins to fade. Many members claim that usage takes away from the group's overall profits. Those gangs that are more accepting of harder drug usage are also the gangs that are less organized and have less authority over what their members do.

Apart from drug usage, gang members are also often involved in drug dealing. Not every gang is involved in drug dealing to the same degree. The more organized a gang is the more likely they are able to handle larger quantities for distribution. It is more common to see members sell drugs for themselves.

Gun ownership and carrying has symbolic significance and is another widespread act that gang members participate in. The gun is a symbol of power in the gang world. It is perceived to be necessary for protecting oneself against potential

attacks from rival gang members. Gang members are more likely to carry guns than nongang members, which could be one of the main influences on their criminal behavior.

Gang members also participate in serious violence at higher rates than nongang members. They must defend their turf from rival gangs, usually by force. They complete missions on rival gangs by participating in drive-by shootings. By being in a gang, an individual is more likely to be a victim of violent crime than the nongang member. Not every gang member is equally involved in gangs, however, so not every gang member is necessarily at the same risk of participating in violence or being victimized. Violence is expected from leaders, who are likely to be high-profile targets for rival gangs, but these expectations are relaxed for fringe members who are not often exposed to the same volume of gang activities.

Leaving the Gang: Why and How

Contrary to popular belief, the average length of gang membership is 1 year. Similar to joining gangs, push and pull factors play an important role in the departure from the gang. Push factors are those internal to the gang that makes membership undesirable. For example, the constant fights and violent lifestyle eventually make membership undesirable and members feel the push to leave the gang. Pull factors are external to the gang and guide a member out of the gang. These factors are typically jobs, social interventions, children, and/or romantic relationships. Gang researchers David Pyrooz and Scott Decker found that two thirds of former youth gang members studied left because of push factors instead of pull factors. So in an ironic turn of events, many of the reasons why people join gangs become the reasons why they leave.

Depending on the gang and the reason for leaving, this departure process could be painless or painful. Departing members could be met with hostile or nonhostile rituals. Many of the same methods for initiation are used for when a member leaves the gang. They could be beaten out, commit a mission against a rival gang, or be forced to shoot a family member, typically the individual's mother. That said, Pyrooz and Decker

found that only 20% of gang members in their sample were sent off hostilely. For the most part, the gang understands the pressure to leave and sends off the member peacefully.

Victor J. Mora and Scott H. Decker

See also Biker Gangs; Criminal Careers and Offending Trajectories; Criminal Lifestyle; Criminal Risk Assessment, Juvenile Offending; Criminal Risk Assessment, Violence; Juvenile Delinquency and Antisocial Behavior; Prison Gangs, Major

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STRUCTURED ASSESSMENT OF PROTECTIVE FACTORS (SAPROF)

The SAPROF for violence has been under development since the early 2000s. Arguably, it represents one of the most systematized attempts at creating an adult-focused protective factor assessment tool that mirrors the structure commonly found in other risk assessment tools. It joins a relatively small but growing group of forensic tools incorporating protective or strength-based factors (i.e., any characteristics of an individual person, his or her situation, or environment that may reduce the risk of future violence) into violence risk assessment, such as the Structured Assessment of Violence Risk in Youth, the Inventory of Offender Risk, Need, and Strength, and the Short Term Assessment of Risk and Treatability. This entry addresses the basic structure of the SAPROF and the relationship between protective factors and risk factors, evaluates the role played by the SAPROF in predicting future violent offending, and explores other possible uses of the SAPROF.

Basic Structure

The SAPROF is comprised of 17 hypothesized protective factors, which are subdivided into five internal characteristics, seven motivational factors, and five external factors. Two internal characteristics (i.e., intelligence and secure attachment in childhood) are viewed as static variables (i.e., generally unchanging with time or intervention), whereas the remaining 15 items are hypothesized to be dynamic variables (i.e., potentially changeable).

<i>Internal</i>	<i>Motivational</i>	<i>External</i>
1. Intelligence	6. Work	13. Social network
2. Secure attachment in childhood	7. Leisure activities	14. Intimate relationships
3. Empathy	8. Financial management	15. Professional care
4. Coping	9. Motivation for treatment	16. Living circumstances
5. Self-control	10. Attitudes toward authority	17. External control
	11. Life goals	
	12. Medications	

Each item is rated as 2, 1, or 0 to represent whether the factor is present, partially present, or absent (as per the operational definitions and rationale in the administration manual). A total protection score can then be calculated. Final protection ratings are assigned using structured professional judgment rather than relying on actuarial derived protection bins. Additionally, the authors, Vivienne de Vogel, Corine de Ruiter, Yvonne Bouman, and Michiel Vries Robbé, argue that the SAPROF is best used in combination with a risk-focused assessment tool, such as the Historical, Clinical, and Risk Management-20 (HCR-20). Should clinicians choose to pair the HCR-20 with the SAPROF, the SAPROF protocol allows clinicians to make integrated final risk ratings after reviewing the HCR-20 and SAPROF together. Finally, clinicians can also identify which factors are *key* to the offender's evaluation, which factors should be treatment *goals* for the offender, and whether other considerations are worth noting.

Due to its recent publication, the current literature on the SAPROF's psychometric properties, predictive accuracy, and usefulness is relatively small but rapidly growing. Studies examining the SAPROF have demonstrated support for its use with a range of populations. Reception of the SAPROF by the academic community has been largely positive; however, it has not been without criticism.

Protective Factors Versus Risk Factors

Protective factors have long been included as an under-addressed and under-researched component of effective correctional treatment. The SAPROF conceptualizes protective factors as any characteristics of an individual person, his or her situation, or environment that may reduce the risk of future violence. A major criticism of the literature on protective factors is a lack of a mutually agreed upon conceptual and operational definition regarding what constitutes a *protective* factor, and by what mechanism they impact offending. Some authors view protective factors and risk factors as the same construct in that the presence of one categorically means the absence of the other (e.g., the presence of the risk factor *dysfunctional parenting* would translate to the absence of the protective factor *secure childhood attachment*). Many researchers use the terms *protective factor* and *risk factor*

interchangeably. If such a relationship is true, then protective factor tools would not, in fact, assess protection but rather provide reverse assessments of risk. Thus, any relationship between protection and offending would actually just be a proxy of the relationship between risk and offending.

Such a criticism could be made about some components of the SAPROF. In numerous published studies, many of the SAPROF items as well as its total score have been found to correlate highly with the risk factors and total score of the HCR-20. For example, the SAPROF's *self-control* protective factor is defined as the absence of impulsivity; *impulsivity* is a risk factor on the HCR-20 and is largely defined as the lack of self-control and inhibition. Correlations between these 2 items generally range between $-.60$ and $-.76$. Additionally, many of the SAPROF items share marked similarities with the Big 4 and Central 8 risk factors. The authors of the SAPROF acknowledge this criticism in the administration manual and note that most of the SAPROF's protective factors could also be considered risk factors. The authors acknowledge that the concept of protective factors is ambiguous, and they openly discuss the conceptual difficulties in defining protective factors.

Other possible relationships between protective factors and risk factors warrant discussion:

1. Protective factors and risk factors could represent opposite poles of a continuum; that is, the factor could be protective at one end of the continuum, risky at the other end, and neither risky nor protective toward the middle of the continuum. For example, the absence of the risk factor *antisocial peers* does not necessarily mean the presence of the protective factor *prosocial peers*.
2. Protective factors and risk factors could represent completely unique and independent factors. Therefore, they would not correlate with each other and an offender could be high in both protection and risk. Currently, the research literature does not support this possibility.
3. Protective factors are actually resilience factors. Resilience can be defined as the capacity to adapt successfully in the presence of risk and adversity. Research on resilience factors in offending similarly struggles with mixed findings and its own conceptual issues (i.e., Are they traits? Are they teachable? Are they universal?).

Subsequent to resolving these conceptual and operational definition issues, mechanisms of action still need to be clarified. Possible mechanisms include direct effects, buffering or mediating effects (either fully or partially), and moderating effects. It is also possible that specific protective factors may only have protective effects in the presence of a specific risk factor. That is, protective factors may not have a global protective effect on offending but rather have smaller moderating effects only when specific risk factors are present. Further research elucidating these processes is clearly required.

Role of the SAPROF in Predicting Future Offending

Although conceptual issues remain regarding the exact nature of the SAPROF's protective factors, the research literature has been supportive of its ability to predict future nonviolent, violent, and sexually violent offending. This relationship has been observed in a number of populations including male and female offenders; correctional, not criminally responsible, and mentally disordered offenders; psychiatric and incarcerated populations; and over many different follow-up periods (ranging from 1 to 10+ years post-assessment). Predominantly, this research has been conducted in European settings; however, recent research in Canada seems to be equally favorable. The magnitude of the SAPROF's predictive accuracy appears similar to that of other risk assessment tools. As such, it is unlikely that the SAPROF is superior or inferior to the other mainstream risk assessment tools in its ability to predict offending.

Since the SAPROF's predictive accuracy has largely been established, current research seems to focus on testing its internal assumptions as well as whether it adds uniquely to the prediction of offending that is not otherwise accounted for by risk. A major assumption of the SAPROF is that 15 of its protective factors are dynamic. In order to establish dynamism, one must measure the factor at a minimum of two time points, that an intervention occurs between these two time points, that the factors change in response to the intervention, and accordingly an increase or decrease in an outcome variable is observed (in this case, increases

or decreases in offending). Research in both European and Canadian samples has demonstrated that scores on the SAPROF's dynamic factors do significantly change with time and intervention; however, demonstrating that these changes reflect actual changes in future offending rates has been less positive. For example, in a study of high-risk/low-protection Canadian offenders who underwent an intensive RNR-based violence treatment program, level of protection on the SAPROF was significantly higher posttreatment; yet, these increases in protection only minimally to moderately corresponded with reductions in future reoffending. Clearly, more investigation is necessary.

A second major area of research on the SAPROF focuses on whether the SAPROF uniquely adds to the prediction of offending beyond that captured by other risk assessment tools. Studies examining whether the SAPROF adds incrementally to the prediction of the offending over the HCR-20 has been mixed. Many studies have demonstrated incremental contributions for a subset of offending types, but which type of offending the SAPROF incrementally predicts appears to vary from study to study. Recently, in a Canadian sample of incarcerated high-risk violent offenders, the SAPROF did not add incrementally to the prediction of any offending types over the HCR-20 despite showing strong independent predictive accuracy. These results do raise the question that even if the SAPROF does add incrementally to the prediction of reoffending, such contributions may be small and may not markedly change a clinician's final risk ratings. As such, more research is needed to establish whether the SAPROF consistently adds both incremental and clinical meaning to the prediction of all offending or only to specific populations and to specific offense types.

Other Uses and Future Directions of the SAPROF

Although the SAPROF has been demonstrated to predict offending, its authors argue that its greatest value relates to guiding treatment planning. This line of research is in its fledgling stages. Integration of a protective factor focus into RNR-based programming has largely been absent from the research literature. Further, it is unclear whether treatment planning using the SAPROF

would be superior to treatment plans generated from risk-based tools such as the Violence Risk Scale. Currently, the authors of the SAPROF have not produced guidelines detailing which treatments to implement in the presence or absence of certain protective factors. Importantly, the authors acknowledge in the administration manual that they plan to make continuous improvements and revisions to the SAPROF.

Additionally, some researchers argue that the inclusion of protective factor tools in risk assessment may have other benefits beyond predictive accuracy. Such researchers have speculated that risk assessments based solely on risk factors could hypothetically lead to a negative connotation or bias in reports, thereby generating pessimism among clinicians and unbalanced final evaluations by parole boards. Potentially, this could lead to lengthier periods of detention. Although scant research exists examining these potential impacts of the risk-focused assessment, these hypothetical impacts would be costly to all parties involved.

Further, current research tends to have a narrow focus toward the overprediction of offending rather than evaluating other potentially positive community outcomes. Indeed, it makes logical sense that protective factors may be uniquely situated to provide accurate assessment of positive community outcomes (regardless of whether the offender reoffends) including returning to school, reduced hospitalizations, holding consistent employment, or maintaining safe and stable housing. One could argue that an offender who reoffended and had maintained stable employment and housing is more successful than an offender who reoffended and was unable to attain employment or safe housing. Again, scant research exists in this area, but this could represent a unique research avenue in the burgeoning forensic positive psychology literature.

Final Thoughts

The SAPROF represents an important addition to the risk assessment literature and is arguably one of the best developed protective factor tools currently published. Although many conceptual and research questions remain, this would be expected for any new risk assessment tool. Given the authors' stated commitment to continually

improve and revise the tool as new research is published, the SAPROF is a useful tool that may become valuable in forensic assessment.

Richard B. A. Coupland

See also Historical-Clinical-Risk Management-20 (HCR-20); Protective Factors, Definition of; Protective Factors and Relationship to Risk; Protective Factors Assessment; Short-Term Assessment of Risk and Treatability (START); Structured Assessment of Violence Risk in Youth (SAVRY); Violence Risk Scale (VRS)

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STRUCTURED ASSESSMENT OF VIOLENCE RISK IN YOUTH (SAVRY)

The SAVRY is one of the most widely used and researched structured risk assessment tools designed to assess risk of general violence in male and female youth between the ages of 12–18 years. The SAVRY is particularly relevant to the topic of correctional psychology, given its applicability to the assessment and management of risk in adolescent offenders. The current entry describes the SAVRY and briefly discusses its purpose and development, then provides a broad overview of empirical findings regarding its reliability and validity.

Description and Purpose of the SAVRY

The SAVRY consists of 30 items (i.e., 24 risk factors; 6 protective factors) that are grouped into three risk domains, Historical Risk Factors, Social/Contextual Risk Factors, and Individual/Clinical Risk Factors, and one protective domain,

Protective Factors. Items are operationally defined within the SAVRY manual with the risk factors being rated as *low*, *moderate*, and *high*, whereas the protective factors are rated dichotomously as *present* or *absent*. However, given that the SAVRY is not an exhaustive list of risk/protective factors, an assessor may take into consideration other individual or situational factors (i.e., case-specific factors) that may contribute to or mitigate an adolescent's risk of violence (i.e., Additional Risk Factors/Additional Protective Factors). Moreover, an assessor may judge a risk or protective factor as being particularly salient with respect to a youth's level of violence risk and may, therefore, identify such factors as critical items. Table 1 lists the items of the SAVRY by domain.

The SAVRY is intended to be administered as part of a comprehensive forensic assessment, and scoring of the items takes approximately 10–15 min once information has been gathered. The overall purpose of the SAVRY is to help guide the assessment and management of violence risk. Given that adolescence is a time of rapid developmental change, the SAVRY was developed to account for the dynamic and contextual nature of adolescent violence, while also providing developmentally informed risk and protective factors (e.g., poor parental management). To increase its flexibility, the SAVRY adheres to the structured professional judgment approach to risk assessment in that a final score is not produced by summing the item ratings; rather the assessor, based on his or her consideration of the risk and protective factors and his or her own professional expertise, generates a final determination regarding the nature and severity of a youth's risk of future violence using a summary risk rating of low, moderate, or high. An additional summary risk rating can be made using the SAVRY regarding future risk of nonviolent offending due to the overlap between risk factors for violent and nonviolent offending. Although no final risk score is produced in practice, much of the research conducted with the SAVRY has used total scores derived by summing the risk factors to produce a risk total score and/or by summing the factors across the various domains. Whereas the likelihood for violent reoffending typically increases as a function of the number of risk factors present, not all youth who exhibit a wide range of risk factors are to be

Table 1 Structured Assessment of Violence Risk in Youth Risk and Protective Items by Domain

Historical Risk Factors

1. History of violence
2. History of nonviolent offending
3. Early initiation of violence
4. Past supervision/intervention failures
5. History of self-harm or suicide attempts
6. Exposure to violence in the home
7. Childhood history of maltreatment
8. Parental/caregiver criminality
9. Early caregiver disruption
10. Poor school achievement

Social/Contextual Risk Factors

11. Peer delinquency
12. Peer rejection
13. Stress and poor coping
14. Poor parental management
15. Lack of personal/social support
16. Community disorganization

Individual/Clinical Risk Factors

17. Negative attitudes
18. Risk-taking/impulsivity
19. Substance use difficulties
20. Anger management problems
21. Lack of empathy/remorse
22. Attention deficit/hyperactivity difficulties
23. Poor compliance
24. Low interest/commitment to school

Protective Factors

- P1. Prosocial involvement
 - P2. Strong social support
 - P3. Strong attachments and bonds
 - P4. Positive attitude toward intervention and authority
 - P5. Strong commitment to school
 - P6. Resilient personality traits
-

automatically considered high risk. This is due to the weighting of the SAVRY items being determined by the assessor based on their relevance to the individual case (i.e., the identification of

critical items). Lastly, while the SAVRY does include static (i.e., historical) risk factors, approximately two thirds of the risk factors are potentially dynamic (i.e., changeable), and the authors (Randy Borum, Patrick Bartel, and Adelle Forth) recommend that youth be reassessed at regular intervals particularly in situations in which transitional (e.g., transfer from custody to the community) and/or developmental changes are occurring, though no specific time frame has been provided.

Development of the SAVRY

Development of the SAVRY began in 2000, when Borum, Bartel, and Forth amalgamated items from two independently developed risk assessment tools still within the prototype stage. Item selection was primarily based on a review of the empirical literature on adolescent violence (i.e., through prior reviews, meta-analytic investigations, and individual studies) and the magnitude/robustness of each risk/protective factor's relationship with violence. While varying degrees of empirical support were found for all items included within the SAVRY, a small number of items were retained despite their lower association with violence due to their perceived clinical relevance (e.g., poor compliance). Moreover, due to the relative lack of empirical research on protective factors in youth at the time of development, the protective factors included within the SAVRY were considered preliminary. This is reflected in the altered rating format of present/absent and the smaller number of protective factors incorporated into the SAVRY relative to the number of risk factors.

The SAVRY has gone through various stages of development and revisions based on preliminary research and feedback from professionals in the field. The various iterations included a pilot version and Consultation Edition. The Consultation Edition was further revised to reflect changes to Item 21 (referred to as *Version 1.1*). Initially, the SAVRY required administration of the Psychopathy Checklist: Youth Version as part of rating Item 21 (formerly referred to as *Psychopathic Traits*); however, this requirement was dropped following the initial printing of the Consultation Edition. This was to reduce the risk of negative connotations associated with the term *psychopathy* and to ensure that rating of the SAVRY was not

dependent on the administration of another measure or tool and was in keeping with the intention of the measure to be used by professionals working with adolescents, not necessarily clinicians. Moreover, by revising the item to represent low empathy/remorse, the authors argued that capturing the cluster of traits represented by the item was more important than assessing the clinical construct of psychopathy as a whole. The SAVRY was subsequently published commercially through Psychological Assessment Resources in 2006.

Reliability and Validity of the SAVRY

A strong evidence base exists to support the reliability (i.e., internal consistency and interrater reliability) and validity of the SAVRY within both applied and research settings. Although less of a focus among risk assessment tools, the SAVRY has demonstrated adequate psychometric properties (e.g., internal consistency), while interrater agreement has typically ranged from good to excellent for the risk total score and summary risk rating. With respect to predictive validity, reviews, meta-analytic investigations, and independent studies have found moderate to large effect sizes for the SAVRY in predicting violent, nonviolent, and general (i.e., any) reoffending among adolescent offenders across various follow-up periods; however, results of studies examining the SAVRY's predictive validity among adolescent male sexual offenders have been mixed. Despite this, researchers have found the predictive validity of the SAVRY to be comparable across age (i.e., 13- to 15-year-olds vs. 16- to 18-year-olds), gender, type of sample/setting (e.g., specialized school, correctional, forensic/psychiatric, community, and treatment), study type (i.e., prospective/retrospective), and cultural and ethnic background (albeit research is limited in this regard). In addition, the SAVRY has been found to be equally predictive of institutional and community violence and, despite being significantly associated, to add incrementally to the prediction of recidivism relative to other common adolescent risk assessment tools such as the Youth Level of Service/Case Management Inventory. Although the protective factors of the SAVRY are considered underdeveloped relative to the risk factors, the Protective Factors domain has demonstrated negative associations with violence and general antisocial

behavior and, in some studies, has been found to add incrementally to the risk domains in predicting reoffending.

Given that approximately two thirds of the SAVRY items are purportedly dynamic in nature, recent research has examined whether the SAVRY could reliably capture change in a sample of adolescent male sexual offenders, all of whom had undergone a residential cognitive behavioral treatment program to reduce risk of sexual offending, and whether the observed change in risk and protective factors was related to changes in offending outcomes. Dynamic items found within the Social/Contextual and Individual/Clinical Risk Factors and the Protective Factors domains displayed statistically significant changes over the course of treatment with approximately 8.0–38.7% of the sample of 163 youth displaying reliable improvements in risk. However, neither the dynamic change scores nor the presence of reliable change on the SAVRY was significantly associated with reoffending (i.e., any, violent, and sexual) after controlling for baseline scores on the Historical Risk Factors domain. Therefore, while dynamic risk and protective factors incorporated into the SAVRY can reliably capture change over time, further research is required before any firm conclusions can be made regarding the association between change in dynamic risk factors on the SAVRY and reoffending.

Final Thoughts

Empirical evidence has established the SAVRY's ability to predict violent reoffending, providing strong support for its use when assessing risk of violence in adolescent offenders.

Moreover, with improved resource allocation being observed following implementation of the SAVRY, it may serve as a useful aid when making informed decisions concerning the management of violence risk. To further support this process, in 2014, a risk management toolkit for youth justice professionals that directly maps onto the SAVRY items, referred to as the *Adolescent Risk Reduction and Resilient Outcomes Work-Plan (ARROW)*, was developed. The ARROW was designed to assist in the development of case-management plans by providing evidence-based resources and a structured approach for

identifying appropriate risk management strategies aimed at reducing risk factors and bolstering protective factors that have been incorporated into the SAVRY. Although research on the ARROW is limited, the addition of the ARROW to the SAVRY allows for a unique combination that further structures and guides the risk assessment and risk management process.

Andrew L. Gray

See also Criminal Risk Assessment, Juvenile Offending; Criminal Risk Assessment, Violence; Juvenile Offenders; Protective Factors Assessment; Psychopathy Checklist: Youth Version (PCL:YV); Structured Assessment of Violence Risk in Youth (SAVRY); Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI 2.0)

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STRUCTURED INTERVIEWS IN LAW ENFORCEMENT SELECTION PROCESS

Interviews are one tool among many used in various selection processes, including the law enforcement selection process. In general, the goal of a selection procedure is to select the best qualified individual for the job while minimizing potential errors in decisions made using these tools. One way to minimize the potential for decision errors related to interviews is to gain an understanding of the characteristics, development considerations, and evaluation processes associated with structured interviews. This entry discusses these aspects of structured interviews as well as employment law, with a focus on law enforcement.

Interview Characteristics

Levels of Structure

There are three levels of structure used during interviews. At one extreme is the structured interview that contains high levels of standardization and consistency and is designed to minimize question variation during an interview. At the opposite end is the unstructured interview that lacks standardization and consistency of questions asked during the interview process. Finally, combining both structured and unstructured interview

characteristics is the semi-structured interview. The appropriate level of structure used for an interview will vary depending on the goals of the interview. Additional information for unstructured and semi-structured interviews is provided herein, but the main focus is to explain the importance of structured interviews and provide guidelines to ensure high levels of standardization and consistency throughout the development process.

Unstructured and Semi-Structured Interviews

The traditional interview may be referred to as an unstructured interview. These interviews lack structure and consistency in that interviewers asked interviewees a variety of questions but do not ask every interviewee the same questions. Interviewers are also permitted to ask unscripted or follow-up questions related to applicants' or interviewees' responses. This process allows for an expansive amount of information to be collected from applicants and interviewees but prevents interviewers from making comparisons across interviewees because of the inconsistency of information collected.

A semi-structured interview is an interview containing questions that all interviewees answer but allows the interviewer to seek additional information from each interviewee by asking follow-up questions during the interview. Interviewers can compare interviewees' responses to questions asked of everyone but allows for interviewers to gather additional information to clarify interviewees' responses.

Structured Interviews

Structured interviews were created to improve the ambiguous and inconsistent unstructured interview. A structured interview is different from an unstructured interview in that it provides standardization and consistency as well as quantifies a qualitative evaluation process. With regard to employment hiring practices, structured interviews were developed to allow more accurate comparisons across job applicants as well as comparisons to current employees within jobs.

Structured interviews require that every interviewee receives identical questions in the same order and is evaluated using the same evaluation process. Structured interviews are the most rigid in design and offer the greatest amount of

consistency across interviewees. The consistency of a structured interview is emphasized not only in the administrative process of the interview but also during the evaluation of responses.

Factors Impacting Standardization and Consistency

High levels of standardization and consistency are essential to maintaining structure during the interview process. Factors that may impact the standardization of a structured interview include the interview environment, order and delivery of questions, length of interviewees' responses, and documentation method of responses. The structured interview is designed to be rigid and controlled, but if other factors are not also controlled, then standardization and consistency of the process may be compromised.

Interview Environment

Controlling the interview environment is advised and considered good practice so all interviewees experience the same treatment. Lights, sounds, and talking should be minimized and controlled. For example, an interviewee who is interrupted by an alarm during an interview has a different experience from those who are not interrupted. Another example is when some interviewees complete the structured interview in a room with poor lighting and cool temperature and others do so in a room with bright lights and warm temperature. Differences in the interview environment can impact the standardization and consistency of the interview and make comparisons between and across interviewees inaccurate.

Order and Delivery of Questions

One way to ensure standardization of the structured interview is to ask the structured interview questions in the same order and with the same delivery for every interviewee. This includes wording of questions, pronunciation, annunciation, body language, and tone when asking interviewees questions. Minor changes between interviewees may result in a difference in interviewees' interpretation of the questions. One way to eliminate the potential variations between interviewees is to select one person to read the interview questions

using a script. This creates consistency in question wording as well as delivery across all interviewees.

When a large number of interviewees are participating in the structured interview process, standardization and consistency can be preserved by using video and/or audio recordings of the interviewer reading the questions. This ensures that there are no variations in wording of questions, pronunciation, annunciation, body language, and tone of voice. This level of consistency during structured interview administration is paramount to ensuring a successful structured interview process.

Interviewees' Responses

Other factors that can compromise the standardization of a structured interview are the length of the interviewees' responses to questions and the documentation of those responses. All interviewees should be afforded the same amount of time to respond to a question (e.g., 2 min). This standardization increases interviewees' perceived level of fairness because all interviewees received the same treatment during the structured interview.

How raters document responses is also important and may differ for live versus recorded evaluation of responses. For live structured interviews, evaluators must be diligent in documenting all relevant information during the interviewee's response. Margin for error in live structured interviews is low, and evaluators must accurately document all relevant information immediately. Another option is to have evaluators present during the live structured interview but also video/audio record responses for later review if needed. A third option involves having no evaluators present during the structured interview administration and video/audio record responses for evaluators to review at a later date.

Structured Interview Development

Certain factors should be considered when developing a structured interview: question relevance to the job (selection interviews), how many and what type of interview questions will be developed, and how the interviewees' responses will be evaluated. The different methods used to develop structured interview questions vary in complexity, but there are a few guidelines that all development methods should include.

Job Relevance

Structured interviews used for employment decisions should be developed using information about the job, which is gathered through a job analysis (i.e., a process that identifies the work behaviors and tasks performed on the job). This process also identifies knowledge, skills, and abilities an individual must possess in order to successfully perform the job. Questions used during a selection interview should be related to the target job.

Writing structured interview questions can be a difficult task if knowledgeable individuals are not consulted during the development process. When writing structured interview questions, individuals currently working in the job or their supervisors should be included to ensure that the content of the questions remains relevant to the job. Individuals developing structured interviews should collect data demonstrating that the structured interview questions are related to the target job.

Types of Structured Interview Questions

There are two types of structured interview questions: situational questions and past experience questions. Situational questions describe a situation or a scenario and then ask the interviewee to describe or explain what he or she would say or how he or she would handle the situation. This type of interview question is future focused. In other words, situational questions assume that the interviewee will describe how he or she would behave if he or she were really in the situation.

The second type of structured interview question relates to past experience. These questions simply ask the interviewee to provide examples of past experiences or training related to the question. For instance, if a structured interview question is written to evaluate interviewees' customer service abilities, the question may ask the interviewees to describe a past experience when they had to assist an angry customer. The interviewees would then provide one or more examples of past experiences dealing with angry customers. Given the premise that past behaviors predict future behaviors, interviewees are then evaluated based on the likelihood that they will be successful in handling similar situations in the future.

Evaluating Interviewees' Responses

A common method used to evaluate interviewees' responses to structured interview questions is to create examples of behavior called *benchmarks*. Benchmarks are examples of objective behaviors that interviewees exhibit or state during the structured interview process. Benchmarks are a commonly used form of evaluation for structured interviews because individuals knowledgeable about the job are able to develop objective examples of behavior. These examples of behavior are then used to categorize interviewees' responses as unacceptable, acceptable, or outstanding. The categories typically correspond to a numerical value that can be combined across all structured interview questions to create a score, thus creating a method of comparing all interviewees. This process of assigning numerical values to behavioral benchmarks quantifies an otherwise qualitative process.

Evaluating Structured Interviews

Evaluator Selection

Selecting individuals to evaluate or rate structured interview responses is an important process. It is critical that individuals selected to evaluate an interviewee's responses are knowledgeable about the job. For example, evaluating the structured interview responses of an individual in the law enforcement field may be difficult for someone who does not have experience or training within that same field. For certain jobs, like law enforcement, the evaluator's current rank (e.g., sergeant, lieutenant, captain) is also an important consideration. For example, when evaluating the structured interview responses of an applicant applying for a police sergeant job, individuals at the officer rank would not possess the experience and training needed to evaluate sergeant applicants' interview responses. When evaluating structured interview responses for law enforcement careers and similar rank-structured public safety careers, individuals selected as evaluators should be employed at that same rank or one rank higher. For instance, when testing for police sergeant, an assessor should have attained at minimum the rank of sergeant, but lieutenants may also be used.

Evaluation Process

An effective method for evaluating interviewees' responses to structured interview questions is to use panels that consist of two or more evaluators or raters. The raters should listen and observe the interviewees, then use the benchmarks to make ratings based on the interviewees' responses to each structured interview question. There are numerous options and practices used to combine ratings for multiple raters. One practice is to use a preliminary and final rating process that requires raters to reach an agreement on the final rating. Other practices simply average the ratings given by all raters. The specific rating process used may vary depending on the needs of the organization. Regardless of the exact rating process, it is important that all raters use the same benchmarks in the same manner to evaluate interviewees' responses. This ensures that the evaluation process is consistently applied across all interviewees.

Evaluator Training

An important step in increasing the consistency of the structured interview rating process and reducing the potential for errors is to train evaluators or raters on the rating process. Training raters how to use benchmarks and other evaluation processes improves the consistency of the scoring process as well as reduces errors. In addition, training ensures that each rater understands the rating process and how the benchmarks relate to each question. Consistency of the rating process is improved when raters are trained to follow basic guidelines and processes during the evaluation process. Specifically, training should emphasize the importance of rater objectivity when rating interviewees' responses. The training should discuss the benchmarks for each structured interview question as well as provide practice sessions for raters to evaluate interviewees' responses using the benchmarks.

Adequate rater training should teach raters to observe and record only relevant behaviors and to take detailed notes. General note taking and short hand or individualized note taking methods can be allowed, but providing practice sessions for raters to evaluate responses will help ensure that raters are observing and capturing the same behaviors for the same interviewees.

Rater training also provides the opportunity to educate raters about the types of rating errors commonly made by untrained raters. When untrained raters commit rating errors, it may lead to problems with consistency and perceived fairness of the entire evaluation process. Untrained raters may make the mistake of using feelings or personality traits to evaluate responses instead of maintaining objectivity. Raters should avoid making inferences or assumptions about what an interviewee is trying to articulate and instead remain objective by only evaluating what the interviewee states he or she would say and do. This is where audio and/or visual recordings of the interviewees' responses are useful. Recordings allow raters the opportunity to take breaks and listen to interviewees' responses multiple times to ensure objectivity. Recording responses also increases the level of detail in raters' documentation as well as confidence and consistency in evaluations.

Employment Law and Structured Interviews

There are several legal entities and laws designed to protect workers and job applicants in the hiring process. It is important that individuals involved with the hiring process have an understanding of the legal practices that organizations should implement when developing and administering structured interviews and other selection procedures. Law enforcement is an extremely litigious field as it relates to enforcing the law and dealing with the individual rights of suspects and those who have been arrested. The internal workings of law enforcement, as it relates to employment practices and employment law, have an equal if not greater presence in both active and closed U.S. court cases. Law enforcement administrators and human resources professionals should be vigilant in ensuring that hiring and promotional practices are legal.

It should be noted that agencies exist at the federal, state, and local levels. The main federal agencies that oversee employment law and staffing are the Equal Employment Opportunity Commission and the Department of Labor. The most common laws that apply to hiring are Title VII of the Civil Rights Act (1964, 1991), Age Discrimination in Employment Act (1967), Americans

with Disabilities Act (1990, 2008), Genetics Information Nondiscrimination Act (2008), and Uniformed Services Employment and Reemployment Rights Act (1994). Additionally, there are civil service laws that may apply to government entities that have requirements for staffing, which are different from those of private entities. Using properly designed and administered selection procedures such as structured interviews can minimize the possibility of an organization being named in a lawsuit brought by an interviewee.

Structured Interviews in Law Enforcement

Hiring and Promotions

There are several evaluative tools and tests to choose from when designing selection procedures for hiring and promotions within law enforcement. Given the level of public contact and concerns with public safety, it is increasingly important that police departments hire and promote their highest performing law enforcement professionals. In an effort to accomplish this, law enforcement organizations adopt extensive selection procedures that require applicants to complete multiple types of evaluation tools (e.g., multiple-choice test, structured interview, mental health assessment, background check). Regardless of the number of evaluation tools a law enforcement organization uses during the hiring or promotional process, structured interviews are frequently one of the primary tools used across all ranks.

Structured interviews are one of the most versatile tools available for hiring and promotional processes. They are frequently used by law enforcement agencies because structured interview questions can be developed to evaluate applicants' responses to a variety of situations. Structured interview questions can be designed to evaluate how police officers handled specific situations in the past as well as how they would react or behave during situations they have not yet experienced on the job. Structured interviews can be developed as the sole selection tool for hiring decisions, or they can be combined with other evaluation tools for a more comprehensive picture across applicants.

Structured interviews are preferable to other selection tools because they are easily developed and reduce the need for applicants to possess other

attributes unrelated to the job. For instance, multiple-choice tests typically require applicants to be able to read at a certain grade level. Applicants' scores on a multiple-choice test can be influenced by their reading proficiency. Structured interviews are able to focus solely on the aspects important to the job and minimize the potential for other factors influencing the applicants' ability to perform well.

Other Uses in Law Enforcement Environment

The adaptability and flexibility of a structured interview along with the consistency in evaluation is why structured interviews have become so widely used in various evaluation processes. Structured interviews are used not only for selection purposes but also to evaluate attitudes of individuals in numerous environments. A structured interview may be one of several tools used to make decisions about applicants, but when the structured interview is designed, administered, and evaluated properly, it can be the most informative tool utilized in law enforcement selection.

Structured interviews are also used in other law enforcement areas to gather information. Some examples include forensic interviewing of offenders, inmate interviews, and evaluating of police and correctional officers' attitudes toward offenders. Clearly the adaptability of structured interviews allows law enforcement agencies to use them for a multitude of organizational evaluation initiatives beyond selection decisions.

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See also Correctional Officer's Attitudes Toward Offenders; Forensic Assessment of Offenders; Inmate Research Interviews; Law Enforcement Agencies; Law Enforcement Employment Screening; Self-Reports and Questionnaires

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STRUCTURED RISK ASSESSMENT–FORENSIC VERSION (SRA-FV)

The SRA-FV is one of a number of tools that professionals may use to assist them in assessing an individual's risk of sexual reoffending. Professionals working with men who have been convicted of committing a sexual offense are commonly expected to identify psychological factors that are thought to predispose offenders to recidivism (i.e., further offending). Such judgments may contribute to two practical tasks: First, assessing the degree of risk for future sexual offending

presented by an individual, which has implications for the degree of resources that should be assigned to managing his risk, and second, such judgments can increase the effectiveness of treatment interventions by focusing on the psychological problems that are most relevant to this specific individual. Assessment of the kinds of factors contributing to an individual's risk depend on knowledge regarding which factors contribute to risk when present and on determining which of these factors apply to the individual being assessed. This entry defines sexual recidivism and its risk factors, then examines the SRA-FV, its validity, and how it compares to other, similar risk assessment tools.

Risk of Sexual Recidivism

Sexual recidivism refers to someone who has been convicted for committing a sex offense going on to commit further sex offenses despite having been punished for the earlier offense. Researchers study rates of detected sexual recidivism, usually defined in terms of new charges or convictions for sexual offenses. This is sometimes called *official recidivism*. Inevitably such rates underestimate rates of actual recidivism since some people will reoffend sexually without ever being detected. Risk of official recidivism can therefore be thought of as indexing risk of repeatedly engaging in the kinds of sexual offense that are more likely to be reported. Typically, about one in 10 persons with a history of sexual offending is detected sexually reoffending within 5 years of being released after being punished for an earlier offense.

Individuals who have been convicted for a sexual offense differ greatly in their risk of sexually recidivating. About 2% of men released from prison for nonsexual crimes go on to be convicted for *out of the blue* sexual offenses within 5 years of release. Some known sexual offenders present a risk that is at this level (i.e., 98% of them are not known to commit further sexual offenses). At the other extreme, some men with a history of being convicted for a sexual offense have official sexual recidivism rates above 50%. Risk assessment generally seeks to determine where any given individual falls between these two extremes.

Factors Contributing to Sexual Recidivism Risk

Psychological factors contributing to sexual recidivism can generally be classified into one of four domains. These are (1) offense-related sexual interests: sexual interests which are more easily satisfied through sexual offenses than through legal sexual behavior (e.g., sexual interest in young children); (2) pro-offending attitudes: beliefs that make it easier to rationalize committing sexual offenses (e.g., believing that young children enjoy sexual activity with adults); (3) dysfunctional relational style: includes both an aggressive relational style and an inadequate relational style, as well as difficulty making or sustaining emotionally close relationships; (4) dysfunctional self-management: includes various ways in which people have difficulty regulating their immediate impulses in the service of their longer term self-interests. The SRA framework holds that to be usefully predictive of sexual reoffending psychological measures need to effectively assess problems from at least three of these four domains. Various structured measures have been created that achieve this (e.g., STABLE-2007 and the Violence Risk Scale–Sex Offender Version [VRS-SO]).

The SRA-FV

The SRA-FV is one of the structured measures designed to provide a reasonably comprehensive measure of psychological risk factors for sexual recidivism. It has items from three of the four domains. The sexual interest domain is covered by ratings for Sexual Interest in Children, Sexualized Violence, and Sexual Preoccupation. The relational style domain is covered by ratings for emotional congruence with children, lack of emotionally intimate relationships with adults, callousness, and grievance thinking. The self-management domain is covered by ratings for lifestyle impulsivity, resistance to rules and supervision, and dysfunctional coping. Items are selected and scoring rules defined based on previous research using the SRA framework.

Reliability

The SRA-FV was tested in a sample of sexual offenders who had been assessed for potential civil commitment, subsequently released, and then

followed for at least 5 years to determine their sexual recidivism rates. Interrater reliability was 0.64 for a single rater and 0.78 for two raters. A moderate ability to predict sexual recidivism (area under curve = .73) was found, similar to that achieved by other instruments for predicting sexual recidivism. Results also indicated that combining it with prediction instruments that are based on prior criminal history and other demographic factors gave better prediction than could be achieved using either kind of instrument alone. For example, the area under curve for predicting sexual recidivism from a static actuarial instrument alone was about 0.68/0.69 but rose to 0.75 when the static instrument was combined with SRA-FV. This is similar to the kinds of results that have been achieved with other comprehensive measures of psychological risk factors.

In Comparison With Other Assessments

The SRA-FV differs from the STABLE-2007 and the VRS-SO in the primary context it was designed for. STABLE-2007 was originally designed to assist community supervision of sexual offenders, while the VRS-SO was designed for use in the context of intensive treatment for sexual offenders run in an institutional setting. In contrast, the SRA-FV was designed to be used in an institutional context where sexual offenders are being assessed to inform decisions about potential release and where they therefore may be particularly cautious about making disclosures that may count against them.

As compared to the STABLE-2007 since the SRA-FV is designed to be used in an institutional setting, it may be preferable when assessing someone in that kind of setting. Compared to the VRS-SO, the SRA-FV is simpler to score and depends less on the kind of detailed clinical observation of behavior that is obtained through sexual offender treatment. On the other hand, it is less suitable for use in the community, and unlike the VRS-SO, it does not contain a method of assessing change in response to treatment.

Final Thoughts

To date only a limited amount of research has been carried out assessing the predictive value of the SRA-FV. Instruments that classify risk based on past criminal history have been tested with many thousands of offenders, while psychological

instruments like the SRA-FV have mainly been tested with hundreds of offenders. Converging results from different psychological instruments, along with an awareness of the limitations of instruments based on criminal history, have encouraged practitioners to employ psychological instruments despite the limitations of the research on which they are based. Of particular concern is evidence that it can be difficult to score psychological instruments reliably. Consequently, it is particularly important for practitioners to be carefully trained in scoring such tools and where possible to cross-check their scores with a colleague.

David Thornton

See also Recidivism; Sexual Offenders; Stable-2007 and Acute-2007; Violence Risk Scale–Sexual Offender Version (VRS-SO)

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SUBSTANCE ABUSE, UNTREATED MENTAL ILLNESS, AND CRIME

Criminal behavior is influenced by a number of individual and social-level risk factors. *Person-level* risk factors (e.g., addiction, mental illness,

trauma exposure, stress exposure) and *place-level* risk factors (e.g., concentrated social disadvantage, lack of employment opportunities) are often identified as intervention targets within forensic psychology treatment. Since the mid-1990s, many crime-reduction initiatives have specifically identified and targeted person-level risk factors, such as substance abuse and untreated mental illness, via interventions that include assisted outpatient treatment, mental health courts, and drug treatment courts. The level of one's risk of criminal behavior is often dependent upon a host of factors, including the severity and treatment of one's substance abuse and mental illness, the co-occurrence of these two conditions, and the combination of other risk factors. This entry focuses on risks of criminal justice system involvement, specifically substance abuse and untreated mental health conditions.

Substance Abuse

The Centers for Disease Control and Prevention consistently estimates that approximately 10% of persons of 12 years or older have used an illicit drug in the past month in the United States; approximately 2.5% have used a psychotherapeutic drug with no prescription in the past month. Epidemiological studies indicate that illicit drug use remains very common in the United States and typically begins during adolescence. Epidemiological surveys also indicate that approximately 2% of adults in the United States meet the criteria for a substance abuse disorder, while approximately 10% report a substance abuse disorder at any point in their lives. Marijuana is consistently found to be the most commonly used illicit substance (though in the United States, more local and state jurisdictions are beginning to legalize marijuana for recreational and/or medicinal use), followed by prescription drugs; alcohol is one of the most commonly abused legal substances in the United States. The majority of persons with substance abuse disorders do not receive treatment.

Clinically, substance abuse disorders generally include a cluster of cognitive, behavioral, and psychological symptoms. These symptoms indicate that an individual continues to use a substance despite significant substance-related problems. Such individuals may take a substance in larger amounts over a longer period than was originally intended, express a persistent desire to regulate

substance use but report multiple unsuccessful efforts to do so, spend a great deal of time trying to obtain a substance, and possess an intense craving for the substance. Substance abuse tends to also involve significant social impairment (e.g., difficulties fulfilling major obligations at school, work, or home) and engagement in risky behaviors, which may lead to involvement in physically hazardous situations and/or criminal acts. In fact, many persons are under the influence of drugs at the time of their criminal act.

Mental Illness

The National Institute of Mental Health estimates that approximately 20% of U.S. adults live with a diagnosable mental health condition each year. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, mental illness can be defined as a syndrome with clinically significant disturbances in cognition, emotion regulation, or behavior, which are reflective of a dysfunction in processes (e.g., psychological, biological, or developmental) underlying mental functioning. Moreover, mental illness is usually associated with significant distress or disruptions in social functioning or other important activities. Following a diagnosis, criteria for defining disorder severity may be used, along with descriptive features of symptomology and course (e.g., partial remission, full remission, recurrent). Mental health conditions can be further specified into a category of serious mental illness (SMI). SMIs—which generally include psychotic disorders, bipolar disorders, and treatment-refractory depressive disorders—have been defined as conditions that tend to persist over one's lifetime, require long-term treatment and/or hospitalization(s), and significantly interfere with one's daily living and functioning. Roughly 5–7% of the U.S. adult population (i.e., those 18 years of age and older) is estimated to have an SMI.

Untreated Mental Illness

Many persons with mental illness do not receive treatment. According to the Center for Behavioral Health Statistics and Quality, young adults aged 18–25 years were less likely to receive mental health treatment than any other age group during a year-long period that was studied (only 33.6% received treatment), with higher treatment rates

found for adults aged 26–49 years (44.2%) and adults 50 years or older (49.9%). Other long-term studies indicate that as few as 20% of individuals who need mental health treatment actually receive it. Barriers to treatment may include less access to services and health insurance, perceptions of public stigma toward mental illness, and self-stigma for seeking help. Moreover, even when one is receiving mental health treatment, there may be a lack of engagement in the form of nonadherence to treatment plans.

Co-Occurrence of Mental Illness and Substance Abuse

Mental illness is associated with an increased risk of substance abuse. A number of reasons may explain this co-occurrence, including using substances as a way to self-medicate psychiatric symptoms, and increase in risk of mental illness that can be caused by persistent substance use (e.g., persistent cannabis use has been found to be linked with psychosis risk). In general, substance abuse disorders are common among people with depressive disorders, anxiety disorders, and personality disorders. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, persons diagnosed with SMI's such as bipolar disorder and schizophrenia are significantly more likely to have a substance abuse disorder, such as alcohol use disorder and cannabis use disorder. It should also be noted that many individuals are polydrug users (i.e., individuals who fit criteria for one substance abuse disorder often fit the criteria for another disorder too). The majority of persons receiving forensic mental health services have co-occurring mental and substance abuse disorders, and persons with mental illness and substance abuse issues are also overrepresented in correctional settings.

Contributing Factors to Criminal Behavior

Many factors are associated with criminal behavior, including social disadvantage, low socioeconomic status and income inequality, unemployment, lower educational attainment, urbanicity, antisocial characteristics, prior criminal behavior, parental criminal behavior, and history of trauma and victimization. Substance abuse and mental illness are often studied as additional person-level

contributing factors to crime. Empirical research regarding how much substance abuse and untreated mental illness contribute to crime, independently and combined, has spurred significant debate and conflicting viewpoints in this area.

In terms of research methodology, it should be noted that studies in this area often operationalize *crime* in different ways (e.g., minor crimes, violent crimes, crimes/arrests in general, self-reported violence, recidivism). Additionally, studies may define mental illness and substance abuse differently (e.g., mental illness vs. more specific categories, such as SMI), and the severity or treatment of one's mental illness is not always documented. Moreover, some early studies did not disentangle mental illness (e.g., depression, schizophrenia) from substance abuse disorders and instead grouped all of these conditions together under a label *psychiatric disorders*. Other studies have solely focused on SMI, such as schizophrenia, when considering the relationship between mental illness and crime.

Overall, empirical research suggests that there is a link between mental illness, substance abuse, and crime; however, this apparent link is complicated by other causal factors, and many researchers are hesitant to conclude that either of these conditions *cause* crime. Multiple large-scale studies have been conducted to evaluate the net contribution of various risk factors for crime, including dispositional, social-contextual, life-historical, clinical, and treatment factors. Early studies found that the prevalence of violence among persons with mental illness was more than 5 times higher (11–13%) than persons with no disorder (2%); persons with substance abuse disorders were 12–16 times more likely to engage in violent behavior (24–34%) than persons with no disorder. More recent research suggests that persons with SMI are 3–4 times more likely to engage in violence than individuals without SMI.

Across research findings, it appears that substance abuse is more directly related to criminal behavior and that the relationship between mental illness and crime is more complex. Many individuals report being intoxicated at the time of their offense, for example. These reports are consistent with research studies, which show how psychoactive substances can alter mood, cognitions, and consciousness. Other individuals with substance abuse issues may simply commit crimes in order

to fund their drug habits. In terms of mental illness, generally the public is concerned that such individuals are unstable, unpredictable, and prone to violence, due to similarly perceived alterations in mood and cognition. However, this is not often the case, especially for those who are receiving treatment. Moreover, research indicates that crime that is committed by people with mental illness can be plausibly linked to psychiatric symptoms in only 20% of cases.

Substance Abuse and Other Mediators to Crime

In order to substantiate causal inferences among mental illness, substance abuse, and crime, research indicates that crime risk is particularly elevated in persons with a mental health or substance abuse disorder who are young, male, and of low socioeconomic status. In particular, early studies found that individuals who were younger, male, abusing substances, and of low socioeconomic status were most likely to be violent (i.e., assaultive behavior), regardless of a mental illness diagnosis. It should be noted that the comorbidity of substance abuse and mental illness significantly raises the risk of criminal behavior and recidivism. Longitudinal data have also shown that violence is particularly elevated for individuals with SMI with co-occurring substance abuse and/or dependence, a history of physical victimization, and parental criminal history. However, once current substance abuse and other factors are statistically controlled for, the relationship between mental illness and crime often becomes nonsignificant. That is, other factors, including substance abuse, often act as a mediator in this relationship. It appears that mental illness can exacerbate crime risk when other individual risk factors are already present, but mental illness is not as robust of a predictor on its own.

Untreated Mental Illness and Crime

Persons who are actively experiencing psychiatric symptoms and/or not in treatment do appear to be at a higher risk of crime, though this risk is limited to particular types of symptomology. Meta-analyses indicate that most acts of violence or general crime among young persons

with SMI (i.e., experiencing psychosis) occur prior to treatment. Other systematic reviews and meta-analyses have found that nonadherence to treatment (e.g., medication noncompliance, not attending therapy sessions) also raises the risk of criminal behavior among persons with mental illness. In fact, studies have concluded that a diagnosis of SMI may add little additional crime risk, especially if an individual is in remission or receiving treatment.

Individuals who are actively experiencing positive symptoms of psychotic disorders (e.g., unusual thoughts, bizarre behavior, delusions, hallucinations) tend to be at a higher risk of violence than others, even when controlling for prior substance abuse and antisocial characteristics. Command hallucinations and persecutory delusions are two specifically identified positive symptoms that have been linked to crime. Conversely, individuals who are actively experiencing negative symptoms (e.g., avolition, alogia, anhedonia, social withdrawal) of psychotic disorders have been found to be at a lower risk of violent crime, and the presence of negative symptoms has been found to moderate the impact of positive symptoms in individuals who are experiencing both forms of symptomology. Thus, some clusters of psychological symptoms may actually be protective to engaging in criminal behavior.

Final Thoughts

Persons living with mental illness and/or substance abuse constitute a significant minority of the population. Such individuals often do not receive adequate treatment, which may contribute to subsequent lapses in judgment and breaks from reality. As individual predictors of crime, substance abuse is more associated with criminal behavior than mental illness, though both conditions pose an elevated crime risk. For persons with mental illness, specific symptoms of psychosis, no treatment or nonadherence to treatment, comorbid substance abuse, and traumatic life experiences raise the risk of criminal behavior. Still, the vast majority of individuals living with these disorders are not violent and do not engage in criminal behavior, and public perceptions of crime and unpredictably among these individuals, particularly those living with mental illness, are not

commensurate with reality. In fact, persons living with mental illness are disproportionately more often victims of crime than perpetrators of crime. Overall, individuals with mental illness or substance abuse issues are a heterogeneous group, and various other risk factors must be taken into account to fully understand any connections to crime.

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See also Criminal Risk Assessment, Clinical Judgment of; Prevention Versus Intervention; Substance Abuse and Crime, Linkages Between

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SUBSTANCE ABUSE AND CRIME, LINKAGES BETWEEN

Substance abuse is a widespread mental health concern in the United States. As of 2015, more than 20 million Americans over the age of 12 years met diagnostic criteria for substance abuse or dependence, and rates of substance abuse have risen since the 1990s. Furthermore, the prevalence rates of substance abuse are much higher among correctional populations, with a 75% lifetime prevalence of substance abuse among prison populations. The very high prevalence rate of substance abuse among criminal offenders highlights the strong link between substance abuse and crime. This entry describes the diagnostic conceptualizations of substance use disorders, then examines the relationship between substance use disorder (with a focus on alcohol and illicit drugs)

and crime, the effect of substance use on legal outcomes, and substance abuse treatment programs for offenders.

Substance Abuse and Dependence Become Substance Use Disorder

Diagnostic conceptualization of disorders related to substance use has recently evolved. In the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (1994), substance abuse and substance dependence were distinct disorders. A substance abuse diagnosis is characterized by the consistent and maladaptive use of a specific substance that leads to significant impairment and negative consequences. By contrast, substance dependence is a pattern of substance use causing increased tolerance, withdrawal symptoms, and/or compulsive substance consuming behaviors. A substance dependence diagnosis denotes chronic substance use and more debilitating symptoms and often requires formal treatment for full recovery. For both of these diagnoses, *substance* refers to alcohol, illegal drugs, medication, or any toxin that has the potential for abuse. The more recent *Fifth Edition of DSM-5* (2013) has merged the diagnoses of substance abuse and dependence, thereby creating a single diagnosis called *substance use disorder*. The diagnosis is specific to particular substances, and substance use diagnoses are classified as mild, moderate, or severe. This shift in terminology allows clinicians to be more specific in their diagnoses.

Although illegal drug use and alcohol use are strongly correlated, they have a different relationship with criminal behavior. Because alcohol is a legal substance, only particular alcohol-related events elicit legal consequences (e.g., driving while intoxicated, underage drinking). However, the possession or use of illicit drugs is a crime, which impacts the relationship between crime and substance abuse disorder. For this reason, alcohol and drug abuse are often discussed separately in the context of criminal behavior.

Alcohol Use and Crime

Alcohol use is a common factor in criminal activity among both offenders and victims. A number of

theories attempt to explain the link between alcohol use and crime. One is based on the pharmacological effects of alcohol, with a focus on alcohol's tendency to decrease inhibitions, impair cognitive processes, and increase aggressive behaviors. This theory applies both to perpetrators of crime who may act in a rash and aggressive manner when under the influence of alcohol and also to victims because being under the influence of alcohol increases an individual's vulnerability to being victimized. Another theory holds that the mere expectation of alcohol's effects may be enough to lead someone to act more aggressively. Other theories postulate that individuals may use alcohol as an excuse to engage in criminal behavior. Finally, individual characteristics may help to explain the relationship. For example, alcohol use and criminal behavior may both be behaviors that are driven by a risk-seeking lifestyle; rather than positing a causal relationship between criminal behavior and alcohol, this theory posits that both may be traced back to a particular personality trait.

A significant amount of empirical support has been generated for the pharmacological explanation of the link between alcohol use and behaviors related to criminal activity. A great deal of this research examined the effects of alcohol consumption on aggressive behavior. In such experiments, participants are given particular amounts of alcohol and then asked to engage in a task with opportunities for aggressive behavior. The amount of alcohol each participant consumes is then compared to the likelihood of responding aggressively. Taken together, these studies reveal that those who consumed alcohol were more likely to behave aggressively. Additionally, the relationship between alcohol consumption and aggression is stronger when larger amounts of alcohol are consumed. Although these studies provide evidence for a causal link between alcohol consumption and aggressive behavior in a laboratory setting, the extent to which these findings also apply to real-world instances of alcohol use and criminal behavior is uncertain.

Correlational research with correctional populations demonstrates a weak but consistent link between alcohol use and crime. This relationship exists for both acute alcohol use (i.e., intoxication just at time of offense) and chronic alcohol use (i.e., longer term use of alcohol). Research

suggests a stronger association between cases of domestic violence and chronic alcohol use, but significant relationships also exist between general violent offending and chronic alcohol use and between criminal offending and acute alcohol use.

Approximately one third of criminal offenders report using alcohol at the time of offense. Public-order offenders (i.e., those who commit offenses involving driving under the influence, public intoxication, weapon offenses, and other crimes that endanger the general public) are the most likely to have consumed alcohol before committing an offense, followed closely by violent offenders. Although such data provide insight regarding the link between alcohol use and crime, they do not account for the many other variables that may moderate or contribute to this relationship.

Taken as a whole, research suggests that alcohol use is a mild risk factor for criminal recidivism, and it is a weaker predictor for reoffending than drug use, parental substance abuse, and the combined use of alcohol and drugs. Substance abuse in general is an important variable to consider, but the specific type of substance is important, making consideration of drug use equally or more important than consideration of alcohol use.

Drug Use and Crime

The link between illicit drug use and criminal behavior is more direct because these substances are illegal, so drug possession is itself a criminal offense. However, there are several other types of offenses associated with drug use. First, acquisitive offenses (e.g., theft, robbery) may be committed for the purpose of obtaining money to buy drugs. Second, general offending may be more likely for individuals engaged in drug abuse because of opportunities or pressures arising while spending time in drug markets or associating with other users or suppliers. Third, drug use has a robust relationship to violent offending.

The relationship between drug abuse and crime is complex, and some have asserted that it is bidirectional. Specifically, some theories posit that drug use causes criminal behavior, while other theories hold that criminal behavior causes drug use or that a third variable causes both behaviors. Furthermore, it is possible that the relationship is spurious rather than causal. For example,

community disorganization could explain a broad context for both drug abuse and criminal behavior but not necessarily cause drug use or criminal behavior.

Although the exact nature of the relationship between drug use and crime is unclear, it is well established that drug use and criminal behavior are strongly connected. Drug users are 3–4 times more likely to commit a crime than individuals who do not use drugs, with crack cocaine users 6 times more likely to offend than individuals who do not use crack, heroine/opiate users 3 times more likely, and cocaine users are 2.5 times more likely to offend. This relationship appears to be consistent across several types of offenses. Although there is an association between recreational drugs (e.g., marijuana) and crime, this relationship is weaker than the relationship between harder drugs (e.g., cocaine, heroin) and offending.

Drug use and crime are more strongly correlated than alcohol use and criminal behavior. With respect to reoffending, there appears to be a moderate relationship between drug use and general recidivism and a slightly weaker association between drug use and violent recidivism. A large majority of offenders resume using drugs after they are released from incarceration, and individuals who resume using drugs are 2–4 times more likely to reoffend than those who remain abstinent.

Impact on Legal Outcomes

In addition to impacting offense and reoffense behavior, substance abuse may impact an individual's trajectory through the criminal justice system. First, long-term, heavy substance abuse may impact cognitive functioning even after the drug use is discontinued; deficits related to such use may impact functional capacities related to criminal justice involvement, including capacity to waive *Miranda* rights. Additionally, acute intoxication at time of arrest may lead to diminished ability to understand the *Miranda* warnings, potentially leading to an invalid waiver of those constitutional rights.

Substance abuse may also be related to criminal culpability (i.e., whether an individual may be held responsible, including being found guilty, for a crime). Criminal responsibility requires both

that a criminal act occur and that the offender had some level of intent to commit the act. Substance use at the time of offense may reduce an offender's ability to form the requisite intent required to be considered criminally culpable. Although the standards vary across jurisdictions, in at least some jurisdictions, individuals who were unable to form the intent required for an offense because of voluntary substance use are able to raise a defense of diminished capacity, arguing that their culpability is reduced because of the inability to form intent resulting from intoxication. Additionally, the effects of involuntary intoxication (i.e., an individual is coerced or tricked into consuming the substance, or a substance has an effect that was not anticipated based on past use) may be the basis for an insanity defense.

Substance abuse may also be relevant to sentencing. A history of substance abuse may be considered by a court as a factor weighing in favor of either a shorter or a longer sentence. Some courts may view substance abuse as an indicator of likely poor performance on probation because of the association between substance abuse and further offending, which may lead to a harsher sentence. Alternatively, a court may view substance abuse as a mitigating factor, with substance use seen as reducing the offender's criminal responsibility or as a target for treatment/rehabilitation. Additionally, substance use may impact the type of programming an offender is expected to complete as part of his or her sentence, and the offender may be ordered to complete treatment specific to substance abuse.

Treatments

Providing substance abuse treatment to incarcerated offenders may create an opportunity for marginalized populations to receive treatment that they might not receive otherwise. Given the evidence that substance use is a factor in predicting criminal recidivism, treatment is a crucial aspect in disrupting the revolving door of the criminal justice system. Unfortunately, only about one in 10 offenders with substance use problems receives appropriate treatment. Although limited resources in correctional settings create obstacles for providing such treatment, a wide variety of promising approaches have been developed for individuals

who abuse substances, including treatment approaches with established effectiveness with justice involved individuals.

Pharmacological approaches to treating substance abuse have proven to be somewhat effective. Antabuse, naltrexone, and acamprosate are medications commonly used to treat alcohol dependence. Antabuse disrupts the metabolism of alcohol, inducing nausea and vomiting when taken in combination with alcohol. To be effective, Antabuse must be taken daily, which may be problematic for those involved in the criminal justice system, either because of lifestyle instability interfering with regular medication use or because of intentional noncompliance. Nearly one third of individuals who are court ordered to take Antabuse deliberately do not take the medication as prescribed. For these types of medications to be effective in treating substance abuse, individuals must be motivated to change their drinking patterns and be willing to use medication to support them in achieving that goal.

Naltrexone and acamprosate are other medications used to treat alcohol abuse, and each primarily works by decreasing cravings for alcohol among those who have developed dependence. Both medications have proven to have significant but small effects in reducing drinking and remaining in treatment. Research suggests that while naltrexone is more effective in preventing excessive drinking, acamprosate was more effective in helping individuals abstain from alcohol. Naltrexone, acamprosate, and Antabuse all have potential side effects, and each interacts with other medications or health conditions, which may prevent the use of these medications with some individuals.

Pharmacological approaches have also been developed to treat drug abuse. Opioid maintenance is a pharmacological approach to treating drug abuse that reduces cravings, stabilizes drug levels, and increases willingness to engage in behavioral therapy. Several medications have been developed for this purpose, including methadone, naltrexone, buprenorphine, and levo-alpha-acetylmethadol. These medications work by replacing illegal, short-acting, highly neurochemically rewarding substances (i.e., heroin or illegally obtained prescription opiates) with legal, longer acting, less neurochemically rewarding substances. High doses of methadone appear to be most

effective in reducing drug use, eliciting the highest treatment retention rates of the opioid maintenance medications. Unfortunately, opioid maintenance programs conducted in correctional settings show mixed results in reducing recidivism. Some studies indicate that individuals involved in opioid maintenance programs may have higher recidivism rates than individuals not in opioid maintenance. This may be partially explained by the difficulty that offenders may face in accessing opioid maintenance therapy upon release from prison. Accordingly, the effectiveness of correctional opioid maintenance programs in reducing recidivism may be enhanced by continuity of care between incarceration and release.

The outcomes for pharmacological treatments for alcohol or drug abuse are typically enhanced when pharmacological therapy is paired with behavioral therapy. Cognitive behavioral therapy (CBT) is used to treat many types of mental health disorders and seeks to correct maladaptive thoughts to change behavior. For offenders who abuse substances, this type of therapy is helpful in promoting prosocial behavior. Variations of CBT offered throughout correctional facilities include reasoning and rehabilitation, moral reconnection therapy, and relapse prevention.

Relapse prevention is a specific form of CBT that has shown particularly promising outcomes in treating substance abuse. This intervention teaches participants to recognize high-risk settings and cues that may lead to substance use and to avoid or better manage such situations to reduce the likelihood of drug use. Research supports the efficacy of treatments involving relapse prevention strategies over other psychosocial interventions, revealing greater posttreatment abstinence levels than contingency management and CBT.

Motivational interviewing may be paired with any of the aforementioned CBT approaches to enhance readiness for change or to encourage individuals to more fully engage in treatment. Motivational interviewing is a counseling technique designed to help cultivate a therapist–client relationship and ease clients into the idea of therapy. The approach is intended to prepare clients for making behavioral changes by guiding the client to identify reasons for changing problematic behaviors. This method is especially appealing for individuals who are court ordered to treatment

because it uses a nonthreatening approach to engage clients in therapy and prepare them for a more formal form of substance abuse treatment. Motivational interviewing has been shown to increase treatment retention, improve motivation for recovery, and reduce recidivism among incarcerated populations.

Two other models, therapeutic communities (TCs) and drug courts, are approaches to treatment of substance abuse among offenders, which require distinct programming and consideration for offenders with substance abuse histories, removing them in some way from the general criminal justice system. First, TCs require distinct treatment of substance-abusing offenders at the incarceration stage. TCs are a form of treatment used in correctional settings that isolate residents from other members of the correctional community to facilitate a structured and supportive environment. TCs use a community-based model of treatment in which residents feel comfortable confronting and supporting one another to correct maladaptive habits, and all individuals housed in the TC are provided with intensive substance abuse treatment. TCs have been found to be one of the most effective forms of correctional-based treatment for offenders who abuse substances by reducing both drug use and recidivism. Drug courts separate drug-abusing offenders at the prosecution stage of criminal justice processing. Drug courts function by removing substance-abusing offenders from traditional court dockets, instead processing their cases in separate courts designed to provide case management and treatment for offenders with substance problems. Such courts allow for greater oversight in a noncorrectional setting, allowing offenders to receive treatment in the community while still being held accountable for treatment compliance. A substantial body of research on drug courts supports their effectiveness in reducing both substance use and recidivism.

Final Thoughts

In addition to the previously discussed approaches, all of which have been linked to positive outcomes (i.e., substance use reduction, recidivism reduction, or both) when used with justice involved populations, some treatments for substance-abusing offenders are linked to *increased* substance use or recidivism. For example, the *boot camp* and

scared straight models of offender intervention are generally not effective in reducing recidivism or substance use, and they may actually increase substance abuse. Accordingly, treatment selection of substance-abusing individuals with justice involvement or at risk of justice involvement should be based on the research literature.

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See also Alcohol and Aggression; Drug Courts; Drug Possession; Drug Trafficking; Recidivism; Substance-Abusing Offenders

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SUBSTANCE USE TREATMENT FOR OFFENDERS WITH MENTAL DISORDERS

Individuals with both a mental disorder (e.g., mental illness, personality disorder, or learning/developmental disorder) and substance use problems (ranging from abuse to dependence) are often described as having a dual diagnosis. Such individuals are common in secure forensic settings (e.g., prisons, hospitals), with estimates ranging

from one third to two thirds of offenders with mental disorder (MDOs).

While not all MDOs may reach threshold for a diagnosis of substance dependence per se, the majority of individuals with a mental disorder who use drugs and alcohol can be argued to have noticeable consequences to their physical or mental health (e.g., HIV infection, increased rates of suicide, greater use of services, increased rates of relapse and readmission), their social functioning (e.g., increased homelessness, decreased compliance with treatment, poor self-care, reduced education, and occupational activities), and offending behaviors (e.g., increased acquisitive offending and violent behaviors).

Substance use among MDOs also contributes to a variety of management problems within secure forensic settings. For example, noncompliance with prescribed medications, interactions between prescribed and nonprescribed drugs, overdoses, adverse effects on mental state, drug dealing, intimidation, peer pressure and bullying, and increased rates of violent incidents, either between MDOs or between MDOs and staff. These increased risks may be the result of substance use exacerbating personality traits such as impulsiveness and aggression, substance use decreasing reasoning abilities, substance-induced economic hardship leading to crime, or substance use interfering with treatment compliance.

Consequently, it is important that addressing substance use among MDOs be considered a priority within any comprehensive treatment package offered. Moreover, as treatment within secure forensic settings is often lengthy in time, not addressing it can be argued to be a wasted long-term opportunity to achieve detoxification (if required), increase stability and insight, and prevent future relapse and associated consequences. Therefore, since the early 2000s, it has been proposed that substance use treatment for MDOs be integrated into existing secure forensic settings. In this entry, the development and components of such programs are discussed.

The Development of Substance Use Treatment Programs for MDOs

Integrating substance use treatment for MDOs into existing secure forensic settings reduces the likelihood that MDOs will disengage from

multiple treatment sources and ensures continuity of care, supervision, monitoring, and treatment. There is some evidence for the success of such integrated approaches in reducing rates of hospitalization, symptoms, and substance use and increasing retention in treatment, although to date sample sizes remain small and there is little clear evidence that supports an advantage of one specific treatment program over another.

Within secure forensic settings, treatments have generally been slow to develop, and by the late 2000s, many MDOs with substance use problems remained inadequately treated. This is less of an issue within prison or probation settings than in secure hospital settings, as the former criminal justice services have developed a wider variety of accredited substance use treatment programs. However, these prison- or probation-based programs tend to focus more on offenders without a mental disorder and, consequently, do not explicitly consider the links and consequences between substance use and mental disorder. In addition, many MDOs are unable to access these programs as they tend to be longer in duration, which can pose challenges in concentration or attention for those with a mental disorder, and focus on *harder* or more significant drugs such as stimulants or opiates, whereas the evidence suggests that MDOs prefer to use alcohol and cannabis, traditionally considered less problematic or socially acceptable substances of abuse.

Since the late 2000s, specific treatment programs for MDOs have been developed and researched across a wider range of secure forensic settings (e.g., high-, medium-, or low-security hospitals and prisons). For example, work by Helen Miles and colleagues in the United Kingdom within low- and medium-secure hospital settings has shown initial promise in terms of their effectiveness, particularly in reduced substance use and self-reported cravings for use, improved adaptive attitudes toward substance use, increased confidence to make and maintain change, and good participant satisfaction with and improved engagement in treatment programs.

It has, however, been difficult to evaluate such programs using standard research methodologies, due to ethical difficulties in withholding treatment for control groups within randomized control trials, the small samples often available for

treatment, the time intensity of any treatment programs offered, the high attribution and relapse rates common in this population, and the need for follow-ups over many years to demonstrate the long-term efficacy of any treatment programs. In addition, it has been argued that detention in a forensic secure setting by itself can be enough for a significant minority of substance-using MDOs to become abstinent regardless of any substance use treatment offered because of the procedural and relational security of such settings (e.g., reduced access and availability of substances, regular drug screens and alcohol tests, regular room searches, and restrictions on movement and activities if found to be using substances).

There also remains a lack of research into understanding the link between substance use, mental illness, and offending behavior. For example, are substances having a *direct* effect on offending behavior (e.g., by causing an individual to be intoxicated and therefore disinhibited, resulting in an offence being more likely) or an *indirect* effect (e.g., the use of a substance by an individual has an impact on his or her mental disorder, thereby increasing symptoms such as paranoia or hallucinations, which in turn increase the individual's risk of offending behaviors)?

Consequently, although there is cause for optimism with regard to the limited research evidence about specific substance use treatment programs for MDOs, there is an ongoing need for professionals in this area to undertake formal research evaluations of such treatment in the future to advance the understanding of *what works* and *why* in the treatment of substance use among individuals with a mental disorder and offending behaviors.

Components of Substance Use Treatment for MDOs

Successful substance use treatment for MDOs has been suggested to require a long-term, graded or stepped approach that considers what current *stage* an individuals' motivation for changing his or her substance use behaviors is at. It should also be culturally sensitive and consider the specific types of substance use that an individual MDO has engaged in. Therefore, it is appropriate that there are geographical variations to programs that consider the individual needs of the participants.

Nevertheless, universal components of treatment that are effective with substance abusers (whether an offending or mentally ill population) appear to involve motivational enhancement approaches, self-monitoring, goal setting, interpersonal skills, developing social relationships, relapse prevention, and lifestyle modification, such as increasing occupational and leisure activities to reduce boredom. Psychoeducational approaches about drugs and alcohol are noted to be important but only if part of a comprehensive cognitive behavioral skills-based program. However, any psychoeducation should consider both legal substances (e.g., alcohol, prescription medications) and illegal substances (e.g., cannabis, stimulants, hallucinogens, opiates), ensuring that it is the negative impact of a substance upon an individual MDO that is addressed rather than the legal classification of a substance per se.

Programs should also be facilitated by a variety of professionals (e.g., medical doctors, psychologists, nurses, occupational therapists, social workers, prison or probation staff), so that a broad range of perspectives can be brought to treatment. However, all staff involved in facilitating substance use treatment programs should have training in working with the target population, skills in motivational interviewing and group work, and a working knowledge of different substances and their impact on mental health and offending behaviors. Regular staff training and supervision are also recommended.

Any successful programs cannot rely on just taking a parental, moral, or authoritarian view about substances with the MDO and avoid telling the individual to *just say no* to substances in the future. Such an approach is unlikely to result in meaningful intrinsic motivation to change or engagement in treatment. Instead, a longer term process of initial engagement and establishment of a therapeutic alliance, followed by collaborative persuasion or working toward change by highlighting the advantages to the MDO, then active psychoeducation or skills-based treatment, and relapse prevention will be more likely to result in a positive outcome.

Substance use treatment programs also need to be relevant to those attending them so may need to be adapted in focus, depending on the primary substance abuse of participants (e.g., alcohol vs.

drugs). Further modifications to ensure that attendees can benefit from treatment should also be considered when working with specific populations (e.g., those with ongoing acute psychotic symptoms or a learning disability). For example, group handouts could be simplified to ensure comprehension, and/or sessions could be more frequent to ensure that concentration and attention are maintained. Moreover, some research suggests that gender-specific adaptations to substance use treatment are warranted, with a particular focus on mood regulation, self-harming behaviors, and relationship issues when working with female MDOs.

Treatment programs that operate on a group format (to allow for peer challenge as well as mutual support) and are well structured, with a mix of didactic and reflective discussion elements, and the use of a variety of multimedia (e.g., videos) and activities (e.g., creative activities, opportunities to build skills through role-play) are more successful. Further elements that improve outcomes include a focus on building skills (e.g., assertive refusal skills, alternative activities to substance use such as education or occupation, goal setting, daily living skills), improving self-esteem and coping or problem-solving skills, and increasing personal responsibility for behavior.

It is often the case that individuals may need to attend treatment programs several times and repeat aspects if they lapse before they can achieve abstinence and a shift in their attitudes toward substances. Treatment may also need to be ongoing and involve a supportive element to maintain motivation for change in substance use throughout long periods of incarceration in secure forensic settings. It is helpful to also offer further support when increasing exposure to the community is allowed and an individuals' craving or desire, as well as opportunity for substance use, may return, as well as postrelease aftercare to reduce the risk of relapse. Treatment should also consider enlisting legal restrictions (e.g., probation orders, mental health restriction orders) as therapeutic allies, encouraging compliance with treatment (at least initially) to avoid sanctions such as reduced leave or recall to secure forensic settings.

Substance use treatment programs also involve individual assessments of MDOs' progress. Measures of outcome include standardized measures

of actual substance use (e.g., self-report questionnaires, objective measures of use such as drug or alcohol screens), changes in substance use attitudes or beliefs, and motivation for change. Other secondary measures of mood, problem-solving skills, or self-esteem can also be useful, as can subjective measures of satisfaction with treatment.

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See also Offenders With Mental Disorders: Treatment Outcome Research; Substance Abuse, Untreated Mental Illness, and Crime; Substance-Abusing Offenders; Treatment of Criminal Behavior: Substance Abuse Counseling

Further Readings

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SUBSTANCE-ABUSING OFFENDERS

The concept of substance-abusing individuals in the justice system varies depending on the research study and different definitions that are used. Often the term *substance-abusing offenders* refers to individuals with substance use behaviors (i.e., using illicit substances and/or consuming alcohol) that influence offending (i.e., causation for criminal behavior), while others assume that those engaged in criminal behavior use substance abuse as part of their lifestyle (i.e., nondirective influence). Since the drug-crime nexus is very convoluted, it is unclear how substance abuse affects criminal behavior or even how involvement in criminal behavior affects substance use. This entry provides an overview of the concept behind substance-abusing justice involved individuals including a discussion of the criteria for diagnosing substance abuse disorder and the prevalence of substance use disorders in the general population and in the justice system. Finally, this entry examines the relationship between mental illness and drug use.

Overview

Goldstein's tripartite theory identifies three types of individuals with substance abuse disorder: those with psychopharmacological influences where drugs influence behavior, those who are involved in the business of drugs either for personal use or for monetary gain, and those who are affected by the surrounding environment where drugs are prevalent. While this theory is well-recognized, it suffers from a lack of evidence to indicate a causality between substance use and criminal behavior. To that end, there is a need to identify a typology of substance abusers deriving from theory and empirical knowledge about the relationship between substance abuse and criminal behavior. This typology is needed to ensure that the tautology (i.e., some substances are illicit and therefore this is criminal conduct) does not prevail in defining justice involved individuals with substance abuse issues, but rather the focus is the relationship between the substance use and criminal conduct. According to the Federal Bureau of Investigation (2010), these

substance abuse–related crime categories still account for the majority of arrests: 1.6 million arrests for possession of illicit substances and 1.4 million for driving under the influence.

In the criminal justice system, part of the problem is a lack of clear definition as to what is a substance abuser or substance abusing offender. Often the offense the person is arrested for is used as a proxy for the type of substance abuser. That is, an individual who is arrested for possession of drugs may be considered a substance abuser. But the individual arrested for a property offense (even if the goal was to obtain funds for drugs) is not considered a drug offender. Other means of identifying drug offenders is to use a standardized risk and need assessment tool that identifies those who use drugs. It is presumed that the use of substances is linked to criminal behavior. This is in contrast to the clinical definition provided by the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Substance use is part of a continuum with an increasing number of symptoms (from an identified list of 11 symptoms) to qualify as a substance use disorder. If an individual has greater than six symptoms, then they are considered to have a serious substance use disorder. Moderate substance use disorders are in the 4–6 range.

The severity of the substance abuse does not consider the type of drug of choice or whether it is alcohol or an illicit substance.

Nature of Substance Use Disorders in the General Population and Arrestees

Two major surveys are useful to identify the unique characteristics of individuals who abuse substances among the criminal justice and general population. This distinction is important because it helps assess the degree to which the justice involved substance abuser is similar to or different from the general population. The National Household Survey on Drug Use and Health is an annual survey of 67,000 individuals to monitor the use of illicit substances and health status in the general population; using sampling weights, these statistics are useful for generating national estimates among the general population. This survey has two questions regarding criminal justice status:

One about whether the person was arrested in the last year and one about whether the person was on probation or parole in the last year. The second source of data is the Arrestee Drug Abuse Monitoring System (ADAM-II), a survey of arrestees in five counties—Atlanta, GA (Fulton County); Chicago, IL (Cook County); Denver, CO (Denver County); New York, NY (Borough of Manhattan); and Sacramento, CA (Sacramento County)—including an interview and collection of biological data. It provides an assessment of the characteristics of those who use substances in the justice population. This is in contrast to individual studies which have smaller samples or dated surveys of justice involved populations.

In the 2016 National Household Survey on Drug Use and Health, 28.6 million individuals over 12 years of age report use of an illicit substance in the past 30 days. The majority, 24 million, used marijuana; use of a pain medication was the second highest category (3.3 million). Nearly 137 million report alcohol uses in the past month with 48% reporting binge drinking (i.e., 5 or more drinks on one occasion). About 12% of the individuals report that they are heavy drinkers. Substance use disorders affect 20.1 million people including alcohol (15 million) and drug disorders (7.4 million). Nearly 4 million individuals experience both alcohol and drug use disorders.

In the 2013 ADAM-II survey, arrestees continue to have high rates of substance use. At the time of the arrest, the following are the rates of individuals who reported the presence of at least one drug in their system: Atlanta (63%), Chicago (83%), Sacramento (83%), Denver (74%), and New York (71%). Some offenders had more than one drug in their system, including Atlanta (12%), Chicago (19%), Sacramento (50%), Denver (27%), and New York (22%). The offense for those arrested in these sites varies considerably, illustrating that offense is not necessarily useful in identifying the substance abuse population. In Atlanta, this was the breakdown of the offenses by those arrested: 17.7% violent offenses, 30.4% drug offenses, 24.3% property offenses, and 45.3% other offenses; in Chicago, 23.7% violent offenses, 50.1% drug offenses, 28.2% property offenses, and 17.3% other offenses; in Sacramento, 19.1% violent offenses, 48.1% drug offenses, 12.4%

property offenses, and 50.5% other offenses; in Denver, 24.2% violent offenses, 13.6% drug offenses, 14.4% property offenses, and 63.5% other offenses; and, in New York, 18.8% violent offenses, 31.2% drug offenses, 32.5% property offenses, and 32.6% other offenses.

Marijuana

According to the NHSDHU, of the 24 million marijuana users in the general population, 1.8 million are between the ages of 12 and 17 years (6.5% of the overall aged population), 6.8 million (20.8%) are between 18 and 25, and 13.5 million (7.2%) are older than 26. Around 25% or 4.0 million people using marijuana have a disorder based on the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Marijuana substance abusers are more likely to be 18–25 years old. Of these, 4.0 million, 584,000 (2.3%), 1.7 million (5%), and 1.7 million (.7%) are between 12 and 17, 18 and 25, and older than 26, respectively. The drug use among the general population is similar in that arrestees in the ADAM-II survey report were detected to use marijuana at high rates: Atlanta (34%), Chicago (52%), Sacramento (59%), Denver (48%), and New York (44%).

Heroin

Within the general population, 948,000 (.4%) people reported using heroin within the past year. The majority of the users were older than 26. Approximately 708,000 individuals in the general population have heroin use disorders with the majority being 26 years of age and older. In the ADAM II survey, three jurisdictions had higher percentages of heroin users: Atlanta, Denver, and Sacramento reported increased opiates/heroin use from 2000 to 2014. The rates were 2% in Atlanta, 4% in Denver, and 3% in Sacramento. New York and Chicago saw decreases during this 13-year period including a 36% reduction in 2000 to 14% in 2013 and 20% in 2000 to 8% in 2013, respectively.

Alcohol

Alcohol is the most frequently used substance in the general population and among arrestees.

For the general population, the National Household Survey on Drug Use and Health uses three categories to describe alcohol usage within the past month: alcohol use (i.e., having at least one drink), binge drinking (i.e., having five or more drinks in one occasion, once), and heavy drinking (i.e., five or more drinks on one occasion more than once). Overall, 136.7 million (50.7%) used alcohol in the past month, 65.3 million (23%) reported being binge drinkers, and 16.3 million (6.0%) reported being heavy drinkers. Further, 43.6% of those who use alcohol are binge drinkers, 11.7% are heavy drinkers, and 26.8% are heavy drinkers. Among those who use alcohol, 2.3 million (9.2%) are between the ages of 12 and 17, 19.8 million (57.1%) are between 18 and 25, and 114.7 million (54.6%) are older than 26 years of age. Of binge drinkers, 1.7 million (4.9% of the overall aged population) are between the ages of 12 and 17, 13.3 million (36.4%) are between 18 and 25, and 50.9 million (24.2%) are older than 26 years of age. Lastly, for heavy drinkers, 191,000 (1%) are between the ages of 12 and 17, 3.5 million (10.1%) are between 18 and 25, and 12.6 million (6%) are older than 26 years of age.

The ADAM-II survey does not examine alcohol use among arrestees. But the 2004 National Bureau of Justice Statistics' Survey of Inmates in State and Federal Correctional Facilities found that 32.6% and 18.5% of state and federal prisoners, respectively, reported using alcohol at the time of their offense. Alcohol use was reported for 36.8% of violent offenses, 29.1% of property offenses, 21.4% of drug offenses, 41.2% of public order offenses, and 41% of other offenses for state prisoners. For federal offenders, alcohol use varied with 20.8% for violent offenses, 12.8% for property offenses, 18.5% for drug offenses, 18.3% for public order offenses, and 20.6% for other offenses.

Cocaine

In the general population, 1.9 million (.6%) people report use of cocaine and 432,000 (.1%) report use of crack in the past month. The majority of users were over 26 years old (this includes both cocaine and crack users). Additionally, 867,000 of those who use have a diagnosable cocaine use disorder, with the majority being over

26 years old. The use of cocaine among arrestees is the second most common drug detected in the ADMA-II survey: Atlanta (33%), Chicago (25%), Sacramento (7%), Denver (20%), and New York (33%). Crack seems to make up a higher percentage of the cocaine using arrestee population than powder cocaine with 14% (Atlanta), 8% (Chicago), 3% (Sacramento), 9% (Denver), and 15% (New York) using crack, while 5% (Atlanta), 6% (Chicago), 3% (Sacramento), 7% (Denver), and 5% (New York) using cocaine.

Drug Use and Mental Illness

According to the NSHDIH survey, 44.7 million (16.1%) people over the age of 18 had some type of mental illness but 10.1 million (~4%) had a serious mental illness within the past year. Mental illness affects those who are younger more so than their older counterparts, with higher rates among those ages 18–49. Comparatively, in the ADAM-II sample, only 2.3% had a mental illness within the last month in Atlanta, 5.8% in Chicago, 4.4% in Sacramento, 1.5% in Denver, and 4.7% in New York (these statistics were measured by the percentage of arrestees who were treated in a mental health/psychiatric treatment facility). Among the general population, 7.9 million people have both a mental health disorder and a substance abuse disorder, making up 39.1% of the population with substance abuse disorder and 16.2% of the population with mental illness. The ADAM-II survey does not directly measure comorbidity.

Substance Abusers in the Justice System

The justice involved population has a 4 times greater rate of substance abuse than the general population. As documented by Trevor Bennett, Katy Holloway, and David Farrington in 2008, a meta-analysis of 30 studies on substance use and recidivism assessed the differential outcomes reported in studies that explored recidivism based on drug of choice, with the odds of offending 6 times greater for individuals who used crack (odds ratio [OR] = 6.09) than those who did not, about 3 times greater for those who used heroin (OR = 3.08) as opposed to those who did not, about 2.5 times greater for individuals who used cocaine (OR = 2.56) than those who did not, and about 1.5 times greater for individuals who

used marijuana (OR = 1.46) than those who did not. Drug of choice is an important factor in an individual's further involvement in the justice system. Few studies, including national surveys, define substance abuse disorders according to a clinical disorder. Nor do the studies indicate how comorbid conditions may affect offending behaviors. While individuals involved in the justice system have higher rates of substance abuse than the general population, the relationship between drugs and alcohol and criminal conduct is still poorly understood.

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See also Mental Illness and Crime, Etiological Linkages Between; Mental Illness as a Predictor of Crime and Recidivism; Substance Abuse, Untreated Mental Illness, and Crime; Substance Abuse and Crime, Linkages Between; Substance Use Treatment for Offenders With Mental Disorders

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SUICIDAL VERSUS NONSUICIDAL SELF-INJURY IN CORRECTIONS

Self-injury encompasses behaviors that result in deliberate harm or injury to oneself. This comprises a number of behaviors including nonsuicidal self-injury (NSSI), suicidal self-injury, and suicide attempts resulting in death. This entry focuses on and distinguishes between two forms of self-injury: suicidal and nonsuicidal.

NSSI includes self-directed behaviors that are deliberately inflicted and that result in injury or harm. These behaviors must be outside the realm of socially sanctioned forms of self-injury, which have a creative or expressive purpose such as piercings and tattoos. They must also be distinguished from suicidal self-injury in which one engages with specific intent to end one's life. The key difference between these two forms of self-injury is intent; NSSI occurs *without* specific intent to die, whereas in suicidal self-injury, this intent is present.

Self-injury, both suicidal and nonsuicidal, is common in correctional settings (nearly all U.S. state prisons report housing at least one offender who engages in self-injury) and, compared to the general population, is consistently found to be more prevalent among correctional populations. Such behaviors have important implications for offenders, the correctional rehabilitation environment, and institutional staff. This entry focuses on prevalence and description of the phenomena, risk factors, motivations and theoretical explanations, implications, and treatment.

Prevalence of Suicidal Self-Injury and NSSI in Correctional Settings

Prevalence rate estimates of self-injury among offenders vary because specific intent to die (or lack thereof) is not always recorded or established. Lifetime prevalence of NSSI among offenders is estimated to be up to 48%, and rates among offenders with mental disorders are even higher, with rates of NSSI up to 60%. It is estimated that between 2% and 18% of male offenders, and 5–24% of female offenders, will engage in some form of self-injury *during* their incarceration.

Prevalence rates of suicide attempts in offender populations are reported to range from 15% to 22%. These estimates are considerably higher than the general adult population, where 4% are estimated to have ever engaged in NSSI and nearly 5% report ever attempting suicide.

Suicidal self-injury and NSSI can also be differentiated in their methods and their lethality. The most common methods of suicide attempt in Western nations are hanging and ingestion of toxic substances, with the exception of the United States where use of firearms is predominant. In contrast, cutting is the most common form of NSSI, usually performed on parts of the body associated with low lethality such as forearms. Other common forms of NSSI include burning, scratching, head banging, and ligatures. The most common forms of NSSI in correctional settings are cutting, scratching, head banging, opening old wounds (also known as *interference* with wound healing), and inserting objects.

Gender Considerations

It is often assumed that NSSI is more common in women, yet epidemiological studies in the general population do not find differing rates of the behavior among genders. The same is true of borderline personality disorder (BPD), for which self-injury is a diagnostic criteria. That is, although BPD is generally thought of as being more common in women, and indeed is more likely to be diagnosed in women, when random samples of both genders are assessed for BPD, no gender differences are found. There are a number of reasons why these perceived gender differences may exist. For example, women may be more likely to disclose their self-injury, or health professionals may be more likely to directly inquire about self-injury with women. Alternatively, men may find it easier to provide plausible alternative explanations for their injuries given that men more commonly engage in activities or employment where injury is likely (e.g., construction) or to be involved in physical altercations.

In correctional settings, as with the general population, although women offenders have been the subject of more empirical research than have men, it is now commonly thought that self-injury is prevalent in male offenders as well. Gender

differences have been noted in methods of self-injury, however, with women being more likely to cut themselves and men being more likely to hit or burn themselves.

Risk Factors

NSSI and suicide attempts are correlated. Of individuals in the general population who engage in NSSI, one half to three quarters have also attempted suicide at least once, and 50% of individuals who attempt suicide have a history of NSSI. NSSI is one of the strongest predictors of suicide attempts and completed suicides. Among offenders, those who die by suicide are more likely to have a history of NSSI than other members of the offender population, and male offenders who engage in self-injury have higher levels of suicidal ideation than those who do not have such a history. NSSI is also a strong predictor of suicide both while incarcerated and after release.

Limited research has attempted to differentiate between these two behaviors in correctional settings, as it is often difficult to distinguish between self-injury that is motivated by an intent to die and self-injury that is not, and most correctional institutions respond to the behaviors in the same manner, regardless of intent. However, offenders who have made suicide attempts have been found to have different clinical presentations and histories than those who engaged in NSSI, so precise investigation and distinction is warranted.

Research has begun to focus on specific risk factors for NSSI in offender populations. BPD, trauma history (particularly sexual abuse), anxiety and depression, post-traumatic stress disorder, substance use, eating disorders, and aggression/impulsivity all have been noted as correlates of NSSI. Risk factors for self-injury with suicidal intent differ slightly, with depression (particularly hopelessness) being one of the most important risk factors for suicide attempts. Older age is also more strongly associated with suicidal self-injury than NSSI.

It is extremely likely that offenders who engage in NSSI while incarcerated have a history of doing so prior to entering a correctional setting. The majority of offenders who have engaged in self-injury (suicidal or otherwise) report initiating the behavior in adolescence, prior to any form of incarceration. This finding is also consistent with

the average age of initiation of self-injury, which is generally during adolescence. As such, it is highly plausible that risk factors for criminal behavior, substance use, or other antisocial behaviors will overlap with risk factors for self-injury, making the likelihood of self-injury in incarcerated populations that much greater.

Motivations and Theoretical Models

Historically, self-injury was viewed in correctional settings as a form of manipulation or as an attention-seeking behavior. Current research, however, suggests a more complex range of motivations for the behavior. NSSI has been theorized as serving a multitude of functions including affect regulation (i.e., emotional release), anti-dissociation, anti-suicide, interpersonal influence, self-punishment, and sensation seeking. While there is much evidence to suggest that NSSI serves multiple purposes, affect regulation has received the most empirical support in offender and nonoffender populations alike. Even when multiple motivations for the behavior are reported, emotional regulation is most frequently cited as a primary motivator. This finding is consistent in forensic populations. In correctional settings, affect regulation is the most commonly reported motivation for NSSI in both male and female offender population. Self-injury, in this case, serves as a coping mechanism that allows an offender to relieve distress and regulate emotional arousal. This is further supported by findings that negative emotions are the most commonly reported emotions prior to engaging in self-injury.

Self-punishment and self-directed anger have also received considerable attention as motivators for self-injury, as this function is commonly cited as a secondary motivation for self-injury. This function has been hypothesized as a manifestation of being raised in an invalidating environment, particularly among individuals with BPD, which is expressed as self-derogation or self-invalidation through self-injury, and often conceptualized as a stereotypically female motivation. Consistent with this theory, anger is frequently cited as a precipitating emotion to NSSI among offender populations.

Despite the convergence of evidence that self-injury serves primarily as a means of affect regulation, social influence and coercion as motivations

have also been documented in correctional settings. Reasons commonly cited include communication of distress or a desire to obtain external rewards (e.g., movement in or out of segregation, relocation to a psychiatric or medical unit). The social influence function is more common in offender populations than in the general (nonincarcerated) population, with such motivations often explicitly reported, particularly among male offenders.

Theoretical functional models of self-injury have been proposed in an attempt to account for primary motivators for the behavior. In particular, the Four Function Model, developed by Matthew K. Nock and Mitchell J. Prinstein, is notable because as of 2018, it is the only functional model of NSSI that has been validated with an offender population. Four Function Model is a functional approach to classification where functions of NSSI are categorized dichotomously: Behavioral reinforcements are either positive (addition of favorable stimuli) or negative (removal of aversive stimuli) and either automatic (intrapersonal) or social (interpersonal). For example, automatic negative reinforcement would occur when an individual uses NSSI to reduce negative emotions. Automatic positive reinforcement would occur when NSSI is used to create a desirable psychological/physiological state (e.g., dissociation, numbness). Desire to escape responsibilities and desire to obtain attention or material goods are examples of social negative reinforcement and social positive reinforcement, respectively. Research validating this model in correctional settings found support for all four functions, with automatic negative reinforcement being most strongly endorsed, followed by automatic positive reinforcement suggesting once again that emotional regulation is the primary function of NSSI.

Impact on the Correctional Environment

Working with offenders who self-injure can be extremely stressful for correction staff. The rates of burnout are elevated among staff working with any populations who engage in self-injury, and the correctional environment adds additional sources of stress. Staff who routinely engage with individuals who self-injure report significant anxiety, frustration, fear, anger, feelings of helplessness and inadequacy, and lower levels of job satisfaction. Most

staff report lack of knowledge and understanding of the behavior as well as lack of explicit training on how to effectively work with offenders who self-injure. Self-injury also presents significant costs to correctional institutions in terms of transfers from general prisons to specialized treatment centers and forensic hospitals. Appropriate treatment and prevention strategies are important for mitigating these impacts on the correctional system.

Intervention and Treatment

Institutional response to self-injury has often defaulted to the use of physical restraints or therapeutic seclusion (i.e., isolation, segregation). Research has found that these approaches have limited effectiveness and may in fact increase the frequency of NSSI and suicidal ideation. As a result, such approaches may place further burden on the correctional system, as segregation or hospitalization requires additional monitoring and intensive supervision. Evidence-based therapeutic responses are therefore recommended instead.

Dialectical behavior therapy (DBT) is a well-established treatment for NSSI and has received attention within the correctional literature. DBT was originally developed by Marsha Linehan to treat BPD and is frequently used to treat chronic self-injury, including NSSI and suicide attempts. DBT has been adapted for correctional setting in a number of jurisdictions across North America, the United Kingdom, and Australia and typically targets coping, self-monitoring, emotion regulation, distress tolerance, and interpersonal skills. DBT is a highly structured and intensive form of treatment that requires significant resources and training to implement. Other promising, less intensive interventions include problem-solving therapy, manual-assisted cognitive behavioral therapy, and START NOW, which is an intervention based on cognitive behavioral therapy and motivational interviewing that takes into account the realities of the correctional environment and is being implemented and evaluated in the United States.

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See also Suicide and Self-Harm, Linkages to Violence Risk; Suicide and Self-Harm in Corrections, Risk Factors for; Suicide and Self-Harm Intervention and

Management Strategies; Suicide and Self-Harm
Offender-Specific Screening Tools; Suicide Risk and
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SUICIDE AND SELF-HARM, LINKAGES TO VIOLENCE RISK

Suicide refers to the act of intentionally taking one's own life. *Self-harm* is the act of intentionally injuring oneself. Although self-harm, such as intentionally cutting oneself, can be associated with suicidal ideation, it is also known to

be an impulsive behavior used by many as a way of attempting to cope with emotional pain. The National Center for Injury Prevention and Control reported that, in 2013, suicide was the 10th leading cause of death in the United States for all ages. In 2103, there were over 40,000 suicides in the United States and more than 9 million adults reported having suicidal thoughts at some point during that same year. Suicide has been estimated to cost more than US\$50 billion in combined medical and work loss. Self-harm, such as cutting or burning oneself, has increased and hospitals are reporting an increase in the number of adolescents and young adults hospitalized for self-harm. This entry addresses the current understanding of suicide and self-harm and provides examples of both of these serious behaviors.

Typically, suicide and self-harm are considered acts of violence against oneself. For example, an individual who engages in self-mutilation is generally focused on self-harm and not likely to act out against others. Although this is also true for most people who commit suicide, there has been an increase in the number of people who commit violent acts against others and then commit suicide. In 1999, one of the deadliest high school shootings in the United States occurred in Columbine, CO, when two high school seniors planned an attack on their school and killed 12 students and a teacher and injured 21 others before committing suicide. Notes from the attackers found after the incident determined that from the outset, the two attackers planned to kill themselves to avoid being taken into custody. This tragic event led to an effort by the U.S. Department of Justice to fund research focused on developing a profile to identify characteristics of a typical school shooter with the hope that future tragedies could be avoided through early detection. Unfortunately, researchers had little success due to large variety of individual differences and motivations that were quite idiosyncratic.

Another similar phenomenon, referred to as a *murder-suicide*, involves the assailant killing another person then immediately thereafter committing suicide. Police officers are sometimes called to domestic disputes and, upon arrival, find that one spouse (usually the male)

has killed his or her spouse (and sometimes other family members), then taken his or her own life. These murder-suicides are generally unplanned and the perpetrator's suicide tends to be a reaction to guilt and shame following the murder.

Suicide by cop is a term developed by law enforcement officials to describe a phenomenon in which an individual purposefully plans to be killed by the police. This can involve an individual approaching the police aggressively, weapon in hand, and failing to obey police orders to drop his or her weapon. There have been other cases where an individual brandishes a fake gun or purposefully reaches into their pocket despite contradictory orders by the police, knowing that this behavior will lead to being shot. Suicide by cop is more common than many think, with estimates that as many as 10% of police shootings involve suicide by cop. This phenomenon presents a dilemma for police in that some police officers recognize when a person may be trying to commit suicide by cop and become trapped between their sense of empathy for the individual and their responsibility to protect themselves and others against the potential threat. If a police officer is forced to shoot and kill an individual committing suicide by cop, he or she is prone to additional stressors that are even greater than killing a typical armed assailant.

Since the 1990s, U.S. officials have encountered one of the most troubling linkages between suicide and violence. On September 11, 2001, 19 members of an Islamic terrorist group completed four coordinated suicide attacks in which four passenger airliners were hijacked at about the same time. Two of the aircraft were deliberately flown into the World Trade Center in New York City, one was flown into the Pentagon in Washington, DC, and the fourth was navigating toward the White House when it crashed into a field in Pennsylvania. These attacks killed almost 3,000 people and could not have occurred without the premeditated intent of suicide by all of the terrorists.

Although each of the scenarios listed above demonstrates a link between the commission of violence and subsequent suicide, the motivations to commit suicide differ for each scenario. Consequently, it is difficult to find a common correlate that links the two. For example, a person

who engages in suicide by cop may be motivated by a sense of having no way out of a situation, or perhaps has fantasies of dying a dramatic death. Terrorists who hijack a plane or strap explosives to themselves before blowing themselves up in the middle of a crowded area to kill as many people as possible may have a very different motivation.

As researchers try to get a better understanding of suicide's link to violence and risk, some have looked at violence and suicide from a different perspective. The question is if exposure to violence early in life increases one's risk for committing suicide. In most cases, it is difficult to determine why a person commits suicide. Even if individuals leave a suicide note describing a precipitating event or set of circumstances, it is hard to know what other factors (e.g., previous traumas, mental illness) played a role in their decision. Some research has found positive correlations between exposure to abuse and community violence and self-harm/suicidal behavior. It appears that, when looking at adolescents who engage in self-harm/suicidal behavior, it is more likely that these adolescents have experienced violence, such as being shot, stabbed, or attacked or witnessing someone else being shot, stabbed, or attacked.

Louis B. Laguna

See also Suicide and Self-Harm in Corrections, Risk Factors for; Suicide and Self-Harm Screening Tools; Suicide Risk and Self-Harm

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SUICIDE AND SELF-HARM IN CORRECTIONS, RISK FACTORS FOR

Risk factors for suicide and self-harm among offenders are separated by offenders' location within the criminal justice system and include demographic and psychosocial correlates of suicide and self-harm. This is a topic of importance within criminal psychology because offenders are at greater risk of experiencing suicide-related distress and self-harm than the general population. For example, in the United States, there are 13 deaths by suicide per 100,000 individuals; however, there are 36 deaths by suicide per 100,000 individuals in detention facilities. That is, inmates are 2.77 times more likely to die by suicide than individuals in the general population. Therefore, suicide and self-harm are problems that offenders and forensic professionals are more likely to encounter. There have been many studies examining risk factors for suicide and self-harm in corrections. However, given that there are more males involved in corrections than females, research about suicide and self-harm has primarily been conducted using males. In addition, there is a greater amount of research about suicide in prisons, followed by jails and community corrections (e.g., probation and parole). Furthermore, self-harm has received less empirical attention than suicide among correctional populations. This is important to keep in mind when considering risk factors for suicide and self-harm in corrections. This entry provides an overview of risk factors for suicide and self-harm among offenders in prisons, jails, and community correction settings as well as a theoretical approach to suicide risk in corrections.

Suicide/death by suicide refers to death brought about by intentional self-injury with the intent to die as a result. *Suicide attempt* refers to nonfatal, intentional self-injury with the intent to die as a result. *Suicide ideation* refers to thoughts of ending one's own life. *Nonsuicidal self-injury* (NSSI) refers to intentional self-inflicted damage to one's body (e.g., cutting, burning, hitting) without intent to die. *Self-harm* is a broader term that does not specify intent to die during self-injury, and synonymous terms include *self-injury*, *self-injurious behaviors*, *parasuicide*, *undetermined*

suicide-related behaviors, among others. Suicide literature does not always delineate between self-injurious behaviors with versus without an intent to die. This has produced a body of research that is unclear as to which risk factors are associated with suicide attempts versus NSSI. This is important to keep in mind when considering risk factors for suicide attempts versus NSSI.

Risk Factors for Suicide in Prisons

The literature on prison suicide has focused on prisoner characteristics of individuals who die by suicide. For example, White prisoners are 3 times more likely to die by suicide than Black prisoners, and Hispanic prisoners are about 2 times more likely to die by suicide than Black prisoners. Contrary to findings that in the general population, males die by suicide at higher rates than females, and incarcerated males are no more likely to die by suicide than incarcerated females. Furthermore, prisoners charged with kidnapping have the highest suicide rate, followed by prisoners with murder charges, sexual assault charges, and assault charges. Violent prisoners are 2 times more likely to die by suicide than nonviolent prisoners. On the other hand, prisoners incarcerated for drug charges are the least likely to die by suicide. These characteristics may help identify those at elevated risk.

The prison environment may aid correction staff in identifying prisoners who may be more likely to die by suicide. Research suggests that 65% of deaths by suicide occur during the first year of incarceration; yet, time of day is not associated with death by suicide. Regarding housing location within prison, 80% occur when the prisoner is in their cell. Furthermore, 83% of suicides occur in maximum-security prisons and 23% occur in special housing units. However, prisoners who live in multiple occupancy cells (such as individuals at a lower security level) have lower rates of both suicide and homicide than those in single cells. The impact of segregation on mental health and suicide risk is a debated area in forensic psychology, such that some research suggests that segregation increases suicide risk, but other research shows no association between segregation and suicide risk. The association between housing location and suicide risk may be a function of the lack of positive social interactions,

which also appears to increase suicide risk among prisoners. For example, prisoners who lack connections with the outside world are at greater risk of a suicide attempt than prisoners who are more connected with the outside world.

Research has also examined prisoners' reasons for attempting suicide. Motivations for attempting suicide include inability to cope in prison, psychotic symptoms (i.e., hallucination and delusional thinking), an unexpected attempt (i.e., the prisoner did not expect to attempt), and attempts associated with withdrawal from drugs. Prison staff may have the perception that prisoners attempt or threaten suicide for a secondary gain (e.g., moving cells), which may lead to these attempts and threats not to be taken seriously. Despite the motivation, manipulative tendencies do not distinguish prisoners who made nonlethal attempts from those who made lethal attempts. Although perceived manipulative tendencies may play a role in inmates' behavior, the lethality of the attempt does not appear to provide insight into motives behind prisoners' suicide attempts. Therefore, all suicide-related behaviors should be treated seriously.

Risk Factors for Suicide in Jails

Research has provided demographic profiles of individuals who engage in suicidal behavior and self-harm; however, it is important to consider these demographic profiles within the context of demographic makeup of jails. The majority of prisoners who die by suicide are male, which may not be surprising given that there are many more males incarcerated than females. In addition, the majority of jailed suicide decedents are White and have an average age of 35 years (with approximately one third of these individuals falling between ages 33 and 42 years). Approximately 42% of suicide decedents are single, 19% are married, 9% are divorced, and the remaining individuals are separated, widowed, in common law marriages, or their relationship status is unidentified.

Furthermore, crime-related profiles may provide insight into suicide risk in jails. For example, approximately 43% of suicide decedents are charged with personal and/or violent offenses, 23% are charged with a minor crime (e.g., shoplifting, prostitution, traffic offences, violation of probation), 15% are charged with serious

property crimes (e.g., burglary, grand theft auto, grand larceny), and 19% are charged with alcohol and/or drug-related offenses. Further, approximately two thirds of suicide decedents have a prior criminal charge.

In addition to basic demographic information and criminal history, mental health information may also guide determination of suicide risk in jails. In the general population, the vast majority of deaths by suicide are associated with a mental health disorder; however, within jails, only about 38% of jailed suicide decedents have a mental health disorder (data were not available for about 30% of decedents). Furthermore, about half of suicide decedents have a history of drug abuse and only 20% are intoxicated at the time of their deaths. Similarly, a suicide attempt history is one of the strongest predictors of future suicide attempts and deaths; however, only about one third of jailed suicide decedents have a previous suicide attempt (data were not available for approximately 24% of decedents).

The jail environment may also increase distress among inmates. About 23% of deaths by suicide occur within the first 24 hr of incarceration; however, 44.8% of suicide decedents in holding facilities die within the first 6 hr of incarceration, and the vast majority of deaths by suicide (95.1%) occur during the first year of incarceration. During the time of incarceration, suicides do not differ by month or vary by season or holidays. Approximately 38% of suicide decedents are in isolation or segregation at the time of death; therefore, the majority were not housed in segregation. This is likely associated with increased monitoring by correctional staff in segregation and decreased access to methods for suicide attempts.

Risk Factors for Suicide in Community Correction

Much less research has examined suicide and self-harm in community correction settings as compared to jails or prisons. After leaving prison, offenders continue to be at risk of suicide. Offenders involved in community corrections are more likely to have a previous suicide attempt if they are young, White, and female. In addition, if the individual is abusing drugs (e.g., cocaine, opioids, sedatives, and alcohol), he or she is at greater risk of a

suicide attempt. Further, offenders on disability or retirement, with a history of abuse, or who are taking medications for mental health problems are at greater risk. When considering suicide ideation specifically, parolees are twice as likely to experience suicide ideation as nonparolees. Moreover, parolees who are married, older, and employed were not at lower risk of suicide ideation; however, among nonparolees, these characteristics are associated with decreased suicide ideation. Research also indicates that having health insurance is associated with less risk of suicide ideation. Furthermore, suicide attempts are more common among individuals who have a recent arrest when compared to the U.S. general population without a recent arrest, and individuals with multiple arrests or criminal charges are at even greater risk. Among individuals with multiple arrests, suicide attempts are more common among adults aged 25–34 years than other age groups; however, suicide attempts did not vary across gender and race/ethnicity. Notably, arrests prior to 1 year before the suicide attempt are not associated with increased risk.

Self-Harm in Corrections

Less research has specifically examined NSSI but more has focused on general self-harm (not indicating the intent to die from the self-harm). Offenders often engage in NSSI to regulate emotions and self-punish. Similarly, offenders who avoid their problem as a way to cope with them and have poorer problem-solving skills are more likely to engage in NSSI. Offenders who engage in NSSI also tend to be White, female, single, and have a lower level of education. Additionally, offenders with emotional, psychotic, and substance use disorders are at greater risk of NSSI. Furthermore, offenders with personality disorders (e.g., borderline personality disorder) are at increased risk of NSSI. Among offenders, aggression, impulsivity, and shame are associated with increased risk of NSSI; however, sadness (which is associated with NSSI among nonoffender groups) is not associated with NSSI among offenders. In addition, having a history of physical and sexual abuse during childhood and other childhood trauma is associated with NSSI among offenders. As with suicide risk, interpersonal conflict is associated with increased risk of NSSI.

A Theoretical Approach to Suicide Risk in Corrections

The corrections suicide literature is generally missing a theoretical conceptualization of suicide risk that goes beyond examining a long list of characteristics of offenders who experience suicide ideation, engage in NSSI or suicide attempts, and die by suicide. The interpersonal theory of suicide, put forward by Thomas Joiner, may provide a theoretical framework for suicide in corrections as well as other settings. This theory suggests that when individuals lack reciprocal caring relationships and are lonely (i.e., thwarted belongingness) and experience feelings of liability on others and self-hate (i.e., perceived burdensomeness), they are at increased risk of thoughts about death. When individuals experience thwarted belongingness and perceived burdensomeness concurrently, however, and are hopeless about these states changing, they are at greatest risk of suicide ideation. This theory also suggests that individuals must be capable of overcoming the pain and fear related to a suicide attempt (i.e., the capability for suicide) to be capable of a lethal or near-lethal suicide attempt.

This theory has shown promise among offenders. Research suggests that thwarted belongingness is significantly associated with suicide ideation after taking into account how depression and hopelessness are associated with suicide ideation among prisoners. In addition, prisoners experiencing higher thwarted belongingness and perceived burdensomeness report the greatest suicide ideation. Similarly, within community corrections, offenders experiencing higher thwarted belongingness and perceived burdensomeness also report the greatest suicide ideation. Thwarted belongingness is also associated with increased suicide ideation among jail inmates. Overall, these findings are consistent with the interpersonal theory of suicide. Continuing to identify theory-driven risk factors for suicide may provide a more parsimonious method of preventing suicide among individuals involved in the criminal justice system.

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See also Suicidal Versus Nonsuicidal Self-Injury in Corrections; Suicide and Self-Harm, Linkages to Violence Risk; Suicide and Self-Harm Intervention and Management Strategies; Suicide and Self-Harm

Offender-Specific Screening Tools; Suicide and Self-Harm Screening Tools; Suicide During Incarceration; Suicide Risk and Self-Harm in Corrections, Prevalence and Estimates

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SUICIDE AND SELF-HARM INTERVENTION AND MANAGEMENT STRATEGIES

Suicide and self-harm (attempted suicide) are actions taken to inflict death upon oneself. U.S. governmental findings in 2016 list suicide as the 10th leading cause of death and even higher for specific groups (e.g., the second leading cause of death for those 25–34 years of age). The understanding and prevention of suicide and self-harm, as well as intervention with those who are contemplating, actively threatening, or attempting suicide are of special concern to law enforcement, correctional personnel, mental health professionals, and the community at large because of the frequency with which these professionals must

address this growing societal problem. It is important for those who intervene in these situations to understand common reasons for suicide, the characteristics of those who kill themselves, suicide assessment, skills for suicide intervention, therapeutic interventions for the prevention of future suicide attempts, and suicide by cop. A case example is provided to illustrate some of the interventions.

Common Reasons for Suicide

Common reasons for suicide are situational stressors (e.g., loss of a job, financial problems), relational motivations (e.g., ending of a relationship), existential or spiritual motivations (e.g., life having no meaning; going to be with God/a better place), somatic motivations (e.g., poor health, being in physical pain), and psychological motivations (e.g., inability to cope, feeling like a failure). A common cognitive factor for many who commit suicide is the inability to see another solution or perspective.

Assessment

The most important factor in predicting suicide is previous suicide attempts. Other factors that help assess the likelihood of suicide are (a) a detailed and imminent suicide plan (e.g., I will lay down in my bathtub and use the gun I just bought), (b) lack of resources (e.g., social support or finances), (c) being a veteran, (d) life stressors (e.g., death of a spouse, sexual assault, someone the individual knows committed suicide, impending court appearance, recent discharge from a psychiatric facility), (e) psychiatric conditions (e.g., mood disorder, bipolar disorder, substance/alcohol abuse), and (f) being symptomatic (e.g., crying, angry, abnormally withdrawn, sullen).

Assessment should be conducted relative to a person's baseline (e.g., how is the person on a good day as compared with today?). Assessment questions consider the information outlined herein and may also include questions such as What are your thoughts about hurting yourself? What is something that could happen that would push you to hurt yourself or keep you from hurting yourself? Are you on any medications and have you

been taking them as prescribed? Have you written a note or given things away? How will hurting yourself affect others? What are your religious beliefs about suicide? Is there anything else you can tell me about your thoughts about hurting yourself?

Interventions

Generally speaking, the first step in intervening with someone who is contemplating or threatening suicide is a calm (speak low and slow), trustworthy, and empathetic presence. Empathy denotes viewing a situation, cognitively and emotionally, from the perspective of another and allowing this perspective to inform one's interaction with that person. Empathy also denotes a caring demeanor that seeks the welfare of another person. The goal is to understand what the other person is going through and allow that person to vent their thoughts and emotions. A common mistake made by those who intervene in these situations is to move to problem-solving too quickly. Patience is required to allow another individual to speak about his or her emotions and perspectives until the individual believes he or she has adequately expressed himself or herself.

During this phase, the listener may hear irrational or faulty cognitions (e.g., It is all my fault, I deserve to die). To paraphrase these cognitions, and the emotions that go with them, is an effective intervention skill. To dispute these irrational cognitions, especially early on in the intervention, is another common mistake. Once the foundation of empathy, understanding, patience, and reaching the point where the other individual feels heard and validated is reached, then the person listening may offer alternative cognitions, beliefs, and perspectives. If the individual in crisis begins to adopt alternative cognitions, beliefs, and perspectives about himself or herself and his or her circumstance, the likelihood of future suicide attempts can be reduced. Long-term care of these individuals is often focused on this cognitive behavioral therapeutic approach to assisting those who have contemplated or attempted suicide. Other therapeutic interventions that can reduce future suicide attempts include brief solution-focused therapy, mindfulness training, and for suicide ideation due

to traumatic experiences, eye movement desensitization and reprocessing.

Some individuals who are actively threatening suicide may not be in touch with reality (psychosis) due to a psychiatric condition such as schizophrenia or due to being under the influence of a substance. In these cases, short and concise sentences and paraphrases can be very effective. Because of the psychosis and the individual's inability to focus attention, it may be necessary to repeat what has been said. Asking the individual to focus on the person intervening as well as his or her voice can also help the individual focus on reality instead of hallucinations. Disputing delusions (false beliefs, such as, I am the devil) is rarely effective, but placating or agreeing with said delusions is not effective either. Rather, attention is focused on reality and the situation at hand. Suggesting to the individual that he or she does not have to listen to the voices may be helpful. Even though psychotic, the individual may still be able to discern whether he or she is being lied to, bluffed, or patronized. A standard rule in these situations is to talk with someone as if you will see him or her in the same situation again in the future. Stalling for time, not backing the individual into a corner, a low tactical presence, non-threatening body language, and even allowing the individual to ingest nicotine may all be helpful in resolving the situation peacefully. Emergency detentions (whereby a police officer commits a person to an inpatient facility) and referral to a mental health professional are common practices. Although not supported by research, no-harm contracts also remain common practice.

Progress is indicated by a shift in violent statements, disclosure of personal information, moving from the emotional to the cognitive, speaking for longer periods of time, willingness to discuss topics unrelated to the crisis at hand, lower and slower speech, and developing trust and rapport with the person intervening.

A last resort, as in the case of someone who obviously is about to kill himself or herself, is the technique "clap to stop the countdown." In this instance, the person intervening claps loudly, abruptly yells, "Hey!" or shouts the individual's name in an effort to shock the individual back into coherence and away from their immediate plan.

Case Example: Suicide by Cop

Suicide by cop, or victim-precipitated suicide, is an instance in which an individual provokes, through intentional action, a law enforcement response that causes his or her death. Following is part of a transcript from a real negotiation in which *M* represents a man with knives (Mike), *O* stands for any officer talking, *H* stands for Sgt. Hester (a crisis negotiator), and *A* represents Andy (a mental health professional and crisis negotiator). As documented by Young in 2016, the transcript begins with three officers, weapons drawn, trying to talk Mike out of rushing at them with a knife from a closet.

O1—Mike, put the knife down and let's talk about this. Come on, do the right thing, Mike. Put it down.

M—Is she here?

O1—No, she's not here. They're not going to let your mom in here because you're too agitated.

M—I'm agitated because she f—ing ain't here.

O1—You're not going to get to talk to her until you put the knife down and come on out.

M—Why are you watching from the back? SWAT's already here. I'm outta here, man.

O2—We've got negotiators here.

M—Okay, well, tell them to get out of here, man. They're f—ing . . . They're drilling through the f—ing walls. (hallucinating)

O1—They're not drilling through the walls.

M—And, there's f—ing wires along . . . You . . . go ahead and shoot me, man . . . Hello? Hello?!

O2—I don't want to have to hurt you. Don't come out of the closet any further, man. You got that knife. You're dangerous. Okay?

M—Aw, man. They're right behind that thing, man.

O2—There's two other guys over here, okay. There's two other guys over here.

M—(incomprehensible arguing) . . . trying to get me . . . No wires, man! What the f— is that? You're trying to trick me, man!

O3—There's a negotiator standing right here.

M—No f . . . ! I know, they're probably trying to trick me to get me to . . . no b—s—, tell him to come out.

O3—Alright. This is Andy Young. He's a negotiator with the SWAT team. Okay?

(Andy steps out so Mike can see him).

M—Why are they . . . ?

A—I'm sorry? (low, slow, calm tone)

M—Why are they trying to get me right here with these f—ing things right here, man?

A—No, there's nothing there that's going to get you. . . . He's with me. We're both doing the same thing for you.

M—It ain't a good day.

A—No, it's not. Can you tell me about it?

M—Nah. I want to die.

A—Well, we don't want that. Okay? If you want to talk to your mom, all you got to do is put the knife down.

M—Get in those handcuffs, man, and then I'll talk to her from jail.

A—You want to talk to her later?

M—You're lying, man.

A—You're worried I'm lying to you?

M—I'm going to give up the knife, and I'm going to jail. No talking.

A—No talking to who?

M—To anyone. Right?

A—That's up to you.

M—No, I'm saying that's what's going to happen.

A—Well, you can talk to your mom before you leave this house.

M—You're lying.

A—I've got no reason to lie to you.

M—You want to see a murder?

A—Not today. But . . . I've seen plenty. . . . Nobody wants to. Okay?

M—I do.

A—Why is that? Everything's going to look different tomorrow.

M—Why's the black one trying to get right there, man?

A—He's with me.

O—This is Sergeant Hester. He's a SWAT negotiator.

(Ross, then Andy takes their helmet off in an attempt to calm Mike.)

M—Gotta be the other . . . man. . . . I ain't going to prison.

A—We're standing here because nobody wants you to get hurt.

M—That's it, man. I ain't going back to no prison.

H—Why would you go to prison?

M—Why wouldn't I not? . . . Whacha tryin' to do? Tase me with that f . . . ing thing?

H—No, sir.

A—What do you see?

M—Something? He keeps looking down.

A—Alright, tell me what you see. What do you see?

M—Well, I'm probably going to die. I'm probably going to die.

A—You know, nobody wants that, right? Nobody wants to hurt you.

M—It's over. It's gonna happen.

A—Don't let it happen. Don't let it happen.

M—(Pained groan) Look . . . it hurt like a m— er f—er.

A—What hurt?

M—I don't give a f— about it hurting. I'll be in pain for the rest of my life. Jesus, forgive me . . .

A—Are you in pain right now?

M—(Praying) Forgive me for everything . . .

A—Mike, are you hurting?

M—(Mumbles and prays.)

A—Do you have children to take care of?

M—(Mumbles and prays.)

A—Do you have children to take care of?

M—You're trying to get me to talk. It's over. (Pained groans.)

A—Are you hurting?

M—It's gonna happen. It's gonna happen.

A—Can you look at me?

M—I gotta build myself up, man. It's gonna happen.

A—Well, we don't want it to happen. Why do you want it to happen?

M—I don't want to sit in no f—ing holding cell today, man.

A—You don't want to be in a holding cell? What do you want?

M—What I want, y'all can't give, man. I can't go back. You can't just let me free . . .

A—Well, we want you to go to the hospital.

M—You're going to take me to jail, man.

A—No, we want you to go to the hospital.

M—You just tried to give him the signal to shoot me with that thing, man.

A—Nobody wants to shoot you. We got an ambulance outside; we want to take you to the hospital.

M—I'm not getting shot by no f—ing taser, man.

A—That's fine. You've just got to put down the knife. We want to take you to an ambulance.

M—I'm going out in an ambulance? (sarcastic)

A—Yeah, we want to take you to an ambulance, but we don't want you hurt.

M—I'll be dead, I won't be hurt. . . . Something's going on man. There's too much air coming in that wasn't coming in before, man.

A—You feel air?

M—Yeah.

A—Where do you feel air coming from? This way?

M—Behind you, man.

A—From behind me?

M—You're trying to play with my f—ing head, man.

A—Sir, I just want you to come out without the knife. (pp. 162–170)

This case study illustrates many of the intervention skills outlined and underscores the seriousness of suicide intervention. Proper care, patience, understanding, training, and intervention skills can certainly reduce the likelihood of the completion of suicide.

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See also Psychodiagnostic Interview; Suicide and Self-Harm, Linkages to Violence Risk; Suicide and Self-Harm Offender-Specific Screening Tools; Suicide and Self-Harm Screening Tools

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SUICIDE AND SELF-HARM OFFENDER-SPECIFIC SCREENING TOOLS

While the terms *suicide* and *self-harm* are often used interchangeably, it is important to be clear that they are conceptually different. Suicide is a self-inflicted act with the intention to cause death, whereas an act of self-harm may be the precedent

to an act of suicide, but it can also exist as a concept in its own right as an intentional act of harm without suicidal intent. Self-harm is intentional, often repetitive, and often constitutes a coping mechanism to provide temporary relief from emotional distress. The crucial differentiation between suicidal behavior and self-harm lies in the nature of motivational intent underlying the action. This distinction makes the early identification of those who are at risk of self-harm or suicide more difficult and the screening of potential at-risk populations more complex. It has been argued that as the impact, treatment pathway, and even costs are similar for both groups, this difference is considered irrelevant for the screening of these behaviors. Skegg in 2005 suggested that self-harm and suicide should be considered as a continuum in the sense that self-harm covers a spectrum of behavior: The most serious form closely relates to suicide, while behaviors at the milder end of the spectrum range merge with other reactions to emotional pain. And it is this approach most commonly employed in the development of screening tools to identify those at risk of suicide and self-harm, whereby self-harm is defined as an act of self-poisoning or self-injury, irrespective of the purpose of the act. This entry addresses the prevalence of suicide and self-harm in offender populations, lists risk factors for offender suicide and self-harm, and provides an overview of assessment tools.

Prevalence of Suicide and Self-Harm

Suicide and self-harm represent a significant global health challenge. In 2014, the overall rate of suicide in the United States was 12.93 per 100,000, a 20% increase since 2005, and the rate was almost double in males aged between 20 and 35 years. The rates of self-harm were estimated to be 12 times that of suicide, with women more likely to self-harm than men.

Offender populations are some of the most marginalized people in society, with higher rates of socioeconomic disadvantage and worse physical and mental health, so it comes as little surprise that the rates of self-harm and suicide are far greater in this population than the general public. Suicide is the most common cause of death in U.S. jails, with a rate far higher than the general population at 46 per 100,000, and this has increased

12% since 2009. Epidemiological studies suggest the rate of self-harm in offender populations is 30 times that of the general population with 30% of prison populations reporting self-harm behaviors; the rate rises to 50% for female offenders.

Risk Factors for Suicide and Self-Harm in Offenders

In order to develop screening tools for suicide and self-harming behavior, a number of authors have explored the risk factors associated with these behaviors in the offender population.

Demographic and Environmental

There is clear evidence that gender plays a role in whether an individual is likely to attempt suicide or engage in self-harm, with far more women likely to engage in self-harm and more men attempting suicide. Age is also a factor: Older offenders are more likely to attempt suicide and younger offenders engage in self-harm. Being Caucasian, greater socioeconomic disadvantage, having lower educational attainment, and not being in a relationship are also strong predictors of both self-harm and suicide in offender populations. First time incarceration, long sentence, and being on remand in prison are both associated with greater risk of self-harm and suicide irrespective of age and gender. In the United States, being incarcerated in the county jail system as opposed to the state prison system is associated with a higher risk of both self-harm and suicide.

Lifetime

Previous self-harm and suicide attempts are strong predictors of future self-harm and suicidal behavior. Childhood abuse, either physical or sexual, has been associated with greater risk, and childhood sexual abuse is particularly associated with higher risk in offender populations. Poor social networks, isolation, and the loss of significant others are also associated with increased risk.

Mental Health

Clinical diagnosis of depression, psychoses, or a history of substance abuse has been found to

increase the risk of future self-harm and suicide in both male and female offenders. For women, in particular, a clinical diagnosis of personality disorder is associated with an increased risk of self-harm.

Coping Style

Studies in offender populations have identified weaker cognitive coping strategies, particularly the use of avoidant strategies, and poor problem-solving skills to be associated with increased risk of self-harm and suicide. Greater interpersonal conflict, internalization of conflict impulsive reaction, and resentment are all associated with greater risk of both self-harm and suicide.

Emotions

Increased risk has been found to be associated with higher self-rated aggression, greater impulsivity, and more severe feelings of shame. No increase risk has been associated with general dysphoria or sadness.

Screening Tools

The risk of suicide and self-harm presents a major challenge to managing the health of offender populations, and there is a clear need for efficient screening tools to identify those at risk. In addition to being diagnostically efficient, screening tools need to be simple to implement, complete, and interpret.

Interpreting the Tools

A screening test aims to identify those at increased risk in a timely manner in order to facilitate access to appropriate intervention and improve outcome. A screening tool will provide an indication whether an individual is positive or negative for increased risk. No screening tool is infallible, so those identified as being positive will include a proportion who are not truly positive and those identified as being negative will include a proportion who are not truly negative. The sensitivity of a screening tool is the proportion of those who screen positive who are truly positive (i.e., the proportion of those identified as being at

increased risk who go on to engage in self-harm or attempt suicide) and the specificity is the proportion of those who screen negative who are truly negative (i.e., the proportion of those identified as being at no increased risk who do not later engage in self-harm or attempt suicide). The true positive and true negative rate is established by reference to a gold standard, sometimes a different test that is known to accurately identify positive and negative cases, or a behavioral outcome measured at some point in the future. While a hypothetical gold standard would be 100% sensitive and 100% specific, it will often be far more complex to administer than a simple screening test.

The efficiency of a screening tool involves a trade-off between sensitivity and specificity in order to avoid misclassification and aims to identify as many truly positive individuals and as many truly negative individuals as possible. As the potential implications of misclassifying an individual as negative for suicidal intent are high, sensitivity of the tool may be prioritized over the specificity, maximizing the identification of positive cases at the risk of misclassifying negative cases as positive. In addition, the predictive value of a screening tool is a useful concept to take into account. The positive predictive value is the proportion of those who are classified as positive who go on to commit suicide or engage in self-harming behavior, and the negative predictive value is the proportion of those who are classified as negative who do not go on to commit suicide or engage in self-harming behavior.

When assessing the efficiency of a screening tool, the tool must be compared with a gold standard, a criterion test that is established as a diagnostic test or benchmark. As noted earlier, a hypothetical gold standard test is considered to be 100% sensitive and 100% specific. In mental health research, gold standard tests are rare and where they do exist they are usually based on historical report of populations who are known to be at risk, and as such, the interpretation of any screening tools should always carefully consider the context of the gold standard comparison.

Review of Screening Tools

While a number of studies have been conducted to explore the utility of screening tools to identify

those at increased risk of self-harm and suicide, there is a paucity of research focusing on offender populations. A major issue arises when researchers and clinicians simply adopt screening tools used in general or psychiatric populations to offender populations without careful consideration of the differential nature of the environment. Offenders often have higher rates of depressive symptoms; they have often experienced significant psychological trauma, have been removed from their usual environment, and have limited access to their social networks. Screening instruments that assess feelings of guilt, perceptions of punishment, and lack of control have limited validity in the offender population.

A comprehensive systematic review of screening tools focusing on suicide and self-harm in offender populations was conducted by Amanda Perry and colleagues in 2010. The review identified 404 research studies in the published literature and an additional 75 studies that had not been published. Only five studies assessing the screening properties of four instruments were considered to be of sufficient scientific quality to be considered in detail. Of these four instruments, two were found to have poor diagnostic properties and unacceptable predictive value: the Suicide Checklist and Suicide Probability Scale. Two instruments demonstrated acceptable levels of diagnostic properties and acceptable predictive value: Suicide Concerns for Offenders in Prison Environments and Suicide Potential Scale. In addition, a review by Simon Gilbody and colleagues 2014 identified the Beck Hopelessness Scale as being useful for screening offenders for risk of self-harm.

Suicide Concerns for Offenders in Prison Environments

This 28-item self-report instrument was developed specifically to identify offenders at increased risk of suicide and self-harm. The instrument assesses risk across two domains. The first relates to factors associated with a protective social network and assesses the presence of support, innate coping skills, and problem-solving abilities. The second relates to factors relating to depression, hopelessness, self-harming history, and suicidal ideation. Each question is rated on the Likert-type

scale, scored 0–5, ranging from *strongly disagree* to *strongly agree*, with a score of 38 or more on the first factor and 30 or more on the second factor being indicative of a positive case. The instrument is quick and easy to complete and has demonstrated good psychometric properties in differentiating between offenders with a history of self-harm and those without. As a screening tool, it demonstrates acceptable levels of sensitivity at 81% and specificity at 71%. Suicide Concerns for Offenders in Prison Environments demonstrated excellent positive predictive value (94%) and acceptable negative predictive value (55%).

Suicide Potential Scale

The 9-item Suicide Potential Scale is a clinician-completed scale assessing previous suicide attempts, recent psychological or psychiatric interventions, recent loss of a significant other, previous use of alcohol and illicit substances, symptoms of depression, current major problems, current suicidal ideation, and the existence of a suicide plan. Each item is scored as *being absent*, score 0; or *present*, score 1. A total score of 3 or more has been reported of having high sensitivity, 86%, and high specificity, 80% (although there is no detailed evaluation of the positive and negative predictive value of this instrument).

Beck Hopelessness Scale

The 20-item self-completed instrument explores the individual's negative perception of the future across three domains: feelings about the future, loss of motivation, and expectancy. Scoring requires access to the scoring template, and a score of 8 or more is considered indicative of moderate risk of self-harm and suicide. Meta-analytic reviews of the instrument suggest high levels of sensitivity for both suicide and self-harm, 80% and 78%, respectively, but modest levels of specificity for suicide and self-harm, both 42%.

Final Thoughts

While a great deal of work has been undertaken to understand how to identify those at high risk of suicide and self-harm in the general population, there has been little work undertaken with offender

populations. Where work has been conducted, it needs to be interpreted with caution. From a methodological perspective, the majority of research has focused on identifying constructs in populations who are known to be at risk and then comparing these to those who are not considered at risk, but one needs to be wary that past behaviors may not be predictive of future behavior. In addition, since self-harm and suicide are more prevalent in offender populations, needs assessment and care planning are critical aspects of health-care provision, and more research is needed on efficient tools to identify those at risk of suicide and self-harm as part of a comprehensive assessment package.

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See also Suicidal Versus Nonsuicidal Self-Injury in Corrections; Suicide and Self-Harm in Corrections, Risk Factors for; Suicide and Self-Harm, Linkages to Violence Risk; Suicide and Self-Harm Intervention and Management Strategies; Suicide During Incarceration; Suicide Risk and Self-Harm in Corrections, Prevalence and Estimates

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SUICIDE AND SELF-HARM SCREENING TOOLS

Suicide refers to the act of intentionally taking one's own life while self-harm is the act of intentionally injuring oneself. Although self-harm such as intentionally cutting oneself can be associated with suicidal ideation, it is also known to be an impulsive behavior used by many as a way of attempting to cope with emotional pain. The National Center for Injury Prevention and

Control reported that in 2016, suicide was the 10th leading cause of death in the United States for all ages. In 2016, there were nearly 45,000 suicides in the United States, and 9.8 million adults reported having suicidal thoughts at some point during that same year. Suicide has been estimated to cost more than US\$50 billion in combined medical and work loss. Self-harm such as cutting and burning oneself are on the rise, and hospitals have reported an increase in the number of adolescents and young adults hospitalized for self-harm. Given these facts, it is not surprising that researchers have spent much time and energy over the years developing tools that help to screen for risk factors related to suicide and self-harm.

Risk Factors for Self-Harm and Suicide

Research has pointed to a number of factors that are correlated with self-harm and suicide. Based on epidemiological data, most cases of self-harm involve cutting behavior by adolescent females. People who commit suicide are more likely to have a mental illness, a family member who has committed suicide, or a history of drug and/or alcohol abuse. Although people without mental illness have been known to commit suicide, the majority of people who commit suicide have a mental illness, primarily a depressive disorder. Consistent with a cognitive behavioral model of mental illness that proposes that a person's feelings and behaviors are a response to errors in thinking and a faulty belief system, people who engage in suicidal behavior have been found to have some common beliefs that fall into one of three categories: that suicide is the only solution to their problems, that loved ones are better off without them, that they deserve to die, or a combination of all three. For self-harm behaviors such as cutting or burning oneself, risk factors may include peer or parental conflict, depression, personality disorders, or a combination of multiple factors. Understanding these correlates of suicidal behavior and self-harm has helped to guide the development and format of screening tools designed to assess risk of these behaviors.

Introduction of Screening Tools

One of the first paper-and-pencil screening tools that offered a numerical value to assess depression

was the Beck Depression Inventory, developed in 1961 by Aaron Beck. This 21-item multiple choice assessment relies on endorsements that measure the presence and severity of certain thoughts and feelings that have been found to correlate with depression. While researching the Beck Depression Inventory, Beck found that people who reported stronger feelings of hopelessness were more likely to be suicidal. This discovery led Beck to publish the Beck Hopelessness Scale, a screening test that more specifically assessed feelings of hopelessness, which Beck believed to be a strong predictor of suicidal ideation.

As research into suicide and self-harm has progressed, numerous screening tools have emerged to assist health practitioners. Moreover, self-harm is no longer viewed as a precursor to suicide. It certainly can be; however, self-harm behavior is beginning to be understood as a clinical phenomenon quite separate from suicide. In addition, research finds that risk of suicide and self-harm varies depending on a number of demographic variables (e.g., age, sex, ethnicity) as well as situational variables (e.g., mental illness, stressors, drug abuse). As a result, screening tools have been developed to assess suicide and self-harm risk across a variety of demographics and situations.

Current Screening Tools

Most often, the best way to assess for self-harm or suicide is to simply ask the individual directly. However, in many cases, it is not possible to do so. For example, some people are embarrassed or ashamed to respond to direct questions. Also, there are situations such as when dealing with groups of people (e.g., patients at medical facilities, inmates at prisons, students in academic settings) when individual verbal assessments are not feasible. Consequently, it is useful to have screening tools that can help mental health professionals identify individuals at risk of self-harm and suicide. Although a simple Internet search might yield numerous hits that describe screening instruments designed to identify individuals at risk of self-harm and suicide, readers are cautioned that a screening instrument that claims to accurately predict risk of dangerous behaviors must be valid and reliable. In other words, the authors of a good screening instrument should provide empirical

evidence that the screening tool accurately measures what it claims to measure.

In order to ensure that screening tools accurately assess risk of suicide and self-harm, they must be studied with regard to their validity and reliability. Validity refers to the extent to which the screening tool measures what it is intended to measure. For example, if a tool claims to measure one's risk of self-harm, there must be clear definitions of what *self-harm* actually means. Does pinching oneself until it hurts constitute self-harm or is some type of physical injury as a result of the pinching necessary? Most authors report two types of validity to support the value of their assessment tool. The first is called *construct validity*, and typically, a screening instrument will be accompanied by evidence (usually in the form of a statistical correlation value) that across several studies using different participants, all participants understood the term or *construct* (i.e., self-harm) in a similar way. The second type of validity commonly reported is *concurrent validity*. Concurrent validity refers to how strongly the tool correlates with other tools that measure similar constructs and have been previously endorsed as having strong validity.

Having strong reliability is another important measure of a good screening tool. Most authors report a form of reliability called *internal consistency reliability*. To establish this, the individual items that make up the screening instrument are rearranged to mix up the order in which they are presented. For example, if the screening tool has 20 items and the original form is numbered 1–20, the same items might be split in half and presented in various orders to be sure that the individual items, regardless of the order, are contributing to the same outcome. There is a mathematical way of doing this and coming up with an average result for all the possible orders called *Cronbach's α* —a single index reflecting the tools reliability.

Although there are hundreds of screening instruments, both formal and informal, available on the Internet, the following list of suicide and self-harm screening instruments represents a sample of those that have been subjected to scientific research and have demonstrated good validity and reliability for their respective areas of focus.

General Suicide and Self-Harm Screening Tools

Beck Depression Scale–Second Edition

The Columbia-Suicide Severity Rating Scale

Suicidal Ideation Questionnaire

The Suicide Behaviors Questionnaire–Revised

Self-Harm Behavior Questionnaire

Self-Injury Questionnaire

Non-Suicidal Self-Injury Assessment

Risk of Suicide Questionnaire

Suicide Risk Screen

Suicide Probability Scale

Child-/Adolescent-Focused Suicide and Self-Harm Screening Tools

Suicidal Ideation Questionnaire JR

Massachusetts Youth Screening Instrument–Second Version

Millon Adolescent Clinical Inventory

The Child Suicide Risk Assessment

The Adolescent Risk Inventory

Special Populations–Focused Suicide and Self-Harm Screening Tools

Suicide Concerns for Offenders in Prison Environment

Suicide Potential Scale

Emergency Department Suicide Screening Tool

Louis B. Laguna

See also Suicidal Versus Nonsuicidal Self-Injury in Corrections; Suicide and Self-Harm, Linkages to Violence Risk; Suicide and Self-Harm in Corrections, Risk Factors for; Suicide and Self-Harm Intervention and Management Strategies; Suicide and Self-Harm Offender-Specific Screening Tools; Suicide Risk and Self-Harm; Suicide Risk and Self-Harm in Corrections, Prevalence and Estimates

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SUICIDE DURING INCARCERATION

Death by suicide among prison inmates is a major problem that plagues the correctional system. Although suicide rates have declined since the 1980s, it is one of the most prevalent causes of death for prisoners. Long-standing and widespread acknowledgment of this problem has led to investigations that have provided in-depth data about suicide among prison inmates, including which prison inmates are most at risk of suicide, when and where suicides occur within prisons, and how prison inmates engage in suicidal behavior. Despite these efforts, relatively little is known about why prisoners die by suicide and how correctional mental health providers can predict and prevent death by suicide among prisoners. This entry provides a general overview of the problem of suicide among prisoners in the United States and Canada, some prevention and response methods used in prisons to address this problem, and a brief consideration of why prisoners may be confronted with the desire to die by suicide.

The Problem of Suicide Among Prisoners

Although suicide rates among prisoners declined dramatically from the 1980s to the 1990s, rates remained relatively stable from 2001 to 2013, representing over 4% of prison inmate deaths in

state prisons and over 6% of prison inmate deaths in federal prisons in the United States. Suicide is the second leading cause of death among prison inmates (behind physical illnesses, which total over 90% of all prison inmate deaths). With almost no exception, this fact holds true regardless of gender, race, and age-group. One notable exception is that for state prisoners under 18 years of age, suicide surpasses physical illnesses as the most common cause of death, with a mortality rate about twice that of most other age groups. Although suicide rates are almost always the second leading cause of death for prisoners, some groups of prisoners may be at greater risk of suicide than others. For example, White prisoners have the highest mortality rate due to suicide, followed by prisoners of *other* race, Hispanic prisoners, and finally Black prisoners. For prisoners 18 years of age and older, mortality rates increase slightly as age increases.

Suicides among prisoners do not cluster at any point during prisoners' time incarcerated. Specifically, less than 10% of suicides take place during the first month of prison incarceration, about 65% occur sometime after the first year, 33% occur sometime after 5 years of incarceration, and about 15% occur after a decade of incarceration. Time of day is equally well dispersed, with nearly proportionate numbers occurring in the morning, afternoon, evening, and overnight. Although timing appears unrelated to suicide in prisons, about 87% of inmates who die by suicide do so in their cell, and not surprisingly, these inmates often have a single cell (i.e., no cell mate). Suicide often occurs in administrative segregation or other secure housing unit locations, although it is unclear whether these types of housing environments actually promote suicidal behavior or if prisoners experiencing more suicidal ideation are more likely to be placed in these locations.

Approximately 80% of prisoners who die by suicide do so by hanging, which may be because it is a simple, easily accessed, and well-known method for suicide. This method of suicide does not actually necessitate hanging, as it can be completed in various positions (i.e., lying down, kneeling, sitting, standing), and in fact requires little pressure applied to one's throat. Death by drug overdose, particularly psychotropic medication, is the second most common cause of suicide among prisoners.

Prevention of Suicide Among Prisoners: Assessment

Prison systems continue to increase attention toward refining suicide assessment methods; however, the *drive-by* technique remains the most basic and frequently used method to detect suicide ideation among prisoners. This method entails simply asking a prisoner if they are suicidal. It is commonly employed because it can be completed in a few seconds, and therefore, a large number of prisoners can be assessed without consuming correctional mental health providers' time. In addition, it requires no funding for formal screening materials. Given the often-insufficient number of mental health providers in prisons, this *drive-by* technique is often adequate and appropriate when used with prisoners who are at low risk of suicide.

Unfortunately, prisoners may underreport or deny suicide ideation because of a desire to avoid perceived unwanted consequences (e.g., being seen as weak by fellow inmates, having the cell searched for dangerous materials, being sent to a suicide watch cell, reducing the likelihood of parole). On the other hand, some inmates may falsely report suicide ideation for manipulative purposes, such as reassigned housing away from other inmates who are harassing them, or simply to be disruptive to correctional staff. Research has demonstrated, however, there is no reliable way to distinguish between prisoners who report suicide ideation and will make a suicide attempt versus those who are *faking it*, and so it is emphatically stated in prisons' policies that all correctional staff must take all reported suicide ideation seriously.

Although there is no specific type of prison inmate who is particularly at risk of suicide, certain characteristics and experiences are related to increased incidence of attempted and/or completed suicide. These include

- a history of past suicide attempts,
- past and/or present severe mental illness (e.g., major depression, psychotic disorders),
- current severe medical problems,
- recent legal status changes (e.g., denied appeal, additional sentence imposed for crimes committed during incarceration),
- recent sexual and physical victimization, and

- problems in relationships with people outside of prison as well as staff and other inmates within prison.

Prisoners who are at higher risk of suicide require more extensive assessment than the *drive-by* technique. Although no standardized assessment method has been established across prison systems, an example of a thorough assessment is the Chronological Assessment of Suicide Events (CASE) approach. This approach entails an in-depth interview intended to procure honest, accurate information about a range of sensitive topics that respondents may be hesitant to discuss. As applied to suicide, the CASE approach is initiated with an in-depth discussion with the prisoner of the recent event or situation that prompted concern about suicide, followed by an exploration of any recent suicidal behavior, then more distal suicidal behavior, and finally shifting toward present ideation and plans for suicide or self-harm.

The effectiveness of the CASE approach lies in the process of how these topics are discussed. The interviewer strives to reduce shame the prisoner may be experiencing by utilizing empathic questioning (i.e., acknowledging the individual's pain and the difficulties he or she is facing). At the same time, questions focus on concrete behaviors and thoughts, for example, urging the prisoner to create a detailed timeline of thoughts and behaviors for a prior suicide attempt. To elicit sensitive information and reduce the chance of underreporting or denial of actual experienced suicide ideation, the interviewer may frame questions in ways that assume a behavior or experience has actually occurred (e.g., "What other ways have you harmed yourself in the past?"). Similarly, when questioning the frequency of past behaviors or experiences, the interviewer may overestimate the incidence to avoid minimization in a prisoner's response (e.g., "How many times have you tried to overdose before—50?"). In instances when a prisoner being interviewed denies a more general past experience (e.g., denies ever having harmed him or herself before), an interviewer using the CASE approach may ask more specific, targeted questions (e.g., "What about burning yourself; have you ever done that before?") to obtain more accurate information

by normalizing these experiences and assisting the prisoner in recalling specific past experiences he or she may have otherwise forgotten.

Prevention of Suicide Among Prisoners: Response

If, as the result of an assessment, a prisoner is determined to be at risk of suicide, action is then taken to help ensure his or her safety and promote psychological recovery and desire to live. In the past, use of suicide contracts was a popular means of attempting to reduce suicidal behavior. A *suicide contract* consists of a written agreement that the prisoner will not engage in suicidal behavior. Research has consistently demonstrated, however, that a suicide contract by itself is not effective in the reduction or prevention of completed suicides or suicide attempts. Furthermore, legal case review has demonstrated that suicide contracts are not an adequate defense against legal culpability for prison systems. However, some mental health providers defend the use of suicide contracts and suggest the following benefits of these contracts:

- they express concern for, and initiate empathic communication with, the prisoner about his or her current situation and experiences;
- they promote a sense of self-control in the prisoner; and
- they can be elaborated to identify resources, support systems, and coping mechanisms the prisoner should utilize when experiencing suicide ideation.

Given that correctional mental health providers often experience a false sense of safety for both the prisoner and the prison system when using a suicide contract, many institutions and systems have instead adopted the use of suicide safety plans. A *suicide safety plan* incorporates many of suicide contracts' beneficial aspects but does not constitute an unrealistic, absolute agreement about a prisoner's behavior.

In addition to creating a safety plan for a prisoner who may be at risk of suicide, correctional mental health staff may improve suicide prevention efforts by increasing the monitoring of these prisoners. This may include frequent, informal check-ins by mental health and other correctional

staff, scheduling more frequent sessions with correctional mental health providers, conducting regular follow-up suicide assessments, and promoting the prisoner's attendance and participation in group therapy offered within his or her institution. When a prisoner presents at higher risk of suicide, staff should evaluate the safety of the prisoner's cell by looking for accumulated medicine, sharp objects, and physical features of the cell from which the prisoner might hang him- or herself (e.g., protrusions and holes or screens to which something may be tied to or around).

When a suicide attempt appears imminent for a prisoner, he or she is often placed on suicide watch. *Suicide watch* typically includes placement in a specified cell that is designed with the prisoner's safety in mind, with physical features that inhibit self-harm, provision of safer bedding and clothing (e.g., a suicide smock), and consistent observation of the prisoner. Observation is sometimes conducted with video monitoring, but safety is best ensured when observation is conducted directly. Although specific policies vary across prison systems, the general standard is that restrictions on the prisoner are as minimal as possible to ensure his or her safety. Efforts are made to maintain the prisoner's routine when possible, including provision of food, self-care and hygiene, and recreational activities and materials. Furthermore, the goal is to help the prisoner's psychological state improve so that he or she can be moved out of suicide watch as soon as possible.

Understanding the Why of Suicide Among Prisoners: Theoretical Considerations

Research has illuminated a list of risk factors associated with suicidal behavior among prisoners, but this has done little to improve understanding of why some prisoners have a desire to die by suicide. Some theoretical considerations may be helpful in this regard. One such consideration is that suicidal prisoners may be experiencing *psychache*, a term that Edwin Shneidman developed to convey an experience of severe psychological pain. Although severe depression and hopelessness may promote suicide ideation, a minority of individuals with these experiences

die by suicide. Instead, it is anguishing psychache that is postulated to be the intolerable experience that promotes suicidal behavior. Another consideration is delineated by Thomas Joiner's interpersonal theory of suicide, which states that a person will experience a desire to die by suicide when he or she feels isolated and unsupported by others (i.e., thwarted belongingness) and inconvenient, bothersome, or troublesome to others (i.e., perceived burdensomeness) for which the individual experiences self-loathing. This theory states, however, that humans have evolved negative reactions toward self-harm that are extremely difficult to overcome, and so in order for a person to die by suicide the desire to die must be accompanied by the acquired capability to perform the suicidal behavior, which may develop in part through prior suicide attempts, exposure to violence, and traumatic experiences. This theory appears particularly applicable to prisoners, whose circumstances promote a sense of thwarted belongingness and perceived burdensomeness, and who tend to have more experiences that create the acquired capability to engage in behavior that results in suicide.

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See also Suicidal Versus Nonsuicidal Self-Injury in Corrections; Suicide and Self-Harm in Corrections, Risk Factors for; Suicide and Self-Harm Intervention and Management Strategies; Suicide and Self-Harm Offender-Specific Screening Tools; Suicide and Self-Harm Screening Tools; Suicide Risk and Self-Harm; Suicide Risk and Self-Harm in Corrections, Prevalence and Estimates

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SUICIDE RISK AND SELF-HARM

Suicide is a global public health problem: In 2012, there were an estimated 800,000 deaths worldwide, and by 2020, this figure is expected to rise to 1.53 million. This represents an annual, global, age-standardized suicide rate of 11.4 per 100,000 population. The figures suggest that death by suicide causes a significant public health problem which is likely to be underrepresented due to differences in reporting systems, the sensitive nature of the topic, and the legality of suicide in some countries. Whatever the shortcomings of current underreporting, it is a fact that rates of self-harm and suicide are far higher among offender populations than the general population. That means that assessing who is at risk and determining how best to intervene are important topics. This entry addresses self-harm and suicide in prisons, offender suicide and self-harm risks factors, and management of suicide and self-harm in prisons, including psychological interventions and problem-solving skills.

Self-Harm and Suicide in Prisons

Rates of self-harm and eventual suicide in prisons far exceed the rate within the general population. Estimates of self-harm differ within different offender populations and by country. Part of the reason for these differences surrounds how *self-harm* is defined. That being said, research has estimated that between 30% and 49.4% of prisoners worldwide engage in some self-harming behavior, with the rate reportedly higher in females. A case-control prison study estimated that the annual incidence of self-harm of people in custody was between 5% and 6% for men and teenage boys and between 20% and 24% for women and adolescent girls. The measurement of, and thus the exacerbated risk of, self-harm behavior in prison is particularly difficult because individuals often repeatedly harm themselves and

such repetition has been shown to increase the risk of ultimate suicide. Eventual suicides are 5 times higher in male prisoners and 20 times higher in females than in general population controls. As many as 1.8% of people who harm themselves die by suicide in the year following the incident, and in the offender community, as many as 8.5% die by suicide over a 22-year period.

Risk Factors

Two systematic reviews have examined the risk factors associated with self-harm in prisons. Evidence from these reviews and other studies suggests that White ethnic origin, a history of self-harm, mental disorders, substance misuse, violent offending, and suicidal ideas are risk factors for self-harm and attempted suicides. Additionally, the risk of death is highest in the immediate period after prison reception. In male prisoners, deaths occur most typically in local adult prisons in the United Kingdom or in jails in the United States. These prisoners are particularly vulnerable while on remand and awaiting a sentencing decision. What is difficult to ascertain is that such risk factors are already exacerbated in the prisoner population, making it challenging to identify those most at risk and to determine how to intervene.

Management and Interventions

Management of self-harm and attempted suicide in prisons often represents a logistically complex challenge, not least because of where the individual is accommodated and its associated environment. Most prisons (80%) in the United States and all in the United Kingdom adhere to a Suicide Prevention Policy. However, a review of U.S. prisons suggested that only 15% of prisons meet clinical recommendations for the scope of these policies. In the United Kingdom, a scheme referred to as *Assessment of Care and Custody Teamwork* is used as a mechanism for developing a care plan and monitoring someone who is deemed to be at risk. This management tool facilitates communication between staff and prisoner, linking risk factors to level of risk in order to ascertain the best possible approach. The Assessment of Care and Custody Teamwork system provides multidisciplinary support to prisoners at risk of harming

themselves. The plan encourages staff to work together to provide individual care to prisoners in distress, to help defuse a potentially suicidal crisis, or to help individuals with long-term needs (e.g., those with a pattern of repetitive self-injury). Prisoners are fully involved in the Assessment of Care and Custody Teamwork process and their individual care plan with the aim of reducing distress.

Psychological Interventions to Reduce and Prevent Suicide

Evidence surrounding how best to treat people who self-harm in prison is limited. Treatment in the United Kingdom has focused on monitoring and safety (as opposed to treatment *per se*) to ensure that staff are vigilant in their approach. Two systematic reviews have evaluated the impact of psychological interventions in reducing self-harm behavior in the general population within the *community*; however, possible treatment options for offender populations in the United Kingdom have only been tested in two pilot randomized controlled trials (RCTs) of cognitive behavioral therapy and interpersonal psychotherapy and a feasibility study of problem-solving skills.

Cognitive Behavioral Interventions

Evidence for the effectiveness of cognitive behavioral therapies comes from a host of studies in the general population, including those focusing on suicidal behaviors. The evidence suggests such interventions are most effective when specifically targeted and designed to focus on suicidality. In addition, in 2011, cognitive behavioral therapy was recommended by the National Institute for Health and Clinical Excellence as one of the recognized treatments for reducing suicidal ideation.

Although this evidence is limited to community populations, one study evaluated the impact of cognitive behavioral treatment for offenders in prison. This study used a pilot RCT to compare a cognitive behavioral therapy in addition to treatment as usual in a group of 62 participants. The trial specified the primary outcome of self-harm behavior within 6 months. A number of secondary outcomes were also measured including suicidal

ideation, psychiatric symptomology, personality dysfunction, and psychological determinants of suicide including depression and hopelessness. The authors found that participants receiving the therapy (in addition to usual care) showed a significantly greater reduction in suicidal behavior in comparison to participants receiving usual care only. A number of other significant improvements were reported, including a reduction in psychiatric symptomology and personality dysfunction. The study showed that the delivery of a cognitive behavioral therapy was feasible within the prison environment and showed significant promise for evaluating the therapy in a larger RCT.

Interpersonal Psychotherapy Interventions

The second trial employed the use of interpersonal psychotherapy with women in prison. The findings of the study showed general improvements in both groups across depression, hopelessness, and suicidal intent. This suggested that for women to improve they might not necessarily require intensive interpersonal psychotherapy treatment. In this trial, the intervention employed varied between four and eight sessions of therapy lasting 50 min per session.

Problem-Solving Interventions

Two systematic reviews provide tentative support for the use of problem-solving techniques in the repetition of self-harm behavior, and an updated review shows inconsistent findings for evidence to support improvement in subsequent problem-solving skills. The first of these reviews combined 2 of 6 RCTs for the treatment of deliberate self-harm behavior (containing a total of 71 and 55 individuals assigned to the intervention and control groups, respectively). The results overall showed that patients who were offered the therapy had significantly greater improvement in scores for depression and hopelessness and also, importantly, reported a greater level of improvement in their problems in comparison to those in the control group. However, because the trials were relatively small, concerns were raised about the lack of statistical power, poor description of standard care, and the inconsistent age ranges across the studies.

The second review formed part of a larger Cochrane systematic review focusing on psychological therapies for self-harm and included trials comparing problem-solving interventions alongside standard treatment. The problem-solving meta-analysis showed a trend toward reduced repetition of self-harm with problem-solving therapy compared with standard aftercare. Since these original reviews, a subsequent meta-analysis including the addition of two new trials shows modest effects in favor of problem-solving therapy for the treatment of repetition of self-harm in the community.

The last review presented an update of the original Cochrane review. This review identified greater inconsistencies which stem from a number of fundamental differences between the presentation of the results and the other reviews. Only four of the known seven problem-solving studies used to assess intervention impact on improved individual problem-solving skills (and not repetition of self-harm) were presented in one model. The authors found the model of analyses were changed by one study which applied a Zelen design, altering the significance of the studies overall impact.

Nevertheless, problem-solving therapy is an obvious choice because so many people who harm themselves report the main immediate cause as being problems in their lives. It is also known that poor problem-solving skills are associated with impulsive responses. Such actions often result in not thinking through all possible solutions to a problem and relying upon the actions of others, or waiting for a problem to resolve itself before taking an action.

The theory behind social problem-solving stems from a concept originally outlined by psychologists Burrhus Skinner and James Davis in the 1950s and 1960s. These influential psychologists were among the first to identify problem-solving as a self-directed cognitive behavioral process. The process involves an individual attempting to identify or discover effective or adaptive ways of coping with problematic situations. They argued that the role of coping within problem-solving was recognized through the use of two different information processing systems. These are referred to as the *automatic* or *experiential system* and the *nonautomatic* or *rational system* which includes rational problem-solving. Automatic responses often result in rapid decision-making and are instinctively

validated as *the right decision*. In contrast, the rational system is a somewhat slower process whereby the person takes his or her time to deliberate and as a consequence makes a logical decision based on all the available evidence.

The link between suicide and self-harm behavior and problem-solving skills has been demonstrated by a number of researchers. In particular, research by Thomas D’Zurilla noted that individuals who are *suicide prone* have negative thoughts and feelings about problems. Such individuals often perceive problems as some sort of a threat to their well-being. As a result, they tend to blame themselves for problems when they occur and doubt their own ability to solve problems effectively. These suicide prone individuals are more likely to view problems as unsolvable and to feel distressed and upset when faced with a problem.

Other characteristics of *suicide prone* individuals include a host of other negative behaviors. These are often associated with an avoidance of problems. For example, instead of facing problems as they arise, and being persistent in their problem-solving efforts, suicide prone individuals are likely to either avoid problems or respond impulsively. This leads to individuals putting off their problems for as long as possible, waiting for problems to resolve themselves, or trying to shift the responsibility for solving problems on to others. When responding impulsively, the person does attempt to solve problems, but these attempts are not well thought out. Avoidant and impulsive responses are not likely to result in effective problem-solving and thus risk reinforcing the negative beliefs and feelings.

A New Model

A study funded by the National Institute of Health Research in the United Kingdom evaluated the feasibility of implementing a problem-solving training model for prison staff and prisoners at risk of repeat self-harm. This study was conducted in four prisons in the North of England and considered whether it is possible to train prison staff (i.e., chaplaincy, management, prison officers, education, and health-care staff) and for those staff to cascade the skills to prisoners at risk of suicide and self-harm behavior. The study is using

an adaptation of a community problem-solving model which was originally devised in New Zealand for patients at risk of self-harm in the community. The adaptation process was thought to be important to ensure that both staff and patients felt that the training and intervention delivery was applicable and relevant to the prison setting. The study resulted in training 280 staff, and 48 prisoners at risk received the intervention. The training used a series of case studies and featured the seven-step problem-solving model:

Step 1: Getting the right attitude—The first step involves identifying whether the client has a negative attitude toward problem-solving (i.e., avoiding problems, being frustrated by problems and taking impulsive actions) versus someone who has a positive attitude (i.e., facing the problem, taking steps to solve it, and using a rationale problem-solving approach).

Step 2: Reflecting and recognizing triggers—The training introduces the idea of recognizing problems and trigger factors; the process of problem-solving involves getting the client to identify thoughts, behaviors, feelings, and physical symptoms associated with his or her particular problem.

Step 3: Defining a problem clearly—Selecting and defining a problem is helpful in turning ill-defined problems such as “My life is a mess” into a well-defined problem which the client has control over. Picking suitable problems will use criteria including ease of solution (quick wins boost confidence), urgency, or salience to the prisoner.

Step 4: Brainstorming solutions—Facilitators are asked to work with a client to discuss what possible options are available to resolve or improve the situation. Brainstorming is a method of generating as many possibilities and alternative solutions to the problem without evaluating the potential usefulness. It is useful to split solutions into the *practical* (i.e., steps to reduce or resolve problems) and the *emotional* (i.e., steps to deal with the consequences of problems that can’t be immediately resolved).

Step 5: Decision-making—Once the client has identified a number of potential solutions, the next step is decision-making. In this stage, a more in-depth examination of the solutions allows the individual to weigh the advantages and disadvantages of potential solutions. The next step is for the individual to identify which of the potential solutions

he or she would like to work and develop a plan for how to tackle the problem.

Step 6: Making a plan—The final stages of problem-solving involve the client implementing or carrying out an action plan. This should be a step-by-step process that is used to transform the chosen solutions into concrete actions. A specific, measurable, achievable, relevant, time-bound plan which is focused around when, where, whom, and how is key to a successful plan. Potential barriers need to be identified and addressed when the plan is not successfully carried out or the problem is not solved. The important elements of the process also involve the facilitator reviewing progress with the client to evaluate whether the plan is underway, whether it is having the desired impact, whether any more needs to be done in relation to the problem, and to understand the key areas which may need to be fine-tuned.

Step 7: Reviewing the process—The reviewing process plays an important role in the reflection and ongoing management of an individual who is attempting to problem solve. At this stage in the process, the reflection offers an opportunity to identify how effective the solution to the problem was and to identify whether the action plan worked, whether he or she would have done anything differently if he or she were to try again, and if any obstacles prevented the plan from happening. In essence, the problem-solving approach is a skill which helps an individual to gain confidence in dealing with a range of complex issues.

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See also Suicidal Versus Nonsuicidal Self-Injury in Corrections; Suicide and Self-Harm in Corrections, Risk Factors for; Suicide and Self-Harm Intervention and Management Strategies; Suicide and Self-Harm, Linkages to Violence Risk; Suicide During Incarceration; Suicide Risk and Self-Harm in Corrections, Prevalence and Estimates

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SUICIDE RISK AND SELF-HARM IN CORRECTIONS, PREVALENCE AND ESTIMATES

When compared to the general population, individuals involved in the criminal justice system are at increased risk of suicide and self-harm. Overall, death by suicide, suicide ideation, and self-harm are rare occurrences within the general population. Research indicates that when examined in the general population in 2014, death by suicide was the 10th leading cause of death in the United States, accounting for 42,773 deaths or 1.6% of all deaths. Worldwide, approximately 800,000 individuals die by suicide each year. Furthermore, 0.6% of individuals in the general population attempt suicide, and 3.3% experience suicide ideation at some point in their lives. Additionally, approximately 1–4% of adults and 13–23% of adolescents in the general population engage in self-harm without the intention to die.

When comparing these data from the general population to the data provided below, it is clear that suicide and suicide-related distress is more common among individuals involved in the criminal justice system. It should be noted that research about suicide-related behaviors suffers from a lack of consistent terminology to help define specific characteristics of these behaviors (e.g., the intent to die from the behavior); therefore, definitions

are provided for the purpose of this review. This entry discusses the prevalence of suicide ideation, nonsuicidal self-injury (NSSI), suicide attempts, and suicide deaths in corrections.

Suicide Ideation in Corrections

Suicide ideation refers to thoughts of ending one's own life. Research indicates that approximately 27% of male prisoners report current suicide ideation. Many studies have examined suicide ideation among prisoners in an attempt to examine the association between various psychological phenomena and suicide ideation; however, often times, these studies do not provide a prevalence estimate of suicide ideation. A similar problem exists with research that has examined suicide ideation among jail inmates. Despite this, it is possible to glean information about the prevalence of suicide ideation within correctional facilities from the percentages of inmates who attempt suicide and die by suicide. Within the general population, the majority of individuals who think about suicide do not go on to attempt or die by suicide. If this fact is extended to suicide within correctional facilities, a larger percentage of individuals in correctional facilities experience suicide ideation than the number of those who attempt or die by suicide.

Within community corrections (e.g., parole, probation, work release), 41% of individuals report experiencing suicide ideation sometime during their life. Other data suggest that 12.3% of individuals in community corrections report having serious thoughts about suicide. More specifically, on average, 9.7% of probationers report suicide ideation during their probation term over the last 12 months, which is about 2.7 times that of the general population. On average, 14.3% of female probationers and 7.8% of male probationers report suicide ideation during this time. These gender differences indicate that female probationers are 1.83 times more likely to report suicide ideation than male probationers and 3.76 times more likely to report suicide ideation when compared to nonprobationer females.

NSSI in Corrections

Self-harm is a broad term that does not specify intent to die from the behavior, and synonymous terms include *self-injury*, *self-injurious behaviors*,

parasuicide, and *undetermined suicide-related behaviors*, among others. NSSI is a more specific term that refers to intentional self-inflicted damage to one's body (e.g., cutting, burning, hitting) without intent to die. In general prison settings, prisons report that 2% of prisoners engage in self-injurious behaviors (intent to die not specified). Although this percentage may seem small, the majority of prisons indicate that self-injury occurs at least once per week. Other data indicate that 22.5% of adult prisoners in psychiatric units engage in NSSI. Moreover, 41.1% of female Canadian prisoners reported engaging in NSSI while in a federal correctional facility. The discrepancies in these data may indicate differences between what correctional institutions consider to be self-harm or NSSI versus inmates' self-reported data.

Within the New York jail system, there were 2,514 acts of self-injury between 2007 and 2011. The majority of these acts involved lacerations, followed by overdose, swallowing dangerous objects (e.g., razors), or asphyxiation. Of these self-injuries, 1,129 were not severe enough to necessitate a hospital transfer. In addition, approximately 28% of individuals who engage in self-injury engaged in this behavior more than one time. These numbers did not differ by age, sex, or criminal history. Among individuals involved in community corrections, approximately 14% had engaged in NSSI during their lifetime; however, there are not clear data to indicate what percentage of individuals involved in community corrections engage in NSSI during their involvement in community corrections.

Suicide Attempts in Corrections

Suicide attempt refers to nonfatal, intentional self-injury with the intent to die as a result. The determination of a suicide attempt can be challenging in many settings, given that inferring intent is not always straightforward. In addition, those in correctional settings may have a variety of reasons for indicating they have attempted suicide, some more genuine than others.

In the general population of the United States, there is an average of 25 suicide attempts prior to a death by suicide. Suicide attempts and other forms of self-injury are known risk factors for death by suicide, with research indicating that a

history of multiple suicide attempts is associated with greater risk of eventual death by suicide. Research has indicated that suicide attempts and death by suicide are 2–5 times more frequent in rural jails compared to urban jails. Research examining individuals in the Swedish criminal justice system who were being assessed for drug- or alcohol-related problems (including prison, probation, or remand) found that 21% had attempted suicide in the past. In this sample, 81% of those endorsing a history of suicide attempt were male. Additional research found that previous suicide attempt occurred in 7.7% of those in a community correctional sample who were still living, compared to 20.2% of those who had died of any cause (including, but not limited to suicide). Of the individuals involved in community corrections who report suicide ideation, 63% of them also report a suicide attempt history. Conversely, 37% of individuals within community corrections with a history of suicide ideation do not go on to attempt suicide. This further highlights that not all individuals who think about suicide will later attempt or die by suicide.

Suicide Deaths in Corrections

Suicide/death by suicide refers to death brought about by intentional self-injury with the intent to die as a result. Although suicide within jails and prisons has been declining since the early 1980s, it is still a leading cause of death in prisons and jails. Although it is the 10th leading cause of death in the general population in the United States, it is the third leading cause of death in prisons, and the second leading cause of death in jails. Jail inmates appear to be at increased risk of death by suicide when compared to prison inmates. Research suggests that jail suicides are approximately 3 times the rate of prison suicides (i.e., 47 suicide deaths per 100,000 inmates vs 14 suicide deaths per 100,000 inmates). Other estimates suggest that between 300 and 400 jail inmates die by suicide each year. In general, communities located in rural areas tend to have higher rates of death by suicide, and this is likely true of rural jails as well. More specifically, the suicide rate in the United States' 50 largest jails was approximately half that of smaller jails. Although risk factors for death by suicide during incarceration are covered in another

entry, it is noteworthy that 50% of individuals who die by suicide take their own life during the first week following incarceration. Additionally, there is a greater prevalence of suicide deaths among male prison and jail inmates when compared to female inmates. There is also a greater prevalence of suicide deaths among inmates younger than 18 years old and inmates who identify as White/Caucasian.

Individuals under community supervision or on probation also appear to have higher rates of death by suicide. Estimates have indicated risk up to 9 times that of the local suicide rate, depending on the location. Research conducted with probationers and prisoners in England and Wales found that 22% of probationers and 46% of prisoners who died during a 2-year period died by suicide or self-inflicted injury.

Limitations

Regarding Prevalence and Estimates of Suicide Risk and Self-Harm in Corrections

Data on suicide-related statistics have the potential to be biased due to inconsistent reporting. For example, a suicide may be labeled as accidental death or death due to unspecified causes. Further, if an inmate attempts suicide, is rushed to the hospital, and dies there, reports may not show that the prisoner died in prison. Similarly, there is inconsistent terminology within different correctional settings regarding suicide-related behaviors. Some settings may require self-injurious behaviors to be deliberate, a behavior that produces visible injury, injury that requires medical attention, an intent to die, or a lack of an intent to die. Some settings may not require some of these characteristics when defining self-injurious behaviors.

In addition, underreporting of suicide ideation and suicide-related behaviors should be considered among offender samples. Inmates who express suicide ideation to correctional staff may be placed on suicide precautions to increase observation of the inmate by correctional staff and limit access to means for self-harm. For example, inmates may be placed in *strip cells*, which are special cells where inmates' clothing and belongings are removed for safety against self-injury and

violence. Although these conditions may increase inmate safety, they may also deter inmates from disclosing suicide-related distress.

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See also Suicidal Versus Nonsuicidal Self-Injury in Corrections; Suicide and Self-Harm, Linkages to Violence Risk; Suicide and Self-Harm in Corrections, Risk Factors for; Suicide and Self-Harm Intervention and Management Strategies; Suicide and Self-Harm Offender-Specific Screening Tools; Suicide and Self-Harm Screening Tools; Suicide During Incarceration

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TECHNIQUES OF NEUTRALIZATION

The techniques of neutralization help explain why individuals sometimes engage in acts that they generally condemn, particularly criminal and other deviant acts. The techniques refer to a set of beliefs that justify or excuse such acts under certain circumstances. For example, individuals who generally condemn violence may believe that violence is justifiable if one is insulted or to protect the honor of one's gang. This entry describes the major techniques of neutralization and the research on them.

Development of the Techniques of Neutralization

The techniques were first described by Gresham Sykes and Davis Matza in 1957. Many prominent criminologists at that time argued that criminals, especially gang members, were part of an oppositional subculture that rejected conventional values and generally approved of acts such as violence, theft, and drug use. Sykes and Matza challenged this view, stating that most offenders generally condemn crime. This condemnation is reflected in the guilt and shame they often display over their criminal acts, as well as the admiration they frequently express for certain law-abiding people. And this condemnation reflects the fact that offenders are usually raised in families and associate with others who condemn crime. Sykes and Matza therefore try to explain how offenders are able to "violate the laws in which they believe."

Sykes and Matza argue that while acts such as violence and theft are generally condemned, they are justified or excused in certain circumstances. This is true of the legal system and most people in society. Violence, for example, is justified in combat situations during war. Sykes and Matza argue that offenders employ a broad range of justifications and excuses, including many that are not recognized by the legal system or accepted by most others. In particular, they state that offenders are more likely to accept five techniques of neutralizations or beliefs that justify or excuse crime in certain circumstances. These techniques are said to be learned from others, such as friends.

Description of the Five Techniques

Individuals employing the technique known as *denial of responsibility* claim that they are not responsible for their criminal behavior. Their behavior is attributed to such things as accident, intoxication, unloving parents, or growing up in poverty. Those employing *denial of injury* claim that their crime does not cause any great harm. For example, they claim that they were only *borrowing* the car they stole or that the store owners from whom they steal have insurance to cover the loss. Those employing *denial of the victim* state that the victim deserved it. They claim, for example, that the victim of their violence started the fight or that the storeowner from whom they stole cheats others. Those employing *condemnation of the condemners* claim that those who would condemn them engage in objectionable behavior.

The police, for example, are said to be *crooked* and abusive. And those employing *appeal to higher loyalties* claim that their crime was committed to help friends, family, or others. Certain additional techniques have been suggested by others, including Albert Bandura in his description of the techniques for moral disengagement.

Sykes and Matza summarize their five techniques of neutralizations in the following phrases: “I didn’t mean it,” “I didn’t really hurt anyone,” “They had it coming to them,” “Everybody’s picking on me,” and “I didn’t do it for myself.” Sykes and Matza acknowledge that these techniques are often used as after-the-fact rationalizations, in an effort to alleviate guilt and avoid blame and punishment. But they state that these techniques are also used before individuals engage in crime and that they help make crime possible by neutralizing one’s belief that crime is wrong or immoral in their particular circumstances. The techniques, it should be noted, are closely related to certain other theories of crime and deviance, most notably Albert Bandura’s 1990 description of the techniques for moral disengagement.

Research and Evidence

Research indicates that offenders are somewhat more likely to accept the techniques listed earlier than are nonoffenders. Furthermore, certain studies that follow individuals over time indicate that individuals who accept the techniques at one point in time are more likely to engage in crime at a later point. More research is needed here, however. The techniques have been applied to a wide range of crimes and deviant acts, including theft, violence, drug use, white-collar crime, genocide, cheating, and gambling. These techniques have also been employed in studies of consumer behavior and business ethics. And the techniques have informed several crime prevention programs, which attempt to challenge the neutralizations that offenders often employ for their crimes.

At the same time, it should be emphasized that these techniques are just one of several causes of crime. It has been argued that if the techniques are to cause crime, certain conditions must hold. Individuals must believe that they are in situations where the techniques are applicable. For example, those who believe that violence is a justifiable

response to insult must believe that they have been insulted. Also, individuals must be motivated to engage in the offense. The neutralizations do not motivate crime but rather make crime possible by reducing the individual’s condemnation of particular criminal acts. In addition, it has been argued that the neutralizations are not simply learned from others. They often emerge after individuals have engaged in criminal acts, as individuals seek to rationalize their behavior. But once the neutralizations emerge, they pave the way for further crime. Finally, some evidence suggests that certain hardcore offenders may not need to employ the techniques because they do not generally condemn many criminal acts. As such, they have nothing to neutralize.

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See also Psychology of Criminal Conduct; Social Drift Theory; Sociological Theories of Crime

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TELEHEALTH

According to the National Telehealth Policy Resource Center, telehealth (or telemedicine) refers to a collection of health-care services that are delivered remotely using technology. Services that are commonly provided via telehealth include, but

are not limited to, dentistry, psychiatry, counseling, physical and occupational therapy, chronic disease monitoring and management, and education and training. The mode of providing such services generally falls into one of four categories: (1) live two-way interactions (e.g., videoconferencing, webcams), (2) store-and-forward transfers (e.g., prerecorded videos, digital images), (3) remote patient monitoring (i.e., provider access to patient data at multiple locations), and (4) mobile health (e.g., targeted text messages, personal digital assistants). Telehealth was developed to help bridge the gap between the supply and demand of quality health care, particularly for individuals who live in difficult-to-access regions, by circumventing many of the barriers associated with in-person delivery. Telehealth is not intended to replace traditional in-person contact, as there are obvious advantages to seeing a client face-to-face while in the same physical location. However, telehealth can serve as a supplement to in-person contact or as a stand-alone option when in-person contact is not feasible or available.

One of the first attempts at remote service delivery within a prison system began in 1974 at the University of Miami, where physicians provided medical care to inmates at three different facilities using microwave transmission (i.e., information transmitted through radio waves). This method of service delivery did not persist due to high operation and maintenance costs. With advancements in technology, telecommunication-based health care reappeared in corrections during the 1990s and continued to rapidly increase over the next several decades. In 2004, 26 states operated telehealth programs that reached over 400 correctional facilities across the United States. By 2015, all 50 states operated telehealth services (with a majority offering some level of insurance coverage). About 20% of all telehealth applications are estimated to involve correctional clientele. Most relevant to this encyclopedia on criminal psychology is the use of telehealth to deliver psychological and legal services in the criminal justice system.

Why Telehealth in the Criminal Justice System?

Beginning around the mid-1980s, drastic increases in the adult incarceration rate created a demand

for prison expansion. This issue led to the construction of correctional facilities across the United States, but particularly in rural regions, where prisons and jails were also seen as a strategy for reviving employment rates and increasing local government revenue. Consequently, rural prison expansion became big business. However, correctional facilities generally experience many challenges when it comes to providing health-care services to inmates. The prospect of professional burnout, low paying incentives, and the remote rural location of many jails and prisons can lead to scarce, untimely, and inconsistent service delivery.

The rising cost of health care also inhibits access to services for many inmates who are in need. Even in the late 1990s, the cost for an off-site service provider was estimated to be as high as US\$1,000 per inmate visit. Health-care costs include not only the actual services rendered but also travel expenses and salaries for correctional personnel who need to accompany inmates on visits. In addition, the absence of competition among *specialty* providers (e.g., forensic psychologists, counseling for inmates who are HIV-positive, sex offender treatment, early parole assessments), particularly in rural areas, can increase the price of services well above average.

Because of financial and logistical challenges, corrections departments began to rely on contracts with medical centers and university hospitals to increase inmates' access to health care, including mental health services. Although this may seem like a viable remedy, profit motives can sometimes outweigh incentives for quality care, thereby compromising ethical standards of practice. In addition, community-based contractors, who generally lack an understanding about the constraints of correctional environments, may offer treatment recommendations that are inconsistent with security and management needs; this issue often translates to ineffective care and rehabilitation for inmates. Contracting to outside providers also does not alleviate the expense associated with traveling either in or out of a remote facility. Thus, there became a need for an alternative to traditional in-person methods of providing state-of-the-art health care to inmates.

Telepsychology

In 2013, John C. Norcross, Rory A. Pfund, and James O. Prochaska projected that the integration of technology into mental health sectors would be the largest growing trend in psychotherapy by 2022. Its expanding popularity has also been demonstrated in mainstream psychological publications such as the *Monitor on Psychology* and *GradPSYCH*. Also in 2013, the dramatic increase in the use of the so-called telepsychology prompted the American Psychological Association to develop specialty guidelines for practitioners. The use of telecommunication systems for providing psychological and behavioral services is now applied to a broad range of psycho-legal and correctional contexts. For example, telepsychology makes it possible for a well-renowned psychologist in New York City to provide services to a federally detained prison inmate located in rural Missouri.

The most salient benefit of using telepsychology in criminal justice settings is heightened security and safety for the inmates, staff, and the public. When inmates are transported to off-site agencies, there is an increased risk of escape and harm to staff or civilians. Conversely, in addition to being costly and time-consuming, it can be intimidating and potentially dangerous for external providers to enter an unfamiliar facility. Telecommunication systems instead allow inmates to receive services within the confinements of secure perimeters. Another advantage of using telepsychological services for inmate populations is the potential for reduced wait times that result from eliminating several steps (e.g., transportation to external agencies, initiating security procedures to move in or out of a facility, hiring more mental health staff to provide on-site care) that are involved in connecting inmates to necessary services. Furthermore, the pool of available and qualified clinicians may increase if the delivery mechanism is more convenient. Efficiently and effectively responding to requests for mental health services may increase inmates' trust in and adherence with the mental health system. Improving access to appropriate psychological and behavioral interventions for those in need could have further unanticipated effects on correctional employees who will be able to focus on running a safe facility rather than attending to custody and

disciplinary problems that are secondary to mental health disturbance.

The use of telepsychology may also create greater continuity of care across various stages of the legal and rehabilitative process. For example, inmates who are being discharged from a forensic mental health hospital to a secure correctional facility could have their first few sessions with continuing care providers while still at the medical center. Similarly, telecommunications can assist correctional psychologists in coordinating community resources (e.g., parole officers, medical providers, job supervisors) for inmates preparing for release. Special needs cases requiring intensive care that combines psychological and medical services (e.g., substance abuse treatment and infectious disease specialists for inmates who are HIV-positive) can also be better accommodated through telepsychological approaches. Moreover, telepsychology offers the ability to involve prosocial others from the community in the inmate's treatment. Family therapy, including parenting counseling, would allow significant others to participate alongside their incarcerated partner from a remote location. This capacity may be particularly beneficial for detained youth offenders who often require comprehensive treatments that involve a network of caregivers, school officials, peers, and other agencies to promote positive behavioral changes.

Despite the possible benefits of telepsychology, mental health providers themselves have often been cited as the most resistant to using remote delivery mechanisms. Many professionals hesitate to embrace telepsychology due to the geographical distance that is placed between themselves and their clients. Psychologists are typically trained in models of therapy that assume clients will receive in-person services in the same room; this pairing of interpersonal and physical space has come to define the therapeutic relationship as a tangible attachment. The remoteness of telepsychology leads many psychologists to fear losing emotional connectedness with their clients; however, research suggests that this fear is more salient for the provider. For example, a study with male prison inmates found no significant differences for telepsychology versus in-person services on ratings of client satisfaction, perceptions of therapeutic alliance, or post-session mood. Relatedly, another

study found that jail staff perceived technology-based services as easily integrated into their routine practice of care and institutional security. Research has further shown that psychological and forensic assessments can be reliably conducted through telecommunication systems even though evaluators felt less satisfied with the video interview format.

As of 2016, the knowledge base regarding long-term treatment outcomes for criminal offenders was promising but limited. The few treatment-based studies that were available in the literature tended to lack strong research methodology. In a 2015 meta-analytic review of videoconferencing-based mental health services for criminal justice and substance-abusing clients, only five of 14 topic-relevant studies were identified as having adequate scientific integrity, which was determined by a study's use of random assignment or inclusion of a demographically similar comparison group. Of those five, just two examined treatment outcome variables in response to a psychotherapy intervention; the others focused on assessment reliability or service satisfaction. With the increased social and cultural reliance on technology in general, it was around this time that criminal and forensic psychologists began to focus on expanding the empirical support for operating treatment-driven telepsychology networks.

Telelaw

Applications of technology are also becoming more prevalent in the modern courtroom. The first documented systematic application of telecommunications in a legal setting occurred in 1972 when an Illinois court began conducting bail hearings via videophone. Since then, the virtual courtroom has expanded to include a number of procedural tasks such as attorney-client consultations, preliminary arraignments, oral argument, testifying in open court, and judicial rulings.

The use of telelaw in the courtroom has largely focused on witness testimony. Earlier attempts to provide remote witness testimony using videoconferencing sparked some concern that the trier of fact would perceive these witnesses as less credible or truthful than witnesses who were physically present in the courtroom. Much of this concern logically stemmed from inherent technological

glitches (e.g., audio delays) or interpersonal barriers that might interrupt the natural reciprocity and flow of conversation. In fact, research suggests that maintaining eye contact with jurors, which may be disrupted or even impossible through the use remote technologies, can improve perceptions of a witness's credibility. One study conducted in 1998 showed that mock jurors rated child witnesses who testified by video feed as less credible than in-court witnesses. Of note, the same group of study participants did not differ on their perceptions of the defendant's culpability in the case, suggesting that witness credibility was either not a significant factor in mock jurors' decision-making or that child witnesses were seen as believable enough to assign a guilty verdict. In 2005, another group of researchers in Sweden similarly showed that mock jurors who observed a witness testify remotely rated the witness's appearance and trustworthiness less positively than those who observed the witness testify in-person. Findings from this study further indicated that in-person observers incorrectly believed they could better recall the witness's statements following testimony than the video observers. Interestingly, participants in this study were also asked to determine whether or not the witness was lying on the stand; mock jurors' accuracy in identifying truth-tellers versus liars was not effected by modality of testimony. Overall, this study indicates that, while credibility was diminished for remote witnesses, the quality and quantity of information conveyed was unaffected.

As noted earlier, the application of real-time, remote technology in the courtroom has also begun to include tasks designated to forensic mental health professionals (i.e., psychologists and psychiatrists), such as assisting the trier of fact in making sound decisions about a defendant's competence to stand trial. While there is some evidence that expert opinions regarding a defendant's competence to proceed are not greatly altered when comparing evaluations conducted remotely and in person, it remains unclear how these experts would be perceived in the courtroom if they testified remotely about their opinions. There is a line of research suggesting that the perceived likability and competence of an expert witness—which may include factors beyond the expert's professional qualifications and credentials such as

gender, dress, general demeanor and mannerisms, and eye contact—can affect the extent to which jurors incorporate the expert's opinions into their ultimate legal decision. That is, regardless of how expertly crafted an evaluation is, the extent to which the information is helpful to the court can depend heavily on how the expert comes across during testimony. As of 2017, no research had examined whether telelaw affects the perceived credibility of expert witnesses.

Despite the limited evidence supporting the use of audiovideo to deliver live testimony, it is currently admissible in many state jurisdictions and the federal government. Some jurisdictions have even upheld the use of less secure services like Skype (e.g., *Marriage of Swaka*, 319, P.3d 69 [2014]) to transmit witness testimony. In addition to witness credibility, research is beginning to examine other uses of telelaw. For example, in evaluating attorney–client consultations, Brendan McDonald and colleagues found little difference in defendant and attorney satisfaction ratings across remote and in-person contacts. Potential benefits for expanding the use of telecommunications, like videoconferencing, within the legal system include cost savings, risk reduction (e.g., not having to transport defendants from jail to the courtroom), greater access to justice (e.g., by increasing defendant or litigant participation in proceedings), speeding up the judicial process, and general convenience.

Implementing Telehealth in the Criminal Justice System

Limits to confidentiality associated with the use of telehealth constitute a major concern for health-care professionals and correctional policy makers. Because clients in correctional facilities should not be left unsupervised, particularly with expensive technological equipment, it may be necessary to have at least one staff member present or located at a nearby location during treatment sessions or medical appointments. Properly securing equipment in protective material such as Plexiglas and setting up a quick and easy way for off-site providers to contact security staff may eliminate the need for in-person supervision. Other possible consequences of telehealth-based interventions for

inmates include impromptu equipment failures; inaccuracies in diagnosis due to physical, emotional, and cognitive disturbances that cannot be captured through video monitoring; resistance among inmates with personality or thought disorders; and delayed team-based treatment decisions due to the involvement of multiple providers who may be located at multiple sites or even across time zones.

To mitigate some of these challenges, consideration should be given to the facility's available resources (e.g., off-site providers willing to offer expertise, funds to purchase and maintain equipment, space to set up and secure the system) prior to establishing a telehealth program. Once a correctional agency elects to initiate a telehealth program, systematic guidelines, including initial referral procedures, strategies for troubleshooting technical difficulties, and policies for handling emergencies should first be established. Internal staff and outside providers should then receive training on these institution-specific policies. Lastly, all relevant parties, such as psychologists, correctional officers, mental health counselors, medical personnel, and the client should spend time building a working relationship, clarifying role expectations, and developing and monitoring mutual goals.

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See also Eyewitness Testimony; Mental Health Assessment; Mental Health Treatment; Offenders With Mental Illness in Prisons, Treatment for; Treatment of Criminal Behavior: Psychotherapy

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TERRORISM: INTERNATIONAL PERSPECTIVES

The phenomenon of terrorism has featured in history since the *Reign of Terror* during the French Revolution (1793–1794) but has changed considerably since then. Therefore, a term that was used originally to describe governmental actions is now mostly used to refer to actions committed against civilians and perpetrated by individuals or groups not directly linked to a state. An examination of the historical evolution of terrorism reveals not only a change in the modus operandi of terrorist organizations but also a shift in the international dimension of the phenomenon. After discussing issues associated with defining terrorism within an international framework, this entry focuses on the international efforts, including laws and models, to counter terrorism.

Defining Terrorism

The universal condemnation of terrorism since its introduction to the international agenda via the League of Nations in 1934 has not contributed significantly to the elaboration of a generally acceptable definition within an international framework. The United Nations (UN) General Assembly has played a central role in addressing some of the specific manifestations of international terrorism, such as airline hijacking, unlawful seizure of aircraft, and hostage taking, via the adoption of resolutions and conventions.

According to UN General Assembly Resolution 49/60, titled “Measures to Eliminate International Terrorism” (adopted on December 9, 1994), terrorism is described as “Criminal acts intended or calculated to provoke a state of terror in the general public, a group of persons or particular persons for political purposes are in any circumstance unjustifiable, whatever the considerations of a political, philosophical, ideological, racial, ethnic, religious or any other nature that may be invoked to justify them.” Although the relevant UN anti-terrorism treaties criminalize particular manifestations of terrorism, they do not criminalize terrorism generally. Rather, they impose a duty on member states to render the said conduct an offense under their national laws and then prosecute or extradite the alleged offender.

The search for a universal definition of terrorism has been the subject matter of much academic work. Yet, it has not been possible to provide a clear and comprehensive definition, as there is disagreement in academic discussion as to the elements to be included in a definitional framework. Despite the lack of an accepted universal definition of terrorism, there seems to be a general agreement that most explanations typically involve reference to certain notions—more specifically, that terrorism refers to unlawful or illegitimate violence against deliberate targeting of civilians, which creates a state of fear in the general public for the achievement of political or ideological goals.

The definitional issues related to terrorism continue to be relevant. However, since the attacks of September 11, 2001, the international agenda has developed toward concerns related to responses to terrorism, including the use of armed force against terrorism, preventive mechanisms related to domestic banking and financial institutions, and sharing of information and other binding forms of interstate cooperation.

International Counterterrorism Efforts

The international dimension of terrorism from the 1960s onward has led to the birth of a number of international instruments. These international instruments encompass different manifestations of violence upon civil aviation (e.g., 1963 Tokyo Convention on Offences and Certain Other Acts

Committed on Board Aircraft), civil maritime navigation and sea-based platforms (e.g., 1988 Rome Convention for the Suppression of Unlawful Acts Against the Safety of Maritime Navigation), and attacks upon persons, including hostages, diplomats, and other internationally protected persons (e.g., 1973 Convention on the Prevention and Punishment of Crimes Against Internationally Protected Persons).

The establishment of the Ad Hoc Committee of the UN General Assembly (G.A. Res. 51/210) on December 17, 1996, has further elaborated terrorist bombing and terrorist financing conventions, followed by the elaboration of two other agreements: one on nuclear terrorism and a comprehensive convention on terrorism. In general, the UN anti-terrorism instruments place emphasis on suppression rather than on prevention of terrorist activity.

The UN anti-terrorism conventions establish a framework that encourages member states to assist each other in the global fight against terrorism and obliges them to either punish or extradite those responsible for the offenses prescribed therein. It should be reiterated, however, that the anti-terrorism international instruments do not themselves impose the duty to extradite the offender; rather, such duty is placed within the general extradition framework contained in various bilateral and multilateral extradition treaties.

The Role of International Law in the Fight Against Terrorism

International law plays a central role in the fight against terrorism as evident by the growing body of international treaties applicable to the crime of terrorism. As already outlined, the main benefit of this body of law is that it creates a framework within which national counterterrorism activities may take place, such as cooperation among states in preventing and suppressing terrorism. Likewise, the major effect of such international legal instruments is that they prescribe certain obligations to member states to criminalize certain terrorist activities under their national legal systems and encourage the judicial authorities of member states to initiate criminal proceedings.

As noted earlier, the UN is responsible for the creation of international treaties and resolutions,

and it does so via the Security Council, which is authorized by the Charter of the UN to adopt binding resolutions. An indicative example is Resolution 1373, which was adopted in 2001, after September 11. According to its provisions, states are obliged to freeze the financial assets of those who commit or attempt to commit acts of terrorism and their supporters, to deny them travel or safe haven, and to prevent terrorist recruitment and the supply of weapons. Furthermore, this resolution obliges countries to afford one another *the greatest measure of assistance* in investigating and prosecuting terrorist acts and calls upon them to sign and ratify the international conventions and protocols against terrorism. Moreover, Resolution 1540, which was adopted in 2004, obliges states to refrain from supporting by any means nonstate actors that attempt to develop, acquire, manufacture, possess, transport, transfer or use nuclear, chemical, or biological weapons and their delivery systems.

However, the approach of adopting international legal instruments is not without shortcomings. Almost all of the international instruments have been adopted as a response to major terrorist attacks and thus are reactionary rather than preventive in nature. In addition, the measures adopted by the Security Council require the existence of national legal mechanisms to implement them at a domestic level. However, the effectiveness of the Security Council's measures can be affected negatively if states are unwilling to implement the measures domestically due to their own national interests. Thus, reliance on domestic implementation might disadvantage the fight against terrorism as the enforcement of the international legal framework is challenged.

Use of Force Against Terrorism

The right of self-defense is one exception to the UN Charter's general prohibition on the use of force. As stated in Article 51 of the Charter: "Nothing in the present Charter shall impair the inherent right of individual or collective self defense if an armed attack occurs against a Member of the UN, until the Security Council has taken the necessary measures necessary to maintain international peace and security." Following September 11, the United States responded by exercising its right to

self-defense and employed the use of force as a counterterrorism method. The U.S. response raised a number of questions in relation to the existing international framework and the suitability of the use of force in the case of terrorism. Some have argued that the label *terrorism* could be abused by powerful states in order to justify military actions against another state (e.g., a state that might have links to or support terrorist organizations). Therefore, the international community via the UN and academic and political circles appears skeptical with regard to the application of the use of force as a counterterrorism model.

National Counterterrorism

The national counterterrorism module relies on a framework of criminal justice that potentially may protect democratic values while fighting terrorism at a national level. It seeks to ensure the legitimacy of the legal process when dealing with those responsible for terrorist offenses and places much emphasis on human rights considerations. However, evaluating what makes an effective strategy poses methodological difficulties, and it has been observed that because of the varied nature of terrorism and subsequent responses, a universally applicable methodology of analysis is not possible. It has been argued that a holistic strategy, containing elements of suppressive and preventive actions, could be effective. An example of a holistic strategy to combat international terrorism is the UK CONTEST strategy, which contains four pillars: *Pursue*, in order to stop terrorist attacks from taking place; *Prevent*, in order to stop people turning to terrorists or supporting violent extremists; *Protect*, in order to offer protection against terrorist attack; and *Prepare*, in order to mitigate the impact of an attack when it cannot be stopped and offer assistance in the aftermath. The complexity of contemporary terrorism, with its multifaceted and evolving nature, suggests that an effective counterterrorism strategy should encompass a combination of all available counterterrorism models in order to provide a coordinated and holistic answer to the challenge of terrorism.

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See also Extremism and Terrorism, Middle Eastern; International Extradition

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TEXAS SYNDICATE

In the mid-20th century, around the time of the passage of the Civil Rights Act of 1964, radical inmate gangs appeared in state prisons in California and Texas. In 1992, the U.S. Supreme Court recognized the existence of six major prison gangs in the California Department of Corrections: Mexican Mafia, Nuestra Familia, Black Guerrilla Family, Aryan Brotherhood, Nazi Low Riders, and Texas Syndicate (TS). The Court cited (vs. street gang members in prison) the virtual absence of non-criminal, nondeviant activities by its members as a distinguishing feature of prison gangs. The Court wrote that prison gang members are violent zealots devoted to acting out as prison gangsters while proclaiming and advocating a separatist, racist creed and that prison gang members are violent, racist murderers who lie, cheat, and steal.

In December 2014, the United States had approximately 1,800 state and federal prisons. Federal and state prisons held 1.5 million convicted felons from among the 317 million people

in the United States. There are approximately 3,200 local and county jails. Federal prisons confine inmates convicted of offenses that violate the U.S. Constitution. State prisons confine felons convicted of offenses under state jurisdiction. These include, among numerous others, homicide, assault and battery, and burglary. In 2011, the National Gang Intelligence Center estimated that up to 15% of prison inmates are gang members, which include prison gangs, street gangs, and motorcycle gangs.

Prison gangs have had a profound effect on the U.S. state and federal prisons. Yet they are hidden behind high walls and razor wire fences. The public's knowledge of prison gangs' criminal behavior inside prisons depends on outside investigators' access to official prison records and opportunities to interview prison staff and prison gang members. To grasp the complexity of conducting prison research necessary to describe accurately prison gangs as a disruptive force in state and federal prisons, this entry elucidates social researchers' difficulties studying prison gangs inside prisons, pressures of social life among prison inmates and how it contributes to gang affiliation, and the TS's criminal behavior, inside and outside prison.

Barriers on Prison Gang Research

Social researchers' opportunities to study prison gangs operating inside prisons have been limited by strict correctional systems' policies limiting nonemployees' access. Prisons are law enforcement agencies, which must protect the confidentiality of official records and inmate privacy. Social researchers cannot walk into a police department and request confidential criminal or administrative records.

Prison inmates are outside public view and vulnerable to researchers' abuse and exploitation. Social research inside U.S. prisons requires strict scrutiny of the nature of research; researchers' proposed methods of data collection; the nature of the data collected, such as inmate and staff interviews or a review of prison records; a description of data analysis procedures; a statement of the ways research results will be disseminated; and assurance that research subjects' anonymity and confidentiality will be protected.

Researchers must pass two levels of strict review. First, researchers must submit a detailed research application to a correctional agency. Upon receipt, the prison research committee can quickly read the proposal and deny it without explanation. If the research committee reviews and approves the application, there are additional levels of scrutiny. An approved research application must then be further approved by the senior-most administrative official, a director, or a commission of corrections. If researchers obtain approval, the warden of the prison where research will be conducted must then consent, as well. Then researchers must pass through another level of scrutiny imposed by their university.

Next, researchers must comply with research regulations governed by the U.S. Office of Human Research Protections, a federal agency that stipulates guidelines and requirements that protect research with human subjects. These regulations are implemented and monitored by a university's Institutional Review Board, a panel of experts convened to ensure that research complies with federal regulations. These regulations ensure that human subjects' rights, welfare, and well-being are protected. Even if researchers pass a research review by a corrections agency's and their university's Institutional Review Board and obtain permission from a director or commissioner of a state corrections agency, the warden of a prison where research was intended to occur can refuse to permit researchers from entering the prison. If that occurs, there are no appeal procedures. If a warden grants researchers access, prison staff and inmates can refuse to be interviewed. If inmates or staff agree to be interviewed, they have the right to terminate an interview at any time and refuse to answer questions without an explanation.

It can be uncertain whether inmates with or without a prison gang affiliation will agree to be interviewed. If prison gang members comply, they might be subject to injury later if fellow gang members believe they have divulged information on their gang's involvement in violent and nonviolent misconduct (e.g., drug distribution, murder, or assault on inmates and staff). Revealing that information (known as *snitching*) to researchers can violate a prison gang rule, resulting in an inmate snitch's death.

Prison Life: Stress of Inmate Social Relations

Prisons have an intense social environment. Lonely, scared, intimidated, newly admitted inmates are novices to prison life who must quickly learn the rules of social interaction among inmates and between inmates and staff. New inmates often seek companionship to quell feelings of loneliness and gain a sense of safety. In prison, safety in numbers can quiet feelings of fear. An inexperienced inmate might seek companionship with members of a prison gang, and this can ultimately lead a new inmate to commit acts of violence ordered by prison gang leaders.

Inexperienced inmates find themselves caged in an environment under never-ending visual scrutiny by staff and fellow inmates. Inmates can be subject to body pat searches by staff at any time for any reason. Constitutional rights that protect free citizens from unlawful search and seizure do not apply in prison. If inmates are housed in cells, they live behind steel bars in cramped quarters shared by another inmate, who is a stranger until they meet face to face.

New inmates must learn that what they say and how they say it can have adverse consequences. Their facial expressions when speaking and demeanor when approaching other inmates and staff are forms of communication inside (vs. outside) prison, and these can send the wrong signal. How inmates wear their clothing, stride among other inmates, and look at other inmates can violate unwritten rules of inmate social interaction. Outside prison, the greeting *good morning* can bring a smile. Inside prison, however, that same greeting can signal a new inmate's weakness and vulnerability and convey to veterans of prison life that a new inmate can be manipulated or is an easy mark for the theft, for example, of new sneakers or a radio.

In men's prisons, social relationships have terms, such as *tips*, *cars*, *homeboys*, *crime partners*, and *yardies*. In women's prisons, social relationships have different terms. *Tips* are two or three inmates who regularly hang out, chat, and sit together at mealtime. County *cars* comprise inmates who resided in the same county before they were imprisoned. A county car can include dozens of inmates, some of whom form tips

within the car. In prisons where staff have cracked down on prison gangs, car affiliations can serve a similar purpose, conveying a sense of safety and protection in the event of interracial hostility.

Homeboys are inmates who knew one another on the street or resided in the same neighborhood before they were imprisoned. Homeboys can be members of the same car. *Crime partners* are inmates who committed crimes together. Crime partners can be homeboys and/or members of the same car. Outdoor recreation areas are termed *yards*. *Yardies*, therefore, are inmates who spend time together on the yard, jogging, weightlifting, walking, playing basketball, or just hanging out. Inmates in tips or cars who were crime partners or homeboys might also have been members of the same street gang and continue their gang association inside prison.

These relational terms identify instrumental social ties, which afford inmates companionship and a sense of safety in numbers. Researchers have reported that inmates who were not gang members outside prison oftentimes seek protection in a prison gang. An increase in a prison gang's membership creates double bind for its members. As a gang's membership increases, so does its members' sense of safety, but increasing membership can lead to more scrutiny by prison staff or a need to defend the gang from competing gang members who feel threatened by the expanding membership of a rival gang.

TS: Inside a Violent Prison Gang

Origins

The TS appeared in 1958 at Deuel Vocational Institute in California. A tattoo, the letter T superimposed on an S (for TS), inked into individuals' forearm identified its members. Several decades later, in response to harassment from racial and ethnic gangs, prison authorities recognized the TS's appearance at California's Folsom State Prison in the early 1970s and at San Quentin State Prison in 1976. In California prisons, TS members have attacked, killed, and severely injured inmates and staff. The California Department of Corrections reported that the TS was one of several prison gangs, namely, the Mexican Mafia, Aryan Brotherhood, Texas Mafia, Self-Defense Family, Pistoleros Latinos, Nuestro Carnales, Crips, and

Mandingo Warriors, responsible for prison murders and armed and unarmed assaults.

All TS members were not Texans. The TS admitted individuals of Mexican background, even if they were Californians. Over years of imprisonment, TS members native to Texas and California formed alliances. Upon release, California members chose to move away from home communities, where they had trouble, to start again in another area. Texas members returned home. In Texas, they reaffirmed mutual affiliation and continued criminal activities. Texas state and federal law enforcement agencies were aware of TS members' extremely violent behavior.

Organization

A Texas Gang Threat Assessment in August 2015 by the Texas Department of Public Safety reported that the TS had an estimated 3,400 members. Prison gang investigators have testified in court that the TS is the most highly structured, aggressive, and violent prison gang. Its members adhere to a strict constitution of 22 rules that offer members protection inside prison and promise wealth and brotherhood outside prison. In exchange, members are obligated to return a share of their criminal proceeds to the gang. Its members have shown strong loyalty. TS ethos requires that the gang come before family, church, and everyone else. Rule violations can result in the gang issuing a death warrant calling for a rule violator.

The TS has a hierarchical structure, with a president and vice president, as well as an appointed chairman in each local area (in a prison or in the community). The chairman watches over that area's vice chairman, captain, lieutenants, sergeant at arms, and soldiers. Lower ranking members perform the gang's criminal activity. When members outside prison are arrested and convicted and returned to prison or when imprisoned members are transferred between prisons, the president and vice president retain their rank; others lose their rank and function as soldiers.

Crime Outside Prison

TS members have criminal convictions predating their gang affiliation inside prison, which can

include murder, kidnapping, and armed robbery. In the community, the TS had been engaged in human trafficking, including forced labor trafficking and commercial sex trafficking (i.e., forced prostitution among adults and minors).

TS branches have been reported in Austin, Corpus Christi, the Dallas Fort Worth area, and Rio Grande Valley. Branches are called *cells* and have a strict internal hierarchy and generally act independently of one another. Members in one branch can request members of another branch to commit murder. A federal indictment described a Dallas branch ordering a member of the Rio Grande Branch to murder a member of that branch who mishandled a drug deal. Federal prosecutors charged TS members under the Racketeer Influenced and Corrupt Organizations Act, which forbids any person associated with any enterprise from associating with activities that affect interstate or foreign commerce. Federal prosecutors successfully proved that the TS had a hierarchical structure, a chain of command, fixed roles for group members, rules and regulations, and disciplinary procedures. TS members found guilty were subject to Racketeer Influenced and Corrupt Organizations Act penalties that vary depending on the facts of the crime. The Federal Bureau of Investigation has reported on TS's association with Mexican drug cartels, which indicates a continuation of TS Racketeer Influenced and Corrupt Organizations Act activities.

Crime and Punishment Inside Prison

Rarely are crimes committed inside prison adjudicated under state or federal criminal code. Prison-based crimes, even murder, are given a ruling under a prison system's disciplinary policies. Minor prison infractions can result in restrictions on recreation or access to a prison commissary (a store that sells, among other commodities, chips, powdered soup, and coffee). Serious misconduct, such as murder and drug distribution, can warrant severe sanctions, including an enhanced prison sentence and many years locked down 24 hr a day in a supermaximum security prison, which state and federal correctional agencies use to manage violent gang members.

Security Threat Groups (STGs) Management

The TS has continued its prison drug dealing and killings and its assault on staff and inmates and has expanded its criminal activities into the community. The TS and other prison gangs threaten inmate and staff safety and erode prison security. The label STGs has been applied to prison gangs' persistent threat to prison management and quality of life by instigating and engaging in violence, drug selling, extortion, and murder. In the mid-1980s, STGs were responsible for 50% of prison management problems. Management problems go beyond responding to violence. In federal prisons, inmates, including prison gang members, are assigned to work assignments, ranging from meal preparation to electrical and plumbing repairs to sweeping and mopping floors to furniture manufacture. In a prison with 1,500 inmates, for example, inmate cooks must prepare close to 5,000 meals every day. If an inmate assigned to food preparation has a fight and then spends 2 weeks in disciplinary segregation, other inmates' workload increases and food preparation efficiency slows.

Monitoring STG members' behavior, investigating prison misconduct (crime), and sanctioning those found guilty of misconduct belong to the members of the custody department. Custody personnel act as the prison's police department with a chief, lieutenants, sergeants, and patrol officers (often called *guards*), who are known as *line staff*. Custody departments' data systems store photographs of prison gang members, along with their history of prison misconduct and criminal court convictions. Custody line staff are trained institution security officers, who are experts in monitoring inmates, especially the most potentially violent inmates.

Line officers work among inmates, enforce inmate misconduct rules, keep a close watch on inmates in cell blocks and dormitories, and conduct body pat downs searching for weapons and contraband (drugs). Sergeants and lieutenants ensure that line officers who work day-to-day among inmates are familiar with prison gang members' identity and aware of the danger they pose to the safety of prison personnel and inmates. Custody personnel can embolden gang members to leave gang life behind. Withdrawing from gang

activity, however, can be dangerous. Those who choose to withdraw reside in special, hypersecure housing quarters and are subject to monitoring systems that keep them safe.

Senior custody officials include investigators, trained personnel (prison detectives) who specialize in prison gangs and investigate violent behavior committed by gang and nongang members. Investigators verify inmates' gang affiliation and compile information on gang members obtained from state and federal law enforcement agencies. They also notify local police departments when prison gang members are scheduled to be released and returned to the jurisdiction where they were convicted.

Family-Based Prison Gang Prevention and Intervention

Texas prisons identify 12 STGs: Aryan Brotherhood of Texas, Aryan Circle, Barrio Azteca, Bloods, Crips, Hermanos De Pistoleros Latinos, Mexican Mafia, Partido Revolucionario Mexicanos, Raza Unida, Texas Chicano Brotherhoods, Texas Mafia, and TS. A document published by the Texas Department of Criminal Justice implores the friends and families of inmates to advise their imprisoned loved ones to stay away from STGs. The document explains the dangers of gang involvement and restrictions placed on gang members. STG members are disallowed from participating in academic and vocational activities and holding an inmate job. This restriction limits social interaction and, in turn, limits possible intergang hostility. STG members are assigned to administrative detention cell blocks where they live locked down 24 hr a day. STG members are denied a full range of privileges, including noncontact visitation with family and friends. Contact with fellow inmates is limited as are opportunities for participating in recreation programs and outdoor recreation (e.g., walking the prison yard). These are small, but important, pleasures inmates enjoy. Sanctions on known STG members remove those small pleasures and make a difficult life in prison even worse.

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See also General Violence in Prisons; Hate Crimes; Prison Gangs, Major; Prison Gangs and Strategic Threat Groups; Racketeer Influenced and Corrupt Organizations Act; Victimization in Prisons

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THEORETICAL MODELS OF VIOLENCE AND AGGRESSION

It has been said that any person can become aggressive or violent under certain circumstances (e.g., when at war, protecting oneself or loved ones). Violence can be collective (i.e., between nations or groups), interpersonal (e.g., child or elder abuse, intimate partner violence), or intrapersonal (i.e., self-directed). Agencies such as the World Health Organization routinely call for increased prevention and intervention approaches to reduce violence, regardless of type. Within the criminal justice context, according to Uniform Crime Reporting statistics from 2016, there were an estimated 386.3 violent crimes per 100,000 inhabitants in the United States and 1,071 violent crimes per 100,000 inhabitants in Canada. One challenge regarding such rates is the definition of violent crime. The rate varies considerably based on definition; in Canada, the rate drops by more than half if possession of a weapon and common assault are excluded from the definition of violent crime. Moreover, the incidence decreases with seriousness of the crime (i.e., murders are less frequent than aggravated assaults). Nonetheless, in both countries, the rate of violent crime has been consistently decreasing since 1990 but remains a serious concern. An important consideration is whether there is one model of violence that applies to the myriad types and contexts of violent behavior. Thus, the entry reviews several theoretical

models of violence and aggressions as well as limitations of such models.

Defining Violence

Aggression is generally defined as behavior directed toward other individuals that is carried out with the immediate intent to cause them harm. *Violence* is considered to be a more severe form of aggression in which harm is intentionally inflicted. It is evident from these definitions that all violent behavior can be categorized as aggressive; however, not all aggressive behavior is violent. Violent crime can be acquisitive, such as armed robbery, or interpersonal violence, such as aggravated assault.

Patrick Tolan and Nancy Guerra noted that violence derives from various pathways, with the most common *types* of violence being situational, relationship, predatory, and psychopathological. These types differ in terms of the proportion of the population likely to show each type, the likely causes, the synergy of risk factors, and the likely age of onset. Violence appears to reflect a continuum within a biopsychosocial model of cause; psychopathological is the most biologically determined but also appears to be the least prevalent in offender populations.

Anger Control Model

In the early 1980s, research by Raymond Novaco regarding a stress inoculation–based understanding of anger was enthusiastically adopted within correctional programming approaches. The basic premise, derived from research on road rage, was that elevated arousal labeled as anger resulted in violence toward others. A useful analogy is that of shaking a soda pop bottle; once the pressure reaches a certain threshold, there is an explosion. Embedded within this model was an effort for offenders to identify physical signs of increased arousal and to utilize relaxation training to mitigate the frequency and severity of responses to situations that elicit an anger response. By the mid-1990s, this model lost favor given that anger did not differentiate violent from nonviolent offenders, and anger scores did not predict reoffending. Nonetheless, anger control is part of a broader, multifactorial program model that focuses on cognition as well as emotion and arousal.

General Aggression Model (GAM)

Notwithstanding a possible biological basis for some criminal violence in some individuals, the preferred explanatory model, the GAM, as documented by Anderson and Bushman, in 2002, considers cognition as the central component for understanding aggression and violence. This integrative theory incorporates the frustration-aggression hypothesis, excitation transfer, and a social-learning perspective such that a violent incident is viewed within the context of a series of social encounters. The GAM underscores key inputs (factors salient in setting up violence), routes (factors that mediate the key inputs of the person and situation), and outcomes (appraisals and decision processes) that lead to actions, which then cycle into the next episode.

Person inputs include key cognitive components such as beliefs, attitudes, and behavioral scripts, which likely filter an individual's predisposition toward a specific situation or appraisals of that situation. For instance, a person who is easily angered (high levels of arousal) and who views the world as a hostile environment where only the strong survive (beliefs) might view someone who insults them warranting violence to teach them a lesson.

Situation inputs include aggressive cues, perceived provocation, frustration, and perceived threats. Behavioral outcomes are deemed to be influenced by cognition, affect, and arousal. Cognitive states include hostile thoughts (e.g., the other person is acting with malice) and behavioral scripts (e.g., only the strong survive). Affective states reflect mood and emotion (e.g., anger), which are often influenced by arousal level (e.g., a high level of arousal often leads to an emotion being labeled *anger*; at lower levels of arousal, the emotion could reflect frustration or disappointment).

Cognition, affect, and arousal are interconnected and can function synergistically, thereby increasing the likelihood of a violent behavioral response in a given situation. Cognition also influences the appraisal and decision process, whereby perceived provocation and general views regarding the utility of violence can lead to a failure to consider multiple responses or the long-term consequences of responses. In short, cognition can lead to a more impulsive behavioral response, consistent with literature describing offenders to

have higher levels of impulsivity when measured using self-report questionnaires or cognitive tasks. The involvement of cognition as both a primer and appraisal mechanism potentially introduces some level of confusion. For example, scripts are listed as both a person factor and a cognitive state activated by a situation.

The GAM dovetails nicely with other correctional programming that considers criminal attitudes (i.e., cognitions) as a primary criminogenic need and important intervention target. It also incorporates an appraisal and decision process consistent with an emphasis on problem-solving as being important in managing violent behavior. Finally, the inclusion of impulsivity highlights the importance of self-regulation within a model for understanding violent criminal behavior, something that is also emphasized in correctional intervention.

Social-Information Processing Model

Within correctional treatment, the preferred conceptual model is a social-information processing conceptualization of violence (sometimes described as *multifactorial*), which had its genesis in the adolescent literature. While it is generally reflected in the GAM, it is a distinct adaptation whereby affect (or the labeling of affect) receives slightly less emphasis and cognitions receive greater emphasis. Indeed, hostile attributions or cognitions, referred to as *schema*, are considered somewhat automatic elements by which they represent a filter through which the individual views the world around him or her. In this manner, it is person centric, asserting that the person and the person's interpretation of events around him or her relate to criminal violence. This model by Ralph C. Serin and Marie Kuriychuk is presented in Figure 1.

Hostile attribution bias refers to the preferred tendency of an individual to interpret a frustrating event involving ambiguous intent as malicious rather than accidental. For instance, such an individual would consider having a drink spilled on him or her in a bar as a deliberate provocation rather than an accident and respond preemptively by assaulting the other person. This reflects attentional cueing (i.e., being vigilant about potential slights) and impulsivity (i.e., failure to consider the consequences of one's actions) rather than an anger problem per se.

Consistent with this model is work by Devon Polaschek and colleagues that has identified specific themes inherent in violent offender thinking by reviewing transcripts of interviews with incarcerated violent offenders in New Zealand. Some might view these themes as cognitive distortions that may be expected to initiate and maintain violent behavior, similar to rationalizations presented in other offender subgroups (i.e., intimate partner violent offenders, sex offenders).

Each theme is presented with an sample statement:

1. Normalization of violence—"I told him this would happen if he didn't pay up in time."
2. I am the law—"People come to me with their problems because they know they can rely on me to sort them out."
3. Beat or be beaten—"I was about 20 when I started to go hard. I learned in jail that if I don't do violence then this [derogatory person term] is going to walk all over me. I don't like hurting people, but what choice have I got?"
4. I get out of control—"I only meant to hurt him a bit. But once I started . . . my friends had to pull me off him. That's how it is sometimes with me."

These examples describe schema that increase the likelihood of violence—specifically, the acceptance and normalization of using violence to maintain or achieve status (*beat or be beaten*), the belief in an entitlement to harm others (*I am the law*), and the schema related to poor self-control. These findings support previous attempts to isolate specific schema or attitudes toward violence and how they contribute to violent behavioral outcomes.

As is apparent, the social-information processing model presented in Figure 1 captures these themes and underscores key intervention targets for violent prevention programming. Implied by this model is that, for offenders with deficits in multiple areas (e.g., attentional cueing, cognitive schema, arousal, and impulsivity), higher program dosage will be required to reduce the likelihood of further violence.

The social-information processing model is more specific for instrumental (i.e., goal directed)

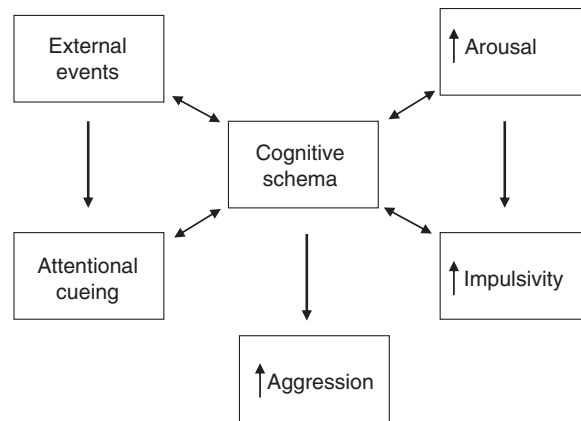


Figure 1 Multifactorial model of violence

Source: Serin and Kuriychuk (1994).

than reactive (i.e., anger based) violence, but both are explained by the model. For example, reactive aggressors, relative to instrumental aggressors, are more likely to infer a hostile intention to another individual in a situation of ambiguous provocation. Furthermore, they are more likely to miss key social cues that would help them interpret the situation. It is the combination of missed social cues and hostile attributions that contributes to a violent outcome. Conversely, attributions for instrumental aggressors are centered on beliefs that using violence will assist with achieving personal goals. A belief that using violence as a means to encourage another individual to pay off a drug debt is an example of a normalized cognitive schema in support of instrumental violence.

Intervention Targets

Most contemporary multifactorial programs for violent offenders target the key constructs reflected in the various models: cognitive schema and attributions, arousal and anger, and impulsivity and self-regulation. Strategies such as behavioral analysis or offense chains also describe high-risk situations and interpersonal interactions that increase violence potential.

Limitations

Of some concern is whether criminal violence necessarily reflects social encounters as presented in the GAM. Armed robbery does not seem to

readily conform to a social encounter. It may be that certain types of criminal violence short-circuit components in these models. Another intriguing observation is that components in contemporary theoretical models of violence are not reflected in current violence risk assessment actuarial scales. Actuarial tools comprise risk factors that have demonstrated statistical or empirical associations with an outcome of interest (i.e., violent offending) and may include items not captured in theoretical models of violence. More common is that some aspects of these constructs are incorporated as risk factors in structured professional judgment assessments for violent offenders. Structured professional judgment tools include actuarial and empirically derived risk factors, in addition to considering contextual or individual factors that may further impact ones' level of risk. It is an empirical issue whether inclusion of these theoretical constructs demonstrably increases predictive accuracy for future violence within offender populations or for subtypes of violent offenders.

Final Thoughts

Existing theoretical models of violence highlight the importance of cognitions in contributing to the frequency and expression of violent crime. Both external events and internal states are mediated by cognition in a manner that influences the likelihood of violence.

As such, cognitions in support of violence remain a primary consideration in violent offender treatment. These models, however, are less specific regarding issues such as intent, motivation, and severity, which are important in interventions and for understanding violent offender heterogeneity.

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See also Genetic and Environmental Influences on Violence and Aggression; Neurobiological Bases of Aggression; Self-Regulation

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THERAPEUTIC COMMUNITIES

Therapeutic communities utilize the social environment (sometimes referred to as the *therapeutic milieu*) as the basis for personal change. Derived from a group-based approach to treatment aimed at rehabilitating traumatized service men, therapeutic communities emerged in Europe after World War II. Within Western Europe and particularly the United Kingdom, therapeutic communities have been active in rehabilitating people who have committed offences for over half a century.

Therapeutic communities provide group therapy within a social environment, which emphasizes a distinctive set of values, clinical practices, and organizational relationships. Resident involvement, shared decision-making, and member accountability to peers are central to understanding the work of therapeutic communities. The defining aspect of these services is the nature of the social relationships within the institution, which enable participation; personal empowerment; and collaborative, group-based interaction.

Therapeutic communities have maintained a leading role in the rehabilitation of people who have offended when interest in providing treatment services waned during an era of rehabilitative pessimism. Although some important differences can be observed, they have also provided a sustained and influential intervention in North America for the treatment of those with addictive (i.e., substance abuse) disorders. These differences as well as the similarities will be explored further in this entry. This entry also discusses the influences on the development of therapeutic communities, considers differences between

democratic and hierarchical therapeutic communities, explores theories and treatment models, considers the role of the therapeutic within mental health and forensic services, and reviews research, outcomes, and impact.

Influences on the Development of Therapeutic Communities

Therapeutic communities adopt the view that the social systems and relationships within the treatment setting have a profound impact on those residing within them. In part, therapeutic communities have origins in the Quaker movement, which advocated the importance of treating patients as capable, trustworthy, and having the capacity to take responsibility. They also acknowledge the potential harm done to people by institutions that stigmatize, erode personal identity, and disempower.

A number of other influences can also be identified. The social upheaval following the end of World War II, where traditional structures and arrangements were challenged, created the conditions for social change more generally. An interest emerged in social factors, group relations, and education. Secondly, developments in social psychiatry in the 1960s emphasized the importance of social relationships in mental health and well-being. This acknowledged that the social arrangements in an organization can be used as either a healthy, therapeutic force or a force complicit in the maintenance of psychological ill-health. When the institution empowered patients in their own recovery, treatment outcomes were improved. Social psychiatry also recognized that the way people lived within institutions, the relationships they engaged in, how the system was organized, and how those in charge understood their own authority were more important than the medical treatment offered.

A third influence was the liberalization of institutions in the 1950s and 1960s. The work of the sociologist Erving Goffman galvanized the momentum to create new social structures with institutions. Goffman recognized how patients' identities became submerged to the requirement of the institution and how social arrangements became a basis for control. The fourth influence was the anti-psychiatry movement associated with

the work of Ronald Lang. This emphasized the harmful effect of institutions and medicalization in promoting unhealthy identities and power imbalances. These reinforced a patient's self-narrative as being ill, largely ignored the role of social structures in psychological disturbance, and promoted the belief that patients were dependent on the skills of others if they were to recover.

Democratic and Hierarchical Distinction

A further development was the simultaneous growth of the therapeutic community movement in North America. Although European therapeutic communities originated in social psychiatry, those in North America predominantly originated from a self-help movement for recovering alcoholics. Advocating culturally popular ideas such as abstinence, personal responsibility, autonomy, communal living, and a skepticism of traditional authority, these therapeutic communities emerged in the 1960s and made a significant contribution to the treatment of addictions. These were referred to as *hierarchical* or *concept therapeutic communities* and have certain differences, as well as significant similarities, with the European communities referred to as *democratic*.

Hierarchical therapeutic communities viewed drug use as a deviant behavior, symptomatic of problems in underlying personality development. Addictive behavior is regarded as a disorder of the whole person, being a symptom rather than main focus of a person's difficulties. The main goal is to help residents achieve a responsible lifestyle free from drug use and emphasize the importance of abstinence. The hierarchical nature of these communities comes from the practice of residents gradually being able to earn greater privileges, responsibility, and influence as they progress through treatment. Democratic therapeutic communities, on the other hand, place greater emphasis on group and community psychotherapy and the interpersonal and social learning that occurs when part of a group.

Although predominantly found in North America, hierarchical therapeutic communities are also present in Europe and share many core features with the democratic communities. Both emphasize democratic processes, where residents are responsible for community decision-making, and both prioritize the

role of residents in the running and organizing of community life. Hierarchical therapeutic communities increasingly accept the need for some professional expertise, and both view the change process as being derived from the interpersonal learning that occurs through community living.

Theory and Treatment Model

Therapeutic communities evolved more from a set of values rather than a particular psychological theory. These values reflect the importance of respect, belonging, and empowerment. Psychological change mechanisms are intertwined within a social therapy process, which has its basis in this underlying value system. These can be understood from different theoretical perspectives. Central to the change process is the learning that takes place from interpersonal relationships and interactions within the therapeutic community. This includes skills in problem-solving and conflict resolution, the development of insight, the revision of unhelpful belief systems about self and others, and the learning derived from interpersonal feedback. The term *living learning* has been coined to describe the nature of the therapeutic work that takes place in the therapeutic community. This recognizes how any institution can, when certain conditions are in place, provide a range of opportunities for interpersonal and social learning; attitudes and beliefs can be explored while allowing residents to develop new interpersonal, social, and life skills.

Psychoanalytic ideas emphasizing the role of the unconscious have also been used to understand and examine group and collective processes. Psychoanalysis emphasizes the importance of insight into finding resolution to psychological distress and conflicting drives and needs. The use of psychoanalysis in therapeutic communities tends not to be practiced the way it would traditionally be in the consulting room but rather in terms of understanding social processes. These processes include how groups and individuals relate to each other, how staff-team dynamics emerge, and the way relationships within the institution are developed. An important role for clinicians within a therapeutic community is to create and sustain the culture of communication between community members and ensure that, within the organization, as much responsibility as is

reasonable is invested in its members. A strong therapeutic culture of enquiry, where residents hold each other accountable, has led some commentators to consider the therapeutic process more as social analysis, where the community examines behaviors with an intense rigor. Organizational theory, which examines the relationship between structure, interpersonal processes, and individual behavior, has also been useful in understanding dynamics within teams and the organization.

Therapeutic Processes

Although some differences are observed, there are a number of common activities found in therapeutic communities. The most important and defining aspect of their clinical practice is the therapeutic milieu; however, all therapeutic communities recognize the importance of therapeutic groups. These can either be small group sessions or large meetings involving all members of the community, staff, and residents alike. The themes explored in small group sessions are shared with all members of the community in line with a culture of openness, transparency, and nonconfidentiality.

Community meetings are chaired by an elected resident chairperson, and an agenda is followed. Typically, this agenda includes decision-making over who should take responsibility for which tasks, an exploration of any interpersonal problems experienced between members, and providing support for those experiencing distress. Residents are responsible for choices and the decision-making necessary for community living.

Many therapeutic communities also include additional creative therapies such as psychodrama and art therapy. Some therapeutic communities offer individual sessions; however, this tends not to be common practice but can occur in those communities that are adapted for people with complex needs, such as those with a mental illness.

Disorders Treated

Therapeutic communities are found within community, health, and criminal justice settings. Patients originally treated in therapeutic communities presented with symptoms of mental illness following their experiences in combat. Although some

therapeutic communities adapted for people with psychosis still remain, therapeutic communities are primarily designed for those experiencing personality or addictive disorders. Therapeutic communities consider mental disorder and interpersonal and relationship difficulties as being interlinked, and many individuals referred are assessed as having personality disturbance or a diagnosable disorder. They generally adopt a biopsychosocial perspective to understanding psychological disorder. In addition to dispositional factors, this emphasizes the importance of social and interpersonal functioning in the development and maintenance of an individual's problems. This is particularly the case in therapeutic communities designed for those who have committed criminal offenses where treatment focuses primarily on the relational, social, and affective problems associated with offending. Therapeutic communities are also found in mental health settings and within the community where they provide treatment for those with personality disorders and other mental health, emotional, and social problems.

Research and Outcomes

An evidence base supporting the effectiveness of therapeutic communities has been slow to emerge. Although some early practitioners evaluated their work, questions remained about whether this provided conclusive evidence of their effectiveness. Some of these criticisms stem from the lack of a randomized control trial, recognized as the *gold standard* in demonstrating efficacy. Furthermore, some of the research quality has been variable, and some reviewers have argued that methodological flaws and design weaknesses have limited the extent to which conclusions can be reached about their effectiveness.

Despite these problems in research quality and scope, evidence since the late 1990s provides greater support for the utility and effectiveness of therapeutic communities in the treatment of those who have committed offences. Improvements in mental health, emotional well-being, and reduced rates of self-harm and attempted suicide are consistently found. There is also reliable evidence that treatment in a therapeutic community is effective in improving behavior within the treatment setting, for example, by reducing violent behavior and illicit drug use, changing antisocial attitudes

and belief systems, and improving interpersonal relating. Therapeutic communities are regarded as a particularly effective intervention for offenders with a personality disorder, and research with this population has demonstrated improvements in mental health, interpersonal relating, and social integration. Social climate and quality of life research has also provided overwhelming support of how therapeutic communities provide a safe, decent, and humane treatment environment.

Evidence from the hierarchical, addiction-based therapeutic communities strongly points to their effectiveness in reducing rates of reconviction. Although research focusing on democratic therapeutic communities is more limited, there is sufficient evidence to suggest that they are effective in reducing rates of reconviction for certain types of offender, particularly those with personality disorders and those who have committed repeat sexual and violent offences. One overwhelming conclusion from the research is the importance of time in treatment on outcome. The majority of changes reported occurred only for those who had been in treatment for at least 18 months, indicating that gains are contingent upon residents engaging in treatment for substantial periods of time.

Wider Impact

Therapeutic communities have significantly influenced developments in offender rehabilitation and services for those with a personality disorder. They have also provided a model for humane containment that emphasizes the potential of relationships and organizational practices to create the conditions for personal change. These features of forensic services have become central in service provision within the UK prison and personality disorder services, and hierarchical therapeutic communities continue to provide a major role in addiction services in North America.

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See also Borderline Personality Disorder; Prisons; Rehabilitation

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THERAPEUTIC JURISPRUDENCE AND PROBLEM-SOLVING COURTS

Since the early 1990s, scholars have begun to consider mental disability law issues through the filter of therapeutic jurisprudence, a model by which to assess the impact of case law and legislation affecting persons with mental disabilities. Therapeutic jurisprudence studies the role of the law as a therapeutic agent, recognizing that judicial decisions and statutes, courtroom procedures, and lawyers' roles may have either therapeutic or antitherapeutic consequences and questions whether such rules, procedures, and roles can or should be reshaped so as to enhance their therapeutic potential, while not subordinating due process principles. Problem-solving courts, such as mental health courts, are important exemplars of the practical utility of therapeutic jurisprudence. Such courts are grounded and rooted in therapeutic jurisprudence, and they reflect therapeutic jurisprudence theory in practice. This entry examines the aims and principles of therapeutic jurisprudence and discusses its implications with regard to problem-solving courts, with an emphasis on mental health courts.

Aims and Principles of Therapeutic Jurisprudence

Therapeutic jurisprudence focuses on the law's influence on emotional life and psychological well-being, with its ultimate aim being to determine whether these rules, procedures, and roles

can or should be altered so as to enhance their therapeutic potential *while not subordinating due process principles*. There is an inherent tension in this inquiry, but David Wexler—one of the pioneers of this school of thought—identifies how it must be resolved: The law's use of "mental health information to improve therapeutic functioning [cannot] impinge upon justice concerns" (1993, p. 21). Thus, an inquiry into therapeutic outcomes does not mean that therapeutic concerns trump civil rights and civil liberties.

In recent years, scholars have considered a vast range of other topics beyond mental disability law through a therapeutic jurisprudence lens, including but not limited to domestic relations law, criminal law and procedure, employment law, gay rights law, and tort law. Therapeutic jurisprudence enables scholars and practitioners to utilize socio-psychological insights into the law and its applications; furthermore, it is part of a growing comprehensive movement in the law toward establishing more humane and psychologically optimal ways of handling legal issues collaboratively, creatively, holistically, and respectfully. It optimizes psychological well-being of individuals, relationships, and communities dealing with legal matters, by acknowledging concerns beyond strict legal rights, duties, and obligations. In seeking to use the law to empower individuals, enhance their rights, and promote their well-being, therapeutic jurisprudence has been described as a sea change in ethical thinking about the role of law. Moreover, it is part of a movement toward a more distinctly relational approach to the practice of law, one that emphasizes psychological wellness over what has been called *adversarial triumphalism*. Therapeutic jurisprudence thus supports an ethic of care.

A central principle of therapeutic jurisprudence is a commitment to dignity. Professor Amy Ronner has described therapeutic jurisprudence as conferring *three Vs*—voice, validation, and voluntariness. Ronner argues

What "the three Vs" commend is pretty basic: litigants must have a sense of voice or a chance to tell their story to a decision maker. If that litigant feels that the tribunal has genuinely listened to, heard, and taken seriously the litigant's story, the litigant feels a sense of validation. When

litigants emerge from a legal proceeding with a sense of voice and validation, they are more at peace with the outcome. Voice and validation create a sense of voluntary participation, one in which the litigant experiences the proceeding as less coercive. Specifically, the feeling on the part of litigants that they voluntarily partook in the very process that engendered the end result or the very judicial pronouncement that affects their own lives can initiate healing and bring about improved behavior in the future. In general, human beings prosper when they feel that they are making, or at least participating in, their own decisions. (2002, pp. 94–95)

When procedures give people an opportunity to exercise voice, their words are respected, their views are taken into account, and there is less coercion in the process. The question that is asked in each instance is whether any aspect of the legal process—a court decision, a statute, a regulation, and a lawyering practice—adheres to the *three Vs* as described by Ronner.

Mental Health Courts

In the context of mental disability law, scholars have considered the therapeutic jurisprudential implications inherent in such issues as civil commitment, institutionalization, the forensic mental health process, international human rights law, tort liability, sexual offender law, the death penalty, and many more. One of the most important considerations is the relationship between therapeutic jurisprudence and problem-solving courts, such as mental health courts (other problem-solving courts include drug courts, veterans courts, domestic violence courts, teen courts, and homelessness courts).

Such courts follow the legal theory of therapeutic jurisprudence, so as to best improve justice by considering the therapeutic and antitherapeutic consequences that flow from substantive rules, legal procedures, or the behavior of legal actors. They are designed to deal holistically with people arrested when mental illness rather than criminality appears to be the precipitating reason for the behavior in question. The mental health court judge seeks to divert the individual from the standard criminal court in exchange for an agreement

to participate in community treatment and to help participants avoid future criminal involvement.

Mental health courts are premised on team approaches; the judge is assisted by representatives from justice and treatment agencies to screen offenders to (a) determine whether there would be a risk of violence if they were to be released to the community, (b) devise appropriate treatment plans, and (c) supervise and monitor the performance in treatment. The judge is part of a team that decides whether the individual has treatment needs and can be safely released to the community. The team formulates a treatment plan; next, a case manager and monitor (employed by the court) track the individual's participation in the treatment program and subsequently submit periodic reports to the court concerning the individual's progress. Participants report to the court on a periodic basis so that treatment compliance can be monitored by the judge; additional status review hearings are held when needed.

To be effective, the judge needs to develop enhanced interpersonal skills and awareness of a variety of therapeutic techniques. These skills and techniques help the judge motivate the offender to participate effectively in treatment. The judge must be able to both build trust and manage risk, convey empathy and respect, communicate effectively with the individual, and listen carefully to what the individual has to say. Optimally, this aims to fulfill the individual's need for voice and validation and earns the individual's trust and confidence. The employment of motivational interviewing technique is a significant part of this process.

These courts provide nuanced approaches and may, eventually, signal a fundamental shift in the criminal justice system, one often premised on retribution and punishment. A successful mental health court needs (a) a therapeutic environment and dedicated team, (b) an environment free from stigmatizing labels, (c) opportunities for deferred sentences and diversion away from the criminal system, (d) the least restrictive alternatives, (e) decision-making that is interdependent, (f) coordinated treatment, and (g) a review process that is meaningful. It is essential that such courts be free of any pretextual dishonesty, which refers to either implicitly or explicitly accepting testimonial dishonesty or engaging in dishonest

(and frequently meretricious) decision-making, specifically when witnesses (e.g., expert witnesses) show a propensity to purposely distort their testimony in order to achieve desired ends.

Skeptics argue that these courts are too dependent on the aura of the charismatic judge. However, research demonstrates that litigants before a judge who adheres to these principles report a higher score on a dignity scale (and a lower score on a perceived coercion scale) than any previously studied group of criminal defendants. The real-life experiences of the litigants in cases before this judge demonstrate that such a court can be a noncoercive, dignified experience that provides therapeutic jurisprudence to those before it.

There are two concerns about mental health courts that have not been the focus of much attention: the lack of concern paid to the question of *competency* in the mental health court process and the lack of concern paid to the question of the quality of *counsel* made available to individuals in the mental health court process. Given the impaired cognition that accompanies many mental disorders, there is little evidence to suggest that mental health courts ensure that prospective candidates are competent to accept the plea bargains into which many enter, as required by constitutional law. Indeed, the *target litigant* of mental health courts may be precisely the sort of individual who does not fully comprehend the purpose, requirements, and roles in the courts. In fact, research has revealed that the majority of defendants at two mental courts lacked *nuanced information* about the trial process and that a minority of defendants had *impairments in legal competence*. Thus, a thorough evaluation of the offender's mental competence is essential in the mental health court process. One intriguing recommendation has been to create *competency courts* as subspecialty courts within mental health courts to improve the competency process and reduce the unnecessary time that persons with mental illness spend in jail; however, there it does not appear that this recommendation is being acted upon.

On the question of counsel, there are serious concerns as to whether persons with mental disabilities receive adequate legal representation in civil commitment and criminal justice processes.

Some clients with mental illness may lack confidence that their attorney is acting in accordance with their wishes, especially if the attorney has no specific training in mental disability law. Thus, to ensure that defendants receive dignity and respect, are given a sense of voice and validation, and are treated with fairness and good faith, it is important that they be aware of the advantages and disadvantages of accepting diversion to mental health court.

Michael Perlin

See also Mental Disorders and Violence; Mental Health Courts; Mental Health Treatment Planning; Offenders With Mental Illness

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THREAT/CONTROL-OVERRIDE MODEL

The threat/control-override (TCO) model provides scholars with a means for understanding the link between psychotic disorders and violent behavior. While trying to understand the association between mental illness and violence, Bruce Link and his colleagues identified a subset of psychotic symptoms that the researchers term *TCO symptoms*. Individuals who are experiencing TCO symptoms are likely to act out violently in two situations: if the symptoms cause the person to feel threatened by others (i.e., threat) or if the symptoms override internal controls that might otherwise block violent tendencies (i.e., control-override). In the first instance, if an individual defines the situation as threatening and real, violence is likely to occur in a rational fashion. In the second instance, if a symptom leads to a definition of a situation that overwhelms the individual, behavioral constraints are likely to fail. In sum, violence is likely to occur when an individual suspends concerns about the irrationality of psychotic symptoms and defines the situation as real, thus responding in a rational way to the perceived threat or behavioral controls is overridden. This entry reviews the theoretical foundations, empirical developments and current status, and future directions of the TCO model.

Theoretical Overview

Link and his colleagues incorporated a symbolic interactionist perspective in their work. The symbolic interactionist perspective is a major theoretical framework in sociology. This perspective hones in on the idea that an individual's behavior is influenced by social interactions. Within these

social interactions, individuals attach meanings to objects, events, and behaviors, which are derived from social interaction and modified through individual, subjective interpretation. Thus, these interpretations, which are socially constructed, lead to definitions of situations. Definitions of situations influence how an individual will behave.

While constructing the theoretical framework of TCO symptoms, Link and his colleagues drew from the Thomas theorem that has been closely associated with the symbolic interactionist approach. The Thomas theorem states that, "if people define situations as real, they are real in their consequences." In other words, if an individual's perception of a situation is defined as real to him or her, then the repercussions of those definitions will result. This association between the Thomas theorem and the symbolic interactionist perspective exists since the theorem highlights the importance of an individual's interpretations of situations and how these interpretations influence the individual's own behavior.

Definitions of situations are important and have been a central theme in sociological and criminological theories and have been linked to violent behavior. Definitions of a situation are consequential because they dictate the motivation to act. It is important to understand an individual's definition of a situation in order to comprehend their behavior. Thus, Link and colleagues drew on the interactionist principle, emphasizing that definitions, even if they result because of psychotic symptoms, may influence violent behavior. Stated another way, if an individual is no longer concerned that he or she may be experiencing psychotic symptoms and accepts that what the individual is experiencing is subjectively real to that individual, violence is likely to unfold in a rational fashion.

As stated previously, Link and colleagues predicted that TCO symptoms are likely to lead to violence in two situations: if the symptoms cause the person to feel threatened by others (i.e. threat) or if the symptoms override internal controls that might otherwise block violent tendencies (i.e., control-override). For instance, if an individual defines a situation to be dangerous or threatening (i.e., a threat delusion), then a violent response is viewed as justifiable and rational in that situation, regardless if the situation is a delusion or real.

What matters, according to the symbolic interactionist perspective and Thomas theorem, is that the individual believes the situation to be real. A few examples of an individual who may be experiencing threat delusions include if that individual believes he or she was being secretly tested or experimented on, believes that someone was plotting against or trying to hurt or poison him or her, or believes that people were spying on the individual.

Conversely, control-override symptoms occur if the definitions of a situation lead the individual to overwhelm the individual's usual behavioral constraints that repress violent outbreaks. For instance, Link and colleagues provide the example that an individual may believe that God is commanding the individual to kill someone and, in that instance, that person's definition of the situation would include a divine instruction to act out violently. This definition of the situation, therefore, would influence violent behavior due to the idea that God wanted the individual to act violently. Thus, delusions involving mind or body control are part of the control-override subset of delusions. A few examples of these delusions include the belief that someone was reading the individual's mind, the belief that others could hear the individual's thoughts, or the belief that the individual was under the control of some person, power, or force.

Empirical Developments

To test their theory, Link and his colleagues examined data from a nationally representative, epidemiological study of Israeli citizens. The study participants were first screened for potential mental illness, then they were asked questions about whether or not they had recently experienced certain psychotic symptoms and had engaged in a host of behaviors, including violence. As expected, the researchers found that mentally disordered participants who reported experiencing TCO symptoms were more likely to report engaging in violent behavior than disordered and nondisordered participants who did not report experiencing those symptoms. In further analyses of these data, the researchers even found that those TCO symptoms completely explained the increased prevalence of violence among participants with

mental disorders. In other words, in the absence of TCO symptoms, the mentally disordered participants in the Israeli study were no more likely to have been violent than the participants who had no mental illness at all. These findings provided strong initial support for the TCO–violence connection, and other researchers soon attempted to replicate these findings using other study populations.

Replications of the early TCO research provided mixed results. Using data from an epidemiological study of American citizens from several U.S. cities, Jeffrey Swanson and his colleagues also found that participants who had reported experiencing TCO delusions were more likely to have reported engaging in violent behavior. These findings provided additional support for the TCO model because they confirmed the prior results using a completely different study population. That said, their results were different in one major way. While the presence of TCO delusions explained all the difference in violence between disordered and nondisordered participants in the Israeli study, TCO symptoms did not explain the difference in violence in the American study. TCO symptoms explained violence among disordered participants with psychotic symptoms; however, they could not explain the increased prevalence of violence among the disordered sample as a whole. Rather, mentally disordered participants were more likely to have engaged in violent behavior, whether or not they also experienced TCO delusions. This finding called into question whether the TCO model could adequately explain why individuals with severe mental illness bore an increased risk of violent behavior.

Up to this point, empirical tests of the TCO model had used cross-sectional data that asked participants to report symptoms and behaviors that they had experienced over a particular time period prior to the study interview. While informative, this type of study design limited the information researchers could obtain. For example, cross-sectional data could not explain how symptoms changed over time, how their relationship to violence changed over time, or differentiate whether the symptoms came before violence (or vice versa). In contrast, longitudinal data could allow researchers to examine the impact of symptoms at a particular time point (Time 1) on

behavior reported at the following time point (Time 2) because the participants would be asked the same questions at regular intervals several times over a study period. To fill this gap, a group of researchers led by Paul Appelbaum analyzed data from a year-long longitudinal study of recently discharged psychiatric patients.

The researchers examined the effect of interviewer-rated TCO delusions at a particular follow-up interview on violence perpetration during the next follow-up period. The researchers found that, contrary to prior studies reporting a positive relationship between TCO symptoms and violence (i.e., as TCO symptoms increase, violence increases), the presence of TCO delusions at a particular follow-up period actually *reduced* the likelihood of violence perpetration over the next follow-up period (i.e., a negative relationship). This presented a major challenge to the notion that TCO delusions could explain why individuals with severe mental illness appeared to be more violent than nondisordered individuals. In fact, these findings suggested that experiencing TCO delusions might actually reduce the likelihood of violence.

In a subsequent analysis of the data, Appelbaum and his colleagues reexamined the TCO data using self-report, rather than ratings from the clinical interviewers, and assessed the relationship between TCO delusions and violence retrospectively. In other words, they examined whether patients who reported experiencing TCO delusions also reported engaging in violent behavior over the last follow-up period (similar to the methods used in previous studies). Consistent with the prior research, these results showed strong, positive associations between self-reported TCO symptoms and violence perpetration.

Current Empirical Status

The major differences in empirical findings highlighted in these early, landmark studies have persisted. While there is still some speculation regarding the nature of the relationship between TCO delusions and violence, much of the inconsistency found across studies appears to be methodological. For instance, studies that employ retrospective designs (like those early epidemiological studies) tend to find relationships between the symptoms and violence, while studies

prospectively examining longitudinal data find no relationship or even find that violence decreases after experiencing TCO symptoms. In addition, a strong relationship between TCO delusions is commonly found in studies that rely on symptom self-reports or researcher discretion when examining case files. Conversely, studies utilizing clinician- or interviewer-rated symptomatology tend to report weaker relationships (if any at all).

Methodological issues aside, TCO–violence research has revealed a number of interesting findings. For example, TCO delusions may be more associated with violence among men than women. Moreover, violence associated with TCO delusions may be more likely in the context of certain types of hallucinations, substance abuse, or when patients are noncompliant with treatment (i.e., when patients experiencing those delusions do not take their medications). Also, individuals with high levels of certain underlying personality traits, such as impulsivity, may react to TCO symptoms more violently. Finally, whether TCO delusions lead to violence may be related to the degree of emotional distress that those delusions cause. Individuals who experience greater distress because of their TCO symptoms may be more likely to be violent out of anger, fear, or anxiety.

Future Directions

Based on the model's original idea—*real in its consequences*—the impact of TCO delusions on violence may be conditional. That is, a one-size-fits-all approach to TCO delusions may be unwarranted. Brent Teasdale and colleagues' work, for example, suggests that the impact of threat delusions on violence is conditional on gender. Men respond to these delusions with a fight-or-flight response, but women respond with a tend-and-befriend coping response. Future research may consider other ways in which the impact of TCO delusions on violence may vary, such as by insight. If an individual recognizes the delusion as such, the individual may not perceive it to be real and therefore not experience violent consequences.

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See also Bi-Adaptive Model of Mental Illness and Criminalness; Juvenile Delinquents, Mental Health

Needs of; Mental Disorders and Violence; Mental Health Treatment; Mental Illness and Crime, Etiological Linkages Between; Mental Illness and Violent Behavior: Perceptions and Evidence; Mental Illness as a Predictor of Crime and Recidivism; Offenders With Mental Illness

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THREATS IN PRISONS

In prison environments, people are at a high risk of being victimized—for example, through verbal intimidation, theft, or exploitation. Tactics used when disputes such as threats or accusations arise are often reciprocal, tending to escalate conflicts into violence. This entry explores the prevalence of violence in prisons, factors that contribute to the escalation of conflicts into violence, and prevention efforts toward reducing threats to prisoners’ safety.

Prevalence of Violence and Victimization in Prison

Research in England into the background circumstances of assaults in prisons is provided here as empirical evidence regarding the levels of victimization among prisoners. In 2015, in England and Wales, in a national prisoner population of over 86,000, there were over 20,000 assaults by prisoners on other prisoners, one in 10 of which were serious assaults. These are the official figures—those incidents that have come to the attention of staff and for which a prisoner was charged with an offense and found guilty. The underlying rate (of hidden assaults) is likely to be much higher.

The rate of assault in custody can also be measured via a self-report survey. Every prison in England and Wales is subject to inspection by HM Prisons Inspectorate. Each inspection includes a survey of prisoners, and the data are aggregated for annual reports. In 2015–2016, the Chief Inspector of Prisons reported that 9% of prisoners self-reported having been “hit, kicked or assaulted” by another prisoner during their time in that prison. The inspectorate’s survey reveals the extent of other forms of victimization, including threats, theft, and insults. Taking all harmful behavior into account, 30% of prisoners reported having been victimized by another prisoner.

Victimization, Conflict, and Violent Incidents

Research conducted by Kimmet Edgar, Ian O’Donnell, and Carol Martin on fights and assaults in prisons in England and Wales analyzed 141 violent incidents as the culmination of conflicts between prisoners. Conflicts are situations in which competing interests are pursued by those involved in uncompromising ways. To see a fight or assault as the outcome of conflict encompasses the interests that were in dispute between the parties, their relationships, the tactics each person used, and the social environment in which the conflict developed.

How people handle disputes can aggravate the situation and make it more likely that physical force will be used. Common tactics in prison conflicts included threats, insults, other verbal abuse (including racist language), and physical intimidation. The tactics that led to fights and assaults often included one party (or both) victimizing the other.

In the violent incidents analyzed by Edgar and colleagues, at least one party had threatened the other prior to 46% of the fights or assaults. Verbal challenges were used prior to 42% of violent incidents. In about one third of the incidents, there were prior invasions of personal space, insults, or commands. When they appeared in combination, these harmful behaviors were reliable predictors of physical violence. Thus, the high risk of being victimized—for example, through threats, theft, or exploitation—exacerbates conflicts in prison, creating incentives for prisoners to use force.

Values also contribute. A widespread belief that force is a necessary reaction to being victimized leads some prisoners to use force as a way of regulating behavior. Mutual victimization often preceded a fight or assault. Of the prisoners Edgar and colleagues interviewed following a fight or assault, 78% described mutual victimization prior to the use of force, 31% described mutual insults, and 41% described mutual threats. Reciprocal victimization, prior to violent incidents, suggests that there may not be clear distinctions between victim and perpetrator.

When Conflicts Become Power Contests

In the restricted social environment of prison, it can be difficult to use avoidance tactics when faced with a possible aggressor. Power contests arise when two prisoners each sense that the other is trying to dominate him or her. Both respond with aggressive tactics, propelling the dispute to a violent outcome.

Concerns about intimidation are widespread in all types of prisons. Conflicts that begin with a clash over some material object become a test of who will dominate whom. In response, each person insults, threatens, challenges, verbally abuses, or physically intimidates the other. When people fight over a seemingly trivial object, such as a yogurt or access to a pool table, they are likely to be defending their honor and self-respect. As one prisoner explained, tobacco would not be worth fighting over outside prison, but in jail, the theft of even a small amount would pose a risk to her self-respect.

Characteristics of power contests include the following:

- *respect*—being dominated is the central concern
- *narrow focus*—on one other prisoner or opponent
- *sizing up*—gauging the opponent's strength of character
- *win/lose*—compromise is considered a weakness
- *power values*—force determines the outcome
- *precedent*—losing this dispute will fix the individual in an inferior position

Tactics such as challenges, threats, and hostile gestures typically arise in power contests. Those involved try to settle the conflict first through coercion and then through physical violence. Respect is a central motivation, and a boost in self-respect for one is predicated on a loss in self-respect for the other. Mutually acceptable resolutions are ruled out when the desired outcome is defined in this way.

Lifestyle Factors Related to the Risk of Prison Violence

Individual and social characteristics can increase risks to safety. Exploiting other prisoners, getting into debt, and appearing to pass information to staff are lifestyle choices that can increase susceptibility to violence. A prisoner who develops skills of conflict resolution may be less likely in the future to be drawn into using threats when faced with a dispute and therefore less likely to be involved in prison violence. A prisoner who has no previous experience of violence may become involved (as perpetrator, victim, or both) if circumstances change. In particular, using aggressive tactics in encounters with fellow prisoners, such as accusations and ultimatums, is likely to drive disputes toward violence.

In research conducted in Tennessee, Richard McCorkle described situations in which prisoners used force to demonstrate their toughness. These prisoners feared that other inmates would consider them to be weak and vulnerable. Their use of force was intended to deter others by establishing a reputation that would protect them from future victimization.

The social dimension includes peer pressure, incentives in the prison regime, and the level of safety in general in the institution: Prisons that feel less safe provide an incentive to prisoners to

prepare to use force to defend their interests. The ethos of a prison is more or less tolerant of violence (the uniformed staff can view fights as inevitable or consider it their duty to prevent violence; other prisoners justify, condone, ignore, or condemn injurious force).

The following summary of this evidence helps to prepare the ground for a discussion of possible solutions:

- Conflict is endemic in prisons.
- The high risk of being victimized exacerbates prison conflicts.
- Tactics used in prison disputes tend to escalate rather than resolve conflicts.
- Antisocial behavior, such as threats or accusations, was often reciprocal.

Other factors that contribute to violence include the following:

- racial and cultural tensions and misunderstandings
- emotions such as frustration, anger, and shame
- transitory relationships and lack of familiarity with peers
- low self-esteem

Reducing the Risks of Violence in Prisons

The prevention of prison violence is a complex challenge. Analyzing the causes of violence as conflict and applying conflict resolution provide dynamic and effective tools for managing safety in prisons.

The large variety in prison environments and the multiple factors that influence violent outcomes show that each prison needs to gather evidence on the nature of conflict. Prevention strategies must take a broad perspective, incorporating a range of measures, each of which makes a distinct contribution to preventing situations from escalating into violence. Officials can change the social environment to reduce the risk of violence by

- fulfilling prisoners' basic human needs,
- protecting prisoners' personal safety,
- providing opportunities to exercise personal autonomy, and
- building in mechanisms for prisoners to resolve conflicts.

In December 2015, the United Nations General Assembly adopted a revised set of minimum standards for the treatment of prisoners (the Nelson Mandela Rules). Guidance included in the rules suggests effective methods for preventing violence. According to Rule 36 of the Nelson Mandela Rules:

Discipline and order shall be maintained with no more restriction than is necessary to ensure safe custody, the secure operation of the prison and a well-ordered community life.

Some aspects of the prison social environment positively require discipline and conflict resolution to work together. The disciplinary role of staff—challenging verbal abuse and threats, protecting personal property from theft, and confronting prisoners when they harm others—can prevent conflicts from escalating into violence. Early intervention by officers is likely to produce positive outcomes more than staff using force to stop violent incidents after they occur. When officers consistently confront victimization, an important cause of violence is removed, and prisoners gain confidence that problems can be solved without using force. In prisons where verbal abuse, harassment on racist or tribal grounds, theft, or exploitation is widespread, prisoners tend to use force to defend their interests.

Rule 36 also explains that discipline must operate “with no more restriction than is necessary.” Methods intended to improve safety based on incapacitation alone—for example, through high use of segregation, universal lockdowns, or use of force by staff—have been shown to be ineffective and unlikely to deliver a safer environment.

Rule 38 of the Nelson Mandela Rules states:

Prison administrations are encouraged to use, to the extent possible, conflict prevention, mediation or any other alternative dispute resolution mechanism to prevent disciplinary offences or to resolve conflicts.

Prisons that provide nonviolent ways of resolving differences, including wing forums, trained, impartial mediators, or formal opportunities to negotiate, are better equipped to resolve conflicts before they result in a fight or assault. Prison

officials need to create a space in which nonviolent methods are credible, resourced, publicized, and workable.

Because the roots of prison violence are complex, prevention requires diverse measures. Such measures might include the following:

- Mechanisms for resolving conflicts among prisoners are easily accessed by all prisoners.
- All prisoners are protected from victimization.
- Officers are alert to any aggressive behaviors.
- Risk assessments are based on dynamic factors and are regularly updated.
- Dynamic security enables staff to recognize signs of trouble early.
- Regular wing meetings discuss causes of tensions.
- Prisoners' basic human needs are met.
- Racial and/or ethnic tensions are managed.
- Prisoners' skills in responding to conflict are developed.
- Prisoners are consulted about how to reduce violence.
- Mediation is widely available.
- Regular prisoner surveys about victimization reveal factors contributing to violence.
- Rules against drugs, weapons, and other contraband are rigorously enforced.
- *High crime* areas within the prison are better supervised.
- Good relationships are fostered.
- Nonviolent responses to conflict are rewarded.

Kimmitt Edgar

See also Bullying; Correctional Officers; General Violence in Prisons; Institutional Violence and Misconduct: Violence Toward Offenders; Victimization in Prisons

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THREE STRIKES LAWS

Public concern over offenders with prior convictions committing new crimes resulted in the U.S. federal government and 25 states passing reforms during the 1990s that reduced judicial discretion at sentencing and enhanced the sentences of recidivist offenders who committed new crimes. Designed to deter offenders with prior records from committing new crimes and incapacitating them if they did, these reforms became known as *three strikes laws* because, in the parlance of baseball, with a *third strike* (conviction) an offender was *out* (received life imprisonment).

Three strikes laws are based in habitual offender statutes that many states already used to enhance the sentences of recidivists convicted of new crimes. First appearing in New York in the 1700s, habitual offender laws generally mandate significant enhancements—including life in prison without parole—to the sentences of those with prior offenses convicted of new crimes. The laws became so popular that by the 1940s, 49 states and the federal government had habitual offender statutes in place that allowed for sentence enhancements for recidivist offenders convicted of new crimes. This entry reviews the emergence and implementation of three strikes laws and then discusses the criticisms and proposed reforms of these laws.

Getting Tough on Crime

During the 1970s and 1980s, critics from both the political left and the political right attacked

sentencing *and* correctional policies in the United States as being ineffective at addressing offender recidivism. Some critics argued that punishment was the appropriate response to these offenders, fueled in part by the apparent failure of rehabilitation to effectively reduce crime.

The drive to punish recidivist offenders through sentencing enhancements originated in the *nothing works* movement of the 1970s. Critics of rehabilitation pointed to the work of Robert Martinson and his colleagues on the effectiveness of rehabilitation programs to argue that rehabilitation had failed and a new orientation in sentencing that stressed deterrence and incapacitation was needed. This new orientation could be realized through tougher penal sanctions for not only recidivist offenders but also first-time offenders. In their critique of existing policy, reformers argued that to fight crime, the conditions of incarceration had to become more austere and sentencing policy needed to be tailored less to the needs of offenders and more toward protecting society from them. The *nothing works* movement, in particular, targeted the discretion that judges exercised when sentencing offenders. Critics contended that judges enjoyed too much discretion at sentencing and as a result were *coddling* criminals by trying to individualize their sentences to fit offender needs. To address the problem of sentencing discretion, policy would have to change from an orientation that stressed indeterminacy to one emphasizing determinacy and would include presumptive sentences, a narrowing of the range of time to which an offender could be sentenced to serve, and abolition of the opportunity for early release from prison (i.e., parole).

Collectively, these criticisms resulted in a *get tough* movement over the next 40 years that altered both sentencing and penal policy in the United States. Many new prisons were built and the mass incarceration of millions of Americans occurred to the point where, by 2008, one of every 100 adults in the United States was under some form of penal supervision: in jail or prison or on probation or parole. In fact, until recently, public sentiment supported a correctional philosophy that stressed deterrence and incapacitation, especially for offenders with prior records who committed new crimes.

The “Three Strikes and You’re Out” Movement

During the 1990s, public pressure on legislators in both the states and Congress to *do something* about recidivist offenders committing new crimes grew. In response, between 1993 and 1996, a total of 25 states and the federal government passed laws calling for enhanced terms of incarceration for recidivist offenders. In many instances, these enhancements were mandatory; as a result, judicial discretion was either reduced or removed entirely from the sentencing process, and instead, judges use sentencing guidelines to determine appropriate punishment.

Proponents of enhanced sentences for recidivists argued that research provided the justification for treating them as *special cases* worthy of enhanced sentences. These individuals were the *worst of the worst* offenders—they had many prior convictions and had managed to escape punishment due to lax sentencing policies in place at the time. Enhanced sentences for recidivists committing new crimes would serve to deter others from reoffending and incapacitate those who did. High-rate offenders would thus be singled out and receive significant enhancements to their sentences upon being convicted of a new crime. By making these enhancements mandatory and thereby eliminating judicial discretion, these laws aimed to increase the certainty that recidivist offenders actually received the punishment they deserved. Thus, both the severity and the certainty of punishment, two key aspects of deterrence, would be enhanced under these new laws. Proponents thus argued that by enhancing recidivists’ sentences, removing judicial discretion for imposing them, ensuring these offenders served their entire sentence in prison, and excluding them from both parole and *good-time* considerations, crime would finally be reduced.

Implementing Three Strikes Laws

Singling out recidivist offenders for enhancement punishment became a reality in 1993 when Washington became the first state to enact a three strikes law through a statewide initiative that became the *Persistent Offenders Accountability Act* (RCW 9.94A.392). The legislation stipulated

that recidivists who were convicted a third time for certain offenses would receive a mandatory sentence of life in prison without possibility of parole. Furthermore, offenders sentenced under the act would be ineligible for furloughs or good-time reductions to their sentences. The only way an offender could be spared the life-without-parole sentence would be through a pardon granted by the governor. Planners at the time expected that 40–75 offenders would be eligible annually for enhancement to their sentences under the new law.

A year later, California followed suit when Proposition 184 passed and called for even tougher enhanced sentences for recidivists than those that had been adopted in Washington. Proposition 184 actually proposed a two strikes rule: An offender with two prior felony convictions convicted of a third felony would face *double* the sentence he or she would have received without the prior convictions. In addition, Proposition 184 called for offenders who had three prior felony convictions and were convicted of a new felony to receive a mandatory sentence of life in prison. Proposition 184 subsequently became the *model* for three strikes legislation that eventually passed in other states and the federal government.

The Rising Tide of Criticism

Criticism of three strikes initiatives arose almost immediately, particularly with the California model. Assessments of the impact of the three strikes laws appeared in both scholarly and popular press outlets and fostered a lively debate over the direction of sentencing policy both generally and with recidivist offenders specifically. Stories relating to how three strikes laws were being applied appeared in newspapers along with editorials and op-ed pieces—both for and against the laws—over the next several years. Investigative journalists added fuel to the fire when they uncovered instances where it appeared that inappropriate sentences were being given to recidivist offenders under the California law.

Critics of the laws also argued the statutes were unfair because, by reducing or eliminating the discretion of judges and prosecutors, mitigating factors such as an offender's remorse or the potential for an offender's rehabilitation were removed from consideration at sentencing. Other critics pointed

out that due to variation in both the number and type of offenders targeted by these statutes, low-level offenders could face extended terms of incarceration with no hope of parole or even good-time reduction in their sentences. Critics argued that these cases violated the spirit of the statutes; they were designed to target the *worst of the worst* offenders including career robbers or burglars.

Critics also pointed to possible prison overcrowding that could result from widespread use of three strikes laws. Enhanced sentences combined with loss of parole or good-time reductions would create additional strains on an already overburdened correctional system and lead to the diversion of scarce state resources to address those burdens. Finally, some academic researchers published articles in peer-reviewed journals that argued not only did three strikes laws not reduce serious crimes such as murder and robbery, but the empirical evidence showed that states adopting these laws actually experienced increases in serious crime.

Reforming and Repealing Three Strikes Laws

State legislatures have been revisiting three strikes statutes in recent years with an eye toward revising or, in some instances, repealing them. In 2012, for example, Californians passed a statewide initiative, Proposition 36, which was subsequently codified as the *Three Strikes Reform Act*. Proposition 36 eliminated life sentences for nonviolent, less serious crimes perpetrated by recidivists and established a process by which inmates previously sentenced to life in prison under the state's three strikes law could petition the courts to have their sentences reviewed. As a result of this change, some 3,000 offenders sentenced to life in prison under the old sentencing scheme became eligible to have their sentences reviewed. Some observers argued that the change created by Proposition 36 would save California between US\$150 and US\$200 million annually in correctional costs. Successful efforts to reform or repeal three strikes laws have occurred in several states, including Alabama, Colorado, Indiana, Georgia, Mississippi, New Mexico, South Carolina, and Washington.

At the federal level, a Supreme Court ruling in the 2015 case of *Johnson v. United States*

effectively voided the Armed Career Criminal Act, a 1984 law that mandated a term of 15 years to life in prison for firearms possession by people with either three prior convictions for *serious drug offenses* or *violent felonies*. The majority opinion in that case found the component of the law that lengthened sentences as vague, and the discretion accorded prosecutors and judges to determine what counted as a *violent felony* as a violation of the Fifth Amendment to the U.S. Constitution.

Final Thoughts

Three strikes laws illustrate ongoing policy efforts to address crimes perpetrated by previously convicted offenders and are designed to both deter offenders with prior records who contemplate new crimes and incapacitate those who carry out those plans. Three strikes statutes also reduced or eliminated judicial discretion at sentencing by mandating enhanced sentences—including life in prison—for offenders with prior felony convictions who were convicted of a new felony. Three strikes statutes also enjoyed public support as one solution to the problem of stopping recidivist offenders from continuing to engage in criminal behavior.

Three strikes statutes have not been without critics including civil libertarians, criminologists, legal scholars, and policy analysts. Critics have raised issues with the fairness of three strikes enhancements, with the alleged crime-reducing capabilities of the statutes, and with potential Constitutional issues they raise involving the Fifth and Eighth Amendments to the U.S. Constitution. Critics also point to empirical evidence showing that three strikes laws directly contribute to the mass incarceration crisis plaguing the United States and that these laws channel valued state resources from other areas such as health and education to corrections.

With successful efforts in multiple states to either revise or repeal three strikes laws, in 2018 both conservatives and liberals appear to be at the point of agreeing that three strikes laws are an example of a failed criminal justice policy in need of significant revision.

John J. Sloan

See also Dangerous Offender Legislation; Deterrence; Incarceration Rates, U.S.; Recidivism; Sentencing

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TRANSNATIONAL GANGS

Street gangs are rapidly evolving, becoming regional, national, and even international in terms of criminal operations. This globalization of gang-related criminal activity has been facilitated by improved technology, advancements in telecommunications, and increased mobility due to a vast and ever growing network of interstate highways and transatlantic airline flights. As a result, what once were neighborhood criminal gangs are now more organized gangs conducting criminal operations in multiple cities, states, and foreign countries. Some have evolved into transnational gangs that routinely conduct criminal activity that is planned in one country but executed in another country. After reviewing varying definitions and classifications of gangs, this entry focuses on the psychological control of gangs and the transformation of street gangs into transnational gangs.

Definition

There is no uniform definition of what constitutes a transnational gang or even a criminal gang. The definitions differ from state to state and from country to country. But, a *criminal gang* is generally defined as:

A group of three or more individuals, who have a common bond, establish territorial turf, and regularly conduct gang-related criminal activity.

In contrast, a *transnational gang* infers a much larger territorial turf that spans the borders of two or more foreign countries. The transnational gang is a sophisticated criminal enterprise that routinely plans and controls criminal activity in one country that is then executed in another country. Its criminal operations are global in nature, often spanning the borders of several international countries.

Classifications

First, Second, and Third Generation Gangs

For purposes of comparison, John P. Sullivan first classified criminal gangs into three separate categories. The first category, the *first generation gang*, is characterized as the traditional neighborhood or criminal street gang. It is local in nature, turf-oriented, and generally limited to a somewhat small geographic area. Its gang-related criminal activities, membership, and organizational structure are also limited. For the most part, the criminal activities are opportunistic, individualistic, and unorganized. Generally, the criminal activities include localized drug trafficking, extortion, burglaries, robberies, battery, petty theft, and murder.

The *second generation gang* is more evolved, more entrepreneurial, and enjoys more structured leadership than the first generation gang. A second generation gang is most often a well-established criminal street gang. Its criminal activities are organized, and the primary focus of the gang is financial gain, market share, and profit. Criminal operations, such as drug trafficking and extortion, are more complex and may span multiple municipalities, cities, or states. If the gang is located near a foreign country, the criminal operations may span international borders.

Due to the larger network of criminal activity of a second generation gang, leadership is more defined. It often has a set of rules and regulations, requires an oath of loyalty, and administers punishment for disobedient gang members or disrespectful rival gang members. The initiation phase most often includes a “blood in, blood out” loyalty pledge whereby the only way out of the gang is death.

The second generation criminal gang provides not only a sense of family and belonging but also a means of financial support. In many instances, it is the gang member’s source of income, family, and personal life—all rolled into one. It represents the essence, if not the totality, of the gang member’s existence. As a result, members of a second generation gang are willing to make extreme personal sacrifices and resort to acts of violence if threatened by a rival gang or a local law enforcement agency.

As the second generation gang grows, members are likely to establish business connections and alliances with other criminal gangs. If the second generation gang is located near an international border or a major drug trafficking route, its members may also establish alliances with drug cartels or more sophisticated third generation gangs. Once established, these alliances serve to accelerate the evolution of a second generation gang into third generation gang status.

The *third generation gang* is characterized as an international criminal enterprise. It routinely plans and controls criminal activity in one country that is executed in another country. Most often, it has extensive resources, controls international criminal operations, and is highly structured. Because of the magnitude and scope of criminal operations, the third generation gang has enormous power, not only financially but also politically. It is capable of infiltrating, corrupting, and controlling local governments.

Transnational Criminal Gangs

The third generation gang is also known as a *transnational gang*. Due to the highly organized nature of its criminal operations, the transnational gang is capable of overpowering less powerful gangs in order to gain market share, expand drug trafficking routes, and control larger geographical

territories. In addition, transnational gangs are able to engage in mercenary operations that openly threaten local governments, law enforcement agencies, or rival gangs that interfere with gang-related criminal operations.

As a result, the transnational criminal gang exerts control over residents, business operations, and traditional forms of government that operate within its territorial boundaries. To maintain power and control, the transnational gang is often willing to resort to extreme acts of violence. These acts of violence may include torturing, burning, or decapitating rival gang members as well as law enforcement officers, government officials, and judges.

In most instances, the transnational gang is well established, well financed, and highly structured. The gang is willing to use violence to maintain control and often recruits members who have military backgrounds or training in firearms or explosives. In turn, this paramilitary organizational style often attracts extremely vicious individuals who are willing to break the law and commit acts of violence in order to further the interests of the transnational gang.

Because of its size and scope of criminal operations, the transnational criminal gang is able to assemble large numbers of gang members from different states or countries if threatened by a rival gang, law enforcement officers, or local governments. To complicate matters, local government officials or law enforcement officers may be on the payroll of the transnational gang. As a consequence, some transnational gangs are being labeled *strategic threat groups* (STGs) by the state or foreign country where the transnational gang operates. El Salvador, for example, has gone even further by declaring Mara Salvatrucha (MS-13) and 18th Street Gang as terrorist organizations.

STGs

The term *STG* is generally reserved for gangs or criminal enterprises that are sufficient in size and power to pose a threat to correctional institutions, towns, cities, or foreign governments. They may include prison gangs, transnational gangs, or any gang that is strong enough to act as a de facto form of government that exerts control on smaller gangs, law enforcement agencies, local

governments, or individuals residing within its area of territorial control. Because of their power and size, STGs operate with impunity alongside more traditional forms of government. The STGs may even be so powerful that local law enforcement agencies avoid interference with the STG operations.

In many cases, transnational gangs have become serious STGs. They frequently become financial, political, and criminal enterprises capable of displacing more traditional forms of government. In many cases, the transnational gang controls government officials or law enforcement officers through bribes and various forms of threats. In fact, the bribes may lead to protection of the transnational gang's territory by the local law enforcement agency.

In some cases, transnational gang leaders become warlords, or political powers, that control certain geographical areas. If this occurs, the transnational gang becomes a state within itself, without recognized borders, that has enormous financial and political clout, maintains an active asymmetric army of gang soldiers, and even collects *taxes* from local businesses. In such instances, the transnational gang is a serious STG, posing a threat to the local form of government.

Psychological Control Over Local Citizens

The transnational criminal gang is often the only viable means of income for local citizens. It offers a way out of poverty, or as stated by local citizens, *a better way of life*. The criminal gang may even be perceived as a Robin Hood that robs from the rich (i.e., the government) and gives to the poor. It provides social control, protection, employment, and stability that might not have been provided by more traditional forms of government. It becomes the *recognized* form of government that replaces the more traditional, local form of government. In essence, it becomes a quasi-state that establishes its own rules and regulations and operates with impunity, often coexisting with official and more traditional forms of government in the area.

In addition, the transnational gang may use other forms of coercion to control rival gangs, locals, and coexisting government. Such tactics might include

- bribery of government officials;
- use of firearms, explosives, and arson to overcome police and rival gangs;
- violence, brute force, and military tactics;
- terroristic forms of violence such as burning and decapitation; or
- torture to obtain information.

With such tactics, transnational gangs often operate with little or no concern about police or military interference. Government officials and law enforcement officers become corrupted by bribes or threats of violence. In extreme instances, the government officials or law enforcement officers may even become agents of the transnational gang that provide more formal means of protection for gang-related criminal enterprises.

Transformation of Neighborhood Gangs Into Transnational Criminal Gangs

MS-13 is an example of a street gang that evolved into a transnational criminal gang. It was created in the 1980s by Salvadorians who fled El Salvador's civil war to Los Angeles, CA, but were persecuted and threatened by the well-established Los Angeles street gangs. Initially, MS-13 was a small, neighborhood gang. But, due to military training achieved during the Salvadorian civil war (1979–1992), the gang became known for ruthless acts of violence.

Today, MS-13 accepts members from El Salvador, Mexico, Central America, and parts of South America. The only requirement is military-style training and the willingness to commit acts of violence on behalf of MS-13. With this mentality, MS-13 has grown from a neighborhood street gang into a transnational gang that conducts criminal operations in Mexico, El Salvador, Guatemala, Honduras, Colombia, and other Central American countries.

This growth, in only 35 years, is due in part to the deportation of undocumented MS-13 gang members from the United States. Once deported, the MS-13 gang member establishes a new gang set. Often, this gang set is located in a less developed country with little training or resources allocated to combat the highly structured and highly organized transnational gang. In addition, the

newly formed MS-13 gang set maintains contact with fellow members in the United States through the Internet, social media, and cell phones. This serves to fuel the spread of drug trafficking and other internationally based criminal operations.

The evolution of MS-13 is not unlike other transnational gangs. One of the first street gangs in the United States to be classified as a transnational gang was the 18th Street Gang. It emerged in the late 1960s when the Los Angeles-based Clanton Street Gang refused to admit anyone to membership who was not of 100% Mexican ancestry. For protection, mixed-race Mexicans and non-Mexicans joined together to form the 18th Street Gang. Because the 18th Street Gang accepts persons of mixed racial and ethnic backgrounds, it rapidly grew in membership, power, and reputation for violence. It has grown from a neighborhood street gang into a transnational criminal gang with criminal operations spanning all 50 states, Mexico, Central America, and parts of South America.

The Future of Transnational Criminal Gangs

The future of transnational criminal gangs is uncertain. Admittedly, advancements in technology, social media, the Internet, and telecommunications have fueled the growth of regional, national, and transnational gangs. Gang-related criminal activities that once were limited to local neighborhoods now span not only state but also international borders. As a consequence, criminal gangs are rapidly evolving from localized, neighborhood street gangs into regional, national, and even transnational criminal gangs.

The next stage of evolution most likely will be related to future advancements in technology, communications, social media, and the Internet. With such advancements, more organized gangs such as national and transnational gangs are likely to engage in more virtual crimes. They are also likely to engage in highly profitable forms of cybercrime such as human trafficking, pornography, credit card fraud, and possibly cyberterrorism.

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See also American Gangs; Prison Gangs and Strategic Threat Groups; Street Gangs

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TRAUMA, TREATMENT OF

Justice involved individuals appear to have experienced a disproportionate amount of childhood maltreatment and trauma compared to the general population. They also present with significantly more mental health needs and by definition struggle with adapting to social and behavioral norms. Experience of witnessing and involvement in crime, and the criminal justice system itself (e.g., imprisonment), can also often be experienced as traumatic and can add to the overall cumulative impact of trauma within an offending population.

Although trauma is not currently considered a primary criminal risk factor, trauma and crime are inextricably linked, and this entry attempts to explore some of those links in more detail. The entry provides a brief overview of trauma theory and explores the links between trauma and crime, particularly recognizing the impact of trauma on the developing brain, emotional management skills, models of relationships, and behavioral control. The utility of rigid categorical and

diagnostic models of understanding and addressing offending behavior are explored, and the importance of a psychologically informed intervention approach that recognizes and addresses the developmental experience and environmental influences (including trauma) on the development and maintenance of criminal behavior is highlighted.

Brief Overview of Trauma Theory

Traumatic experiences are relatively common in the general population and can include neglect, physical and sexual abuse, exposure to domestic or community violence, accidents, war, and traumatic bereavement. While not all trauma survivors will experience long-term negative impacts (indeed due to a process of *post-traumatic growth*, some may well function better following a traumatic experience), those who experience severe or multiple traumas, particularly in childhood, are likely to be at greater risk of experiencing negative psychological, physiological, and behavioral consequences (including involvement in crime) over their lifetime. This includes an increased risk of displaying reactive aggression (it is thought due to high anxiety and easy triggering of the fight-or-flight response) and an increased risk of substance use, often with the explanation that the substances are used, at least in part, to experience relief from symptoms of trauma.

As a testament to our evolutionary foundations and our highly effective ability to adapt to often-extreme conditions, all humans are born *unfinished* in terms of the wiring of our brain. Although our genetics may provide a blueprint, it is the interaction of our genes with our experience that informs the development of our brain, in a highly adaptive way, to maximize our chances of survival. In simple terms, our brain can be understood to have three distinct parts that have evolved over millions of years to keep us safe and help us to thrive as a species. The most primitive part of our brain, the *old* brain, is involved in managing very basic core functions such as our metabolism, breathing, and heart rate. The second part, the *emotional* brain, is largely unconscious, irrational, impulsive, powerful, and self-centered. It is associated with our raw drives and core emotions and is involved in detecting threat in the

environment (our alarm system) and core survival responses (fight, flight, and freeze). These three instinctive survival behaviors have evolved adaptively to give us the best chance of survival under threat. The final part of the brain is the *thinking and social* brain (cortex) and is bigger and much more advanced in human than in most other animals. It is this part of our brain that allows us to think about consequences, problem-solve, regulate our emotions, inhibit our behavior, use language, store coherent memories, and understand the emotions and feelings of others. It is largely this part of the brain that is our *personality* and makes us who we are.

It is thought that through the experience of early relationships with caregivers (attachment) and our experience of threat and stress, that our brain wires, in an adaptive way, to maximize our chances of survival. Our early attachment relationships with caregivers help us to develop our model of relationships, ourselves, others, and the world. They underpin our self-esteem, our ability to seek and receive support from others, our ability to recognize and regulate emotion, and our ability to experience a sense of safety and security. When these early attachment relationships are disrupted, inconsistent, neglectful, overbearing, or at worst outwardly hostile, the core ability to regulate emotion and behavior and our ability to empathize with others is negatively (but arguably adaptively) affected, and these effects, unless addressed, may have lifelong consequences.

In addition to our early relational experiences, there is growing evidence of the negative consequences of traumatic stress on brain development, particularly in childhood. High levels of traumatic stress in early childhood can result in the stress response system remaining on high alert and can, at the most extreme, affect the development of the brain.

When we experience threat, our instinctual alarm system (based in the emotional brain) prepares us for survival action—often characterized by fight, flight, or freeze. When we experience trauma, the emotional brain is prioritized, and the capacity of the thinking brain (and the storage of coherent memories) is reduced. In effect, the more frightened (or emotional) we get, the less rational we are and the more instinctual our responses (e.g., fight, flight, and freeze). In addition, the

brain is not focusing on storing and processing memory, it is more interested in staying alive. As such, when our brains are overwhelmed with fear, our capacity for thinking, problem-solving, and processing coherent memories is reduced, and the resultant stored information becomes fragmented. It is these fragmented memories that are hypothesized to return as physical sensations, flashbacks or *intrusions*, nightmares, or behavioral reenactments. Such symptoms, along with avoidance and high levels of alertness (or hypervigilance) to threat, are associated with a diagnosis of post-traumatic stress disorder (PTSD).

Trauma, Crime, and Intervention

As indicated earlier, individuals involved in the criminal justice system appear to have experienced disproportionately more trauma than those in the general population. Many also have disrupted and chaotic early interpersonal and relationship (attachment) experiences. As such, they are at increased risk of reacting to a situation in survival mode (flight or fight) and disproportionately less able to regulate their behavioral and emotional response. They are also susceptible to behavioral reenactments of their traumatic experience.

One way of understanding an individual's response to trauma is through the concept of PTSD. Criteria for diagnosis of PTSD include exposure to (or witnessing) a traumatic event that results in significant distress and includes symptoms such as reexperiencing of the event (e.g., intrusive memories or flashbacks), negative cognitions and feelings, avoidance, and high arousal.

Following traumatic events, it is important not to pathologize any individual's response but to remain vigilant to the risk of the development of psychological difficulties and offer support where required. It is important not to undermine any existing positive coping mechanisms or social support and *watchful waiting* for a short period following a specific traumatic incident is often advisable. It is also the case that some people, while recognizing the event itself as being negative, report some positive consequences of experiencing traumatic life events, often termed *post-traumatic growth*; however, the nature of people's response to traumatic events is complex and often does not

follow a set pattern. The negative impact of traumatic experiences can be subtle and remain hidden for long periods, and the manifestation of difficulties may or may not be triggered by events or experiences in the future. There is also some emerging evidence that hints at the crucial role for the accumulation of stressors throughout life in shaping post-traumatic stress responses.

In the general population, PTSD is usually treated within an individually focused, phased-based therapy approach. Phases include the following: education about the impact of trauma and responses to it; building strategies to regulate distress and coping skills; reprocessing traumatic memories; acceptance; dealing with loss; and creation of a future template. Trauma-focused cognitive behavioral therapy (CBT) and eye-movement desensitization reprocessing therapy are two often recommended psychological treatments of choice and have been shown to have evidence of effectiveness within a general population.

However, while many of those within the criminal justice system may meet the criteria for a diagnosis of PTSD, it is increasingly recognized that categorical and diagnostic understanding of the response to traumatic experience and associated criminal behavior may be an oversimplification and can lead to ineffective or incomplete interventions that do not take into account the developmental and environmental experience of the client. The concept of *complex developmental trauma*, which recognizes the developmental impact of the client's attachment and trauma experiences, the client's relational environment, and the impact of the current situation on their presentation, is one that has growing importance and credence in clinical practice, and especially within criminal justice settings.

Such trauma-informed intervention approaches require a move away from the diagnostic and categorical nature of understanding an individual's distress and resulting behavior. Categorical approaches can lead to the overly simplified *prescription* of psychological intervention driven by either the labeling of the offense (e.g., an individual committing a violent offense is *treated* with a violent offender program) or the diagnosis (e.g., post-trauma experiences are treated with CBT). Such approaches continue, however, to be regularly observed in clinical practice within justice settings,

even though they often can have little impact when used as single, isolated interventions with individuals presenting with complex presentations.

An alternative approach is one based on psychological formulation and underpinned by a comprehensive psychological assessment and formulation of needs and risk that is multifactorial (e.g., not based on one theoretical perspective and incorporates psychological, social, criminological, and biological understanding) and multisystemic (e.g., considers the intervention and individual within developmental, relational, and environmental systems). Such an approach recognizes the complexity involved in understanding offending behavior within the context of personal experience and trauma (and mental health more broadly), and takes into account developmental factors, timing, pace, and dosage of the intervention. It places great emphasis on the dynamic nature of the therapeutic process, regular monitoring of change and subsequent review, and reformulation of needs and the intervention. Trauma-informed approaches also recognize the central importance of positive, nurturing relationships in supporting trauma resolution and behavior change. The development of a therapeutic environment that is safe and conducive for change, including effective risk management and strong, developmentally attuned relationships are thought to be key in enhancing effectiveness.

Such multisystemic formulation-based interventions are likely to be multifaceted and intensive and may often (but not always) include traditional evidence-based individual trauma therapy (e.g., CBT, eye-movement desensitization reprocessing therapy) as one aspect of support. Formulation-based approaches would also encourage other areas of intervention, such as enhancing the relationships with professionals, partners, or family, and helping the individual to find safe accommodation and engage in positive activities or education. The formulation may often indicate prioritization of certain interventions, in recognition of the developmental course of the therapeutic process. For example, asking a young traumatized client to reprocess traumatic memories before he or she had developed the skills to manage high levels of emotional distress, may only serve to increase risk and retraumatize the

individual. This can be particularly harmful if done in a correctional environment where the individual may be more susceptible to further traumas. In this case, work with the individual's caseworker to support emotional regulation would be prioritized over direct trauma-focused work.

In summary, many of those who offend are likely to have experienced trauma in the context of other negative developmental experiences. Understanding the impact of these experiences on the developing individual, while obviously not condoning offending behavior, suggests that our personal experience (including social, biological, environmental, and psychological influences) is inextricably linked with our behavior. In other words, our thoughts, feelings, and behaviors are all complexly linked and exist within the context of our developmental experience, response to trauma, and physical and relational environment.

Therefore, while individual therapies (e.g., CBT or eye-movement desensitization reprocessing therapy) may be extremely effective components of an intervention addressing complex trauma (and arguably criminal behavior) within an offending population, such interventions may be ineffective in isolation. To maximize effectiveness, they need to take into account and are likely to be enhanced by a developmentally informed, multisystemic, multifactorial, formulation-driven approach to care. An understanding of the role of early attachment and trauma and a client's development, personal experience, and relationships is recognized as invaluable and arguably an essential component of *any* assessment and intervention with traumatized clients who display high-risk and offending behavior.

Andrew Rogers

See also Post-Traumatic Stress Disorder in Incarcerated Offenders; Treatment of; Trauma-Focused Cognitive Behavioral Therapy; Trauma-Informed Treatment

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TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY

Cognitive behavioral therapy is an evidence-based treatment approach and has been the focus of much research in its application to trauma-related disorders. The application of cognitive behavioral therapy in addressing trauma is based on two major theories: learning theory and cognitive theories. *Learning theory* includes the concepts of classical and operant conditioning. *Cognitive theories* address the impact that core assumptions and beliefs have in the development and preservation of trauma-related disorders. This entry discusses variations of trauma-focused cognitive behavioral therapy.

Trauma-focused cognitive behavioral therapy seeks to address the cognitive and behavioral reactions to experiencing trauma. The cognitive

reactions to trauma often include maladaptive cognitions about the traumatic event and its aftermath. Other cognitive reactions may include impairment in an individual's ability to recall memories regarding the trauma and/or development of strong associative memories with the trauma. Trauma-focused cognitive behavioral therapy may be used to treat a variety of individuals within the criminal justice system, including offenders, victims, judges, victims' advocates, and law enforcement personnel.

Trauma-focused cognitive behavioral therapy encompasses a variety of procedures and involves variations of psychoeducation, exposure, cognitive restructuring, and anxiety management. Exposure therapies include systematic desensitization, prolonged exposure, and eye movement desensitization and reprocessing (EMDR). Stress inoculation training (SIT) is a type of psychoeducation. Another variety includes a combination as seen in cognitive processing therapy, which is a manualized approach involving cognitive restructuring and prolonged exposure. Psychoeducation and anxiety management are more common with the offender population than are exposure therapies. Exposure therapies are more common with the victims and workforce populations of the criminal justice system. There are several reasons for the variation in approaches with the different populations of the criminal justice system. These include public perception, stigma, motivation, and funding.

Psychoeducation

The goal of psychoeducation is to provide individuals with information on stress reactions and management. Donald Meichenbaum developed SIT. The goal is to assist an individual in understanding and managing his or her reactions to a trauma that results in behaviors driven by fear. There are three stages within SIT: education, skill building, and application.

Exposure

The goal of exposure therapy is to assist the individual in reducing the distress experienced when exposed to aspects of the trauma, such as thoughts, feelings, or situations. Prolonged exposure therapy

consists of four parts: education, breathing, real-world practice, and talking through the trauma. Systematic desensitization involves a graduated exposure process through a hierarchy of fears. Joseph Wolpe identified three steps: (1) create a hierarchy of fears; (2) learn a coping mechanism; and while engaged in the coping mechanism, (3) the individual is exposed to the identified fear stimulus.

Francine Shapiro developed EMDR. It operates on the basis that the trauma was not properly encoded into the individual's memory. This prevents the individual from integrating the trauma and results in trauma-related symptoms. EMDR integrates the trauma through bilateral stimulation. There are eight phases to EMDR: client history phase, preparation phase, assessment phase, desensitization phase, installation phase, body scan phase, closure phase, and reevaluation phase. Initial research studies have been completed utilizing EMDR with incarcerated individuals.

Cognitive Restructuring

Cognitive restructuring is used to challenge the maladaptive cognitions that an individual develops related to the trauma and its aftermath. Common maladaptive cognitions include distorted perceptions of blame and guilt that the individual could and should have done more to prevent the trauma.

There are four steps in cognitive restructuring. Step 1 is to identify the distressing situation. Step 2 is to record negative thoughts or feelings regarding the distressing situation, also referred to as *automatic thoughts*. Step 3 is to identify distortions in the negative thoughts or feelings and substitute them with rational responses that contradict the negative thoughts and feelings. Step 4 is to reevaluate the belief in the original negative thoughts and feelings.

Anxiety Management

Anxiety is a normal reaction following a trauma. However, anxiety can easily become overwhelming, resulting in a loss of functional activity. The individual's automatic thoughts as discussed in cognitive restructuring can serve to exacerbate and maintain the anxiety.

Anxiety can present in a number of ways following a trauma: isolation, fear of doing things, fear of situations that remind the individual of the trauma, repetitive behaviors, hypervigilance, and physical complaints, such as gastrointestinal problems, headaches, and muscle aches. Anxiety may impact various parts of the individual's life (e.g., work, interpersonal relations) and can cause changes in personality (e.g., aggressive or self-destructive behaviors). There are several methods by which an individual can manage anxiety. These include journaling, the use of distractions, relaxation strategies, memory creation, yoga, sleep, eating healthy, and exercise.

Combined Approaches

Cognitive processing therapy is a manualized therapy used in the treatment of post-traumatic stress disorder that combines cognitive restructuring and prolonged exposure. The goal is to raise awareness on how experiencing trauma changes an individual's view of the world. There are four parts to cognitive processing therapy: education regarding trauma-related symptoms, becoming aware of thoughts and feelings, learning skills that challenge thoughts and feelings, and learning about changes in beliefs following exposure to a trauma.

Other combined approaches include addressing concurrent substance abuse and trauma-related symptoms. One model is the Addiction and Trauma Recovery Integrated Model developed by Dusty Miller and Laurie Guidry. Addiction and Trauma Recovery Integrated Model assists individuals in understanding the impact of trauma and addiction on their physical, mental, and spiritual health. A second model is seeking safety, which assists individuals in finding safety in relationships, thinking, behavior, and emotions. A third approach is substance dependence post-traumatic stress disorder therapy, which has two phases. Phase 1 is trauma-informed, addiction-focused treatment that incorporates coping skills and cognitive interventions. Phase 2 is trauma-focused, addiction-informed treatment that includes psychoeducation and SIT.

Amy K. White

See also Post-Traumatic Stress Disorder in Incarcerated Offenders, Treatment of; Substance Abuse, Untreated Mental Illness, and Crime; Trauma, Treatment of; Trauma-Informed Treatment

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TRAUMA-INFORMED TREATMENT

Trauma-informed treatment refers to an approach in the provision of mental health services, which takes into consideration an understanding of trauma and its impact across multiple settings, not just its impact on the individual. Trauma has a rippling effect that impacts those around the individual, including friends, family, coworkers, and communities. This may even have cultural and generational impacts. Within the criminal justice system, trauma may be present among several groups of individuals who could benefit from trauma-informed treatment. The most commonly acknowledged and understood group are the victims of crimes. Other groups that may experience trauma include offenders, judges, victims' advocates, and law enforcement personnel. It is not uncommon for offenders to have experienced multiple traumas prior to their involvement with the criminal justice system. Experiences while incarcerated can also be traumatic. This entry discusses what trauma-informed treatment is, common interventions, co-occurring disorders with trauma, and trauma-informed case conceptualization.

Trauma-informed treatment seeks to address six important principles. The first principle is safety. Safety encompasses several elements including

safety from the trauma and safety from self-destructive behaviors. An example of safety from the trauma may be leaving an abusive relationship; an example of safety from self-destructive behaviors may be letting go of the idea of suicide as an option. A second principle is trustworthiness and transparency. It is important for the individual seeking treatment to feel he or she can trust the mental health provider without concerns about hidden agendas. The third principle is peer support. By seeking support from peers, a sense of normalcy and connection is established. Peer support provides a nonclinical perspective to the trauma. Collaboration and mutuality is a fourth principle. Within trauma-informed treatment, the mental health provider empathizes and collaborates with the individual to address reactions to the trauma. Collaboration also empowers the individual, the fifth principle. During and/or following a traumatic event, an individual often experiences loss of control. A part of treatment is helping the individual to become empowered and find his or her voice again. The final principle addresses issues related to culture, history, and gender. By looking at culture, history, and gender issues, an individual can begin to understand the interaction with his or her reaction to the trauma and begin the process of integrating the trauma into his or her life.

Trauma

Not all individuals react to situations in the same way. An event that may be traumatic for one individual may not be for another. Some individuals may have an acute reaction to the trauma, such as acute stress disorder, while others may develop a more chronic reaction, such as post-traumatic stress disorder. It is important to remember that individuals respond to experiences in their own unique ways.

Trauma can impact individuals of all backgrounds, races, genders, and ages. Trauma may be a single event, a series of events, or set of circumstances. It impacts an individual's ability to cope emotionally and physically. Some situations that may be viewed as traumatic events include physical, sexual, or emotional abuse; neglect; family dysfunction; accidents, unexpected deaths, illness, surgeries, and disabilities; natural disasters (e.g., earthquakes, fires, floods); and war or acts of terrorism.

Trauma-Informed Interventions

Trauma-informed interventions seek to prevent retraumatization of the individual and the development of mental health disorders and seek to promote resiliency. The promotion of resiliency is achieved through psychoeducation and the development of adaptive coping mechanisms.

Trauma-informed interventions are divided into two categories: interventions provided within the first 48 hr following a trauma and interventions following the immediate response. These interventions are often seen in work with victims and law enforcement personnel. Interventions provided within the first 48 hr include basic needs, psychological first aid, and critical incident stress debriefing. *Basic need interventions* include ensuring basic necessities are met, such as water, shelter, and food. *Psychological first aid interventions* provide emotional support immediately following a trauma. Mental health providers engaged in psychological first aid facilitate communication with individuals and seek to identify individuals demonstrating reactions that may put them at a higher risk of developing a trauma-related disorder. *Critical incident stress debriefings*, developed by Jeffrey Mitchell and George Everly, are facilitator-led groups designed to engage individuals involved in a traumatic event to talk about their experiences. The aim is to provide psychological closure to the event. The groups also have a psychoeducational component, providing information on stress reactions and management.

Interventions following the immediate response to a trauma include cognitive behavioral therapies, cognitive processing therapy, exposure therapy, eye movement desensitization and reprocessing, narrative therapy, skills training in affective and interpersonal regulation, and stress inoculation training. The interventions available to offenders within the criminal justice system are minimal and are often limited to cognitive behavioral therapies. There are also integrated interventions that address both trauma and substance abuse.

Co-Occurring Disorders With Trauma

There is a correlation of trauma with other disorders, including substance abuse disorders

and mental health disorders. The correlation between trauma and substance abuse is viewed as bidirectional and cyclical. Exposure to trauma may increase substance use in an effort to manage symptoms (*self-medication hypothesis*), while substance use may increase an individual's risk to trauma (*high-risk hypothesis*). Howard Chilcoat and Naomi Breslau also identified a third hypothesis, the *susceptibility hypothesis*, which suggests that individuals who use substances are more susceptible to developing post-traumatic stress disorder following exposure to trauma. The majority of individuals incarcerated have a substance use disorder. Programs within jail and prison settings often only address the substance abuse side of the problem, overlooking the interaction between substance abuse and trauma.

The presence of mental health disorders is also prevalent among individuals who are incarcerated. Mental health disorders that co-occur with trauma include major depressive disorder and anxiety disorders. Edna Foa and colleagues established a causal relationship between depression and traumatic events, stating that a prior history of a major depressive disorder is predictive of an individual developing post-traumatic stress disorder following a trauma. Anxiety disorders may be exacerbated by the trauma, and/or the anxiety disorder may increase an individual's vulnerability to developing post-traumatic stress disorder following a trauma.

Trauma-Informed Case Conceptualization

In providing trauma-informed treatment, the mental health provider must be able to conceptualize the case from a trauma-informed perspective. A trauma-informed case conceptualization has five components. First, the individual is viewed from the perspective of being scared, sad, or angry versus being bad. The individual is not viewed as damaged or broken. Second, the individual's problems are externalized, while acknowledging that the individual's resiliency is internal. A third component normalizes the problem and the solution. Emphasis is given not to pathologize either. The fourth component is identifying the individual's strengths and resources. The final component within the case conceptualization is mobilizing the

individual to engage in activities that are productive within the treatment process.

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See also Major Depressive Disorder in Incarcerated Offenders, Treatment of; Post-Traumatic Stress Disorder in Incarcerated Offenders, Treatment of; Substance Abuse, Untreated Mental Illness, and Crime; Trauma, Treatment of; Trauma-Focused Cognitive Behavioral Therapy

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TRAUMATIC BRAIN INJURY IN INCARCERATED OFFENDERS, TREATMENT OF

A range of studies has indicated possible links between traumatic brain injury (TBI) and offending. In general, the consequences of brain injury may include poorer cognitive skills (memory, concentration, planning), decreased awareness of one's own or others' emotional state (including empathy), poor behavioral control (impulsivity, irritability), and particularly, poor social judgment. Indeed, sociobehavioral problems are common, such as being less able to de-escalate threats and acting without considering consequences of action. Moreover, it is likely that problems with attention, memory, and executive functions would limit capacity to fully engage in forensic rehabilitation to enable behavior change, such as the ability to pay attention, remember, and follow through on advice about new ways to manage a problem situation. This entry begins with a brief overview of brain injury, explores the role of TBI in offending, and reviews various forensic rehabilitation approaches.

Brain Injury

Brain injury is the major cause of death and disability in children and young adults. Brain injury may occur for many reasons, including trauma, infection, and stroke; however, trauma is the most common cause of brain injury. TBI affects around 8.5% of the population, but prevalence of TBI is much higher among certain populations, such as those involved in contact sports, victims of domestic violence, and adolescent males who consume alcohol.

Studies have shown that the frontal and temporal areas of the brain, the areas important for decision-making and managing emotion, are the most common sites of injury. TBI may be classified from *mild* to *severe*. A very mild injury—typically referred to as a *concussion* (i.e., some disorientation or confusion at the time but no loss of consciousness)—rarely leads to permanent brain changes. However, with greater signs of *dosage*, such as being knocked out for a longer period of time and/or a deeper level of unconsciousness, actual changes in the brain can be expected.

Most TBIs are classified as mild (80%), and 85–90% of those with a mild TBI are expected to recover fully (or near fully). In mild forms of TBI, there can still be disruption to these connections across the brain—especially in adolescence. However, outcomes after brain injury in children and young people are hard to quantify or predict because their brains are undergoing change. To some degree, the brain's ability to adapt to injury (neuroplasticity) confers some protection of functions but may also mean there is less capacity for other functions to develop (i.e., *crowded out*). It is important, therefore, to be mindful of a need for monitoring for problems that might be expressed over time, particularly of abilities that may have been developing at the time of injury.

Furthermore, mental health problems, especially anxiety and depression, are also common after TBI. Survivors are often unable to return to school or work successfully, have problems in forming and maintaining relationships, and experience family and social disruption. The net effect of such stresses and strains is that severe mental health disorders, with a high risk of suicide, are common.

Brain Injury and Criminal Justice

Longitudinal studies have shown a link between TBI and later offending, even when controlling for socioeconomic background and genetics. Studies of groups of young offenders also seem to indicate a specific contribution that TBI can make to increasing the risk of offending over a lifetime as well as increasing the severity of the crime (e.g., violent crime).

What is also now well established is the very high rate of TBI in people who are incarcerated and that TBI within offenders appears to be a risk factor for future crime (i.e., recidivism). Globally, studies notably in Australia, Brazil, Canada, France, New Zealand, the United Kingdom, and the United States have shown that the prevalence of TBI is 3–8 times greater in people in custody compared to nonoffenders. In 2013, Thomas J. Farrer and colleagues conducted a meta-analysis of nine studies involving TBI in juvenile offenders, five of which included control groups of nonoffending youths. The prevalence rate was approximately 30%, which was significantly higher than in the control groups. In a 2015 systematic review, Nathan Hughes and colleagues looked at 10 studies (some overlapping with Farrer's meta-analysis) and reported prevalence rates of TBI among incarcerated youths ranged from 16.5% to 72.1%. Where there were control groups or directly comparable studies within the general population, there was consistent evidence of a higher prevalence of TBI among incarcerated youths, and this disparity was more pronounced as the injury severity increased.

TBI in offenders, mostly in studies with adults, has been associated with higher rates of infractions while in custody and higher levels of reoffending and engagement in violent crimes. One study represents a range of these issues. In 2010, Huw Williams interviewed 197 young male offenders in a prison about head injuries, their crime history, mental health problems, and drug usage. They were, on average, 16 years of age. Around 60% reported some kind of *head injury*, but, importantly, TBI with a loss of consciousness was reported by 46% of the sample. The main cause of injury in the young was violence. Repeat injury was common: One third reported being *knocked out* more than once. Self-reporting three

or more TBIs was associated with greater violence. Those reporting TBI were also at risk of greater mental health problems and misuse of cannabis. In a related 2012 study, Rebecca C. Davies and colleagues found a relationship between TBI and current concussion symptoms: Those with more serious mild injuries reported a greater degree of ongoing problems compared to those reporting less or no loss of consciousness. This indicates that those with TBI are likely, depending on the severity of injury, to have brain injury–related problems that may interfere with forensic rehabilitation.

Forensic Rehabilitation and Neurorehabilitation (NR)

In several countries, including the United Kingdom, a number of approaches have been developed that have led to improvements in offenders' well-being and crime reduction.

The Risk-Need-Responsivity approach takes into account the risk of reoffending, criminogenic needs, and psychological preparedness to respond to interventions including cognitive behavioral interventions. Cognitive behavioral therapy is consistently associated with improved institutional behavior, lower recidivism rates, and a longer time to rearrest. These types of approaches are not necessarily routinely or widely available though. Moreover, these types of interventions may not work effectively with people with TBI.

NR encompasses a range of approaches for improving the quality of life for individuals with brain injury. NR is a process by which a person with brain injury may identify life goals he or she may achieve with guided support, get around deficits he or she has acquired with strengths that he or she may still have, and develop new strategies the person finds helpful in managing cognitive, emotional, and behavioral problems. Evidence shows that it is possible to address and manage underlying cognitive impairments such as attention, memory, and executive functions and improve outcomes for emotional distress, behavioral problems, and socialization.

Cognitive NR is the main form of NR. There are two main approaches: compensatory and restitution. The compensatory approach involves improved functioning in everyday life by using aids or strategies that compensate for a deficit, such as

a memory aid (e.g., diary or smartphone prompt) or a mnemonic strategy (e.g., using paced rehearsal). Restitution involves restoring normal functioning through repetitive practice (e.g., computerized cognitive training packages). There has been significant work in the area of NR that indicates that it can be helpful for changing behavior. The Scottish Intercollegiate Network (SIGN) guidelines and the INCOG, international Cognitive guidelines (developed by an international group of researchers and clinicians) provide evidence to underpin practice—these are summarized in the following subsections.

Memory

Memory deficits are the most common aftereffects of brain injury. SIGN noted support for compensatory approaches, including memory strategy training and electronic aids such as personal digital assistants. SIGN recommended memory impairment rehabilitation and supported the integration of internal and external strategies when appropriate—with their use in social roles or everyday situations being prompted and supported.

Executive Function and Attention

Impairments in executive function and self-awareness are some of the most common effects of brain injury and can have a profound effect on resuming previous life roles. Training in metacognitive strategies is seen as effective at improving performance in practical or functional settings. Metacognitive awareness is a consistent theme in NR. A metacognitive strategy is to teach individuals to regulate their own behavior by breaking complex tasks into steps and considering possible solutions based on past experience and prompts.

The INCOG group noted that there is new evidence to support the use of strategies to improve reasoning skills and substantial support for the use of direct corrective feedback in improving self-awareness. With regard to attention, SIGN noted that evidence that impairment-focused training (e.g., computerized attention training) may produce small effects, but generalization was weak. However, larger effects are found when interventions focus on repetitive practice that compensates for attention impairments in everyday tasks.

Sociocommunication

Brain injury may result in a variety of communication impairments (e.g., dysarthria or poor clarity of speech, reduced use of facial expression, poor eye contact, poor listening skills, a reduced ability to read emotional expressions). Several studies reviewed by SIGN suggest that language deficits and/or functional communication deficits can be treated (e.g., via expression modeling, pitch biofeedback, conversation group therapy).

Mood and Behavior

Individuals with brain injury will likely have some degree of comorbidity of conditions (e.g., they will present with TBI, anxiety, and alcohol abuse). Management interventions are not very advanced, but case illustrations and, increasingly, controlled studies indicate that interventions that combine cognitive behavioral therapy and NR can be effective. These approaches are *comprehensive* or *holistic* as they aim to simultaneously address cognitive, emotional, and behavioral problems, while returning the individual to meaningful activities. Crucially, therapies are modified to take account of the cognitive and self-regulatory deficits common in brain injury. SIGN noted that nonpharmacological interventions have been used for adults with challenging behaviors following brain injury. In one study, individuals with brain injury of mixed causes resulting in persistent aggressive behavior (leading to their being unable to live independently), SIGN resulted in more independent living, improved employment, and reduced hours of care at nearly 3 years' follow-up.

Vocational Approaches

SIGN has reported sufficient evidence to recommend holistic neuropsychological rehabilitation in terms of return to employment. In one study, of an intensive cognitive rehabilitation program, which consisted of 15 hr (of individual and group therapies conducted 3 days per week—with social problem-solving tasks to tackle individual problems) upon completion, 47% of participants were engaged in community-based employment compared to the 21% in the standard rehabilitation group.

NR and Children/Young People

There has been some work systematically examining the role of NR for children and young people. One interesting study in relation to crime was conducted in 2003 by Jose Leon-Carrion and colleagues who investigated whether adult prisoners with brain injury in childhood had received any form of NR. Those who had a brain injury and NR were more likely to be in prison for less violent offenses than those who had a brain injury but no NR.

Case Example

In 2016, Williams and Prathiba Chitsabesan reviewed a service setup to manage TBI in young offenders in custody. Service workers, known as *Linkworkers*, were employed to enable prison staff to better identify and help affected young people. With the benefit of Linkworkers, staff would be able to know when to use memory cues to assist young people to manage anger, feelings of suicidality, and alcohol and drug issues. For example, one young man was angry, aggressive, and noncompliant—including throwing food at staff. He had lost privileges and was at risk of being moved to solitary containment. The Linkworker performed an assessment that showed that the young man had a TBI that made him unable to remember instructions (as an assault from a parent had affected his left temporal lobe, the long-term verbal memory *store*). Staff were encouraged to use visual prompts to help the young man remember when his recreation time was, for example, and how many rewards he had gained. This helped him stabilize in mood and behavior. He was soon earning privileges and reinvested in education for gaining skills for resettlement into the community.

Conclusions

The evidence base of TBI is complex, and more evidence is needed regarding prevalence of TBI by sociodemographic characteristics, prevalence or impact of repeat experiences of TBI, and experiences of comorbidity of TBI and other developmental and mental health difficulties. Within custodial and/or probation systems, it is important for frontline staff to have sufficient knowledge of TBI and its consequences so that they may take

account of any TBI-based issues in their day-to-day management of offenders. Specialist training, advice, and support need to be provided when there is clear evidence of significant TBI-related behavioral and/or psychiatric needs. Justice system staff, both community and custody staff, require training in TBI assessment and management. Some offenders may need to access specialist neuropsychology assessments, such as those conducted by a clinical neuropsychologist or educational, clinical, and forensic psychologists. It is vital that services for offenders include packages of care that address the range of issues related to TBI.

*Huw Williams, Nathan Hughes, and
Prathiba Chitsabesan*

See also Cognitive Behavioral Therapy and Social Learning Theory; Correctional Rehabilitation Services, Best Practices for; Trauma-Focused Cognitive Behavioral Therapy

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TREATMENT DOSAGE AND TREATMENT EFFECTIVENESS

Treatment dosage refers to the amount of treatment required to produce a desired outcome. In correctional treatment, the desired outcome is typically reduced recidivism. Consequently,

correctional programs that reduce recidivism are characterized as effective programs. Research demonstrates that there is a significant relationship between the amount of treatment that an offender receives and whether he or she will reoffend. The relationship between treatment dosage and reduced recidivism is not as simple as continually increasing treatment dosage to produce larger recidivism reductions, however. The amount of treatment required to reduce recidivism depends on other factors such as the offender's likelihood of committing a future crime, what the offender is working on during treatment, and the type of treatment used by the correctional treatment program. This entry reviews various ways of measuring dosage, further examines the role of dosage in reducing recidivism, discusses the effective alignment of treatment dosage to risk to reoffend, and concludes with a look at ongoing research.

Measuring Dosage

There are several ways to measure dosage. The first is the length of stay in a program. In other words, dosage can be defined as the number of days that an offender spends in a program. The second is the number of treatment sessions attended, regardless of how many days an offender was in the program. For example, an offender might spend 30 days in a program that requires attendance at three treatment groups per day for 5 days per week. This equates to attendance at approximately 60 treatment sessions during a 30-day stay. The third is the number of hours that the offender spends engaged in treatment activities, regardless of both the total number of days spent in a program and the total number of treatment sessions attended. Measuring dosage in hours is the preferred method of measurement as it is more precise than length of stay or number of sessions attended. For example, two offenders can stay in a program for the same number of days but attend a different number of treatment sessions. In addition, the treatment sessions that they attend may not be of the same duration or length. In both of these examples, the total number of hours would differ even if the total number of days or the total number of sessions were the same.

Understanding Risk, Need, and Responsivity

To best understand the role of treatment dosage in reducing recidivism, one must first have an understanding of the larger scientific framework of evidence-based correctional treatment in which dosage is embedded. This framework comprises three guiding principles: the risk principle, the need principle, and the responsivity principle. The risk principle acknowledges that not all offenders pose the same risk to public safety. In other words, some offenders have a high probability of reoffending while others have a low probability of reoffending, or some are high risk and some are low risk. Consequently, the risk principle guides corrections staff to consider an offender's likelihood of committing future crime when assigning treatment and supervision resources so that high-risk offenders receive more treatment and supervision than low-risk offenders.

Research supports the risk principle by demonstrating that correctional programs are more effective with moderate- and high-risk offenders than they are with low-risk offenders. One reason for this is because moderate- and high-risk offenders have more room to improve than low-risk offenders. Research also shows that programs that intentionally target higher risk offenders for services and supervision are more effective at reducing recidivism than programs that target lower risk offenders. Perhaps most important, however, is that some research shows that when the criminal justice system targets low-risk offenders for intensive interventions, crime rates for these offenders go up rather than down. These findings demonstrate that higher risk offenders should receive a higher amount of treatment dosage than their lower risk counterparts and that correctional practitioners can provide too much treatment dosage to low-risk offenders.

While the risk principle tells practitioners who to prioritize for treatment services, the need principle tells them what to target during treatment. The need principle asserts that correctional treatment staff should spend more time targeting those offender needs that have been shown to be directly correlated to criminal behavior. These needs are often referred to as *criminogenic needs*. Examples of some of the needs more strongly related to

criminal behavior include endorsement of antisocial thoughts and attitudes, associating with antisocial peers, and the presence of a constellation of antisocial personality traits that include recklessness, self-centeredness, impulsivity, lack of coping skills, and lack of social skills. Other important criminogenic needs include substance abuse, unemployment, educational deficits, and lack of positive family and social supports. Research demonstrates that programs that spend the majority of their time working on these needs produce the greatest impact on recidivism. So while the risk principle tells practitioners to whom to apply higher levels of treatment dosage to reduce recidivism, the need principle dictates what needs should be targeted by that treatment dosage when the goal is to reduce recidivism.

The responsivity principle outlines factors that affect an offender's ability to respond to correctional interventions. There are two types of responsivity: specific and general. Specific responsivity refers to characteristics unique to an individual offender that may need to be addressed in order for him or her to benefit from correctional interventions. A few examples of specific responsivity characteristics include motivation for change, cognitive functioning, and mental illness. General responsivity, on the other hand, refers to the treatment modality or approach that works best for reducing recidivism for offenders as a group.

Matching Treatment Dosage to Offender Risk in Real-World Settings

As discussed earlier, programs that target higher risk offenders are more effective at reducing recidivism than programs that target lower risk offenders. Targeting higher risk offenders for inclusion in programming and supervision is only one necessary strategy for effective execution of the risk principle, however. To produce optimal results, practitioners must also effectively match the appropriate amount of programming and supervision to the risk level of the offender. This leaves correctional practitioners the task of quantifying the appropriate amounts of service to provide to offenders of varying risk. While dosage research continues to evolve, empirical guidelines suggest a minimum of 100 hr of evidence-based correctional treatment

for moderate-risk offenders and 200 hr of evidence-based correctional treatment for high-risk offenders.

Correctional programs must meet a number of requirements to effectively match treatment to risk and to avoid one-size-fits-all programming. First, the program must have a process to assess criminogenic risk and needs for all offenders entering the program using a validated risk assessment instrument shown to reliably predict recidivism. Second, the program must have policies, procedures, and treatment manuals that allow for variation in treatment dosage by risk. In other words, the program has to have the ability and resources to provide 100 hr of treatment to moderate-risk offenders while providing 200 hr of treatment to high-risk offenders. Third, the agency must use evidence-based treatment strategies with fidelity if time spent in treatment activities is to count as dosage. The number of treatment hours provided is irrelevant if the program is using treatment strategies that have not been proven to be effective. Finally, the program must have a way to record and monitor the amount of time that offenders spend in these activities in order to total how much dosage each individual offender receives while in the program. In sum, providing effective treatment dosage is more than simply counting the number of hours an offender has spent in treatment. For treatment to be effective, the correct amount of treatment dosage needs to be aligned with the offender's risk to reoffend, the treatment must target the offender's specific criminogenic needs, and the treatment must be delivered using an evidence-based model of treatment.

When discussing effective alignment of treatment dosage to risk to reoffend, a cautionary note about overtreatment is warranted. Current research clearly demonstrates that the effect of treatment dosage varies by risk and that continuing to increase dosage fails to produce a positive impact on recidivism for all risk groups at some point. For low- and moderate-risk offenders, research has shown that provision of too much treatment actually leads to increases in recidivism. For higher risk offenders, research has not yet identified the amount of treatment that might be expected to produce an increase in crime, but initial studies do suggest dosage amounts that fail to produce continued and meaningful reductions in

crime. In other words, there may be a saturation point, even for higher risk offenders, at which the continued provision of treatment fails to result in recidivism reduction.

Findings related to the effects of overtreatment have both fiscal and ethical implications. Corrections as a field has limited, finite resources; therefore, continuing to expend resources on providing increased dosage with no return on investment (as measured by reduced crime) does not represent prudent use of limited public funds. Similarly, continuing to provide high levels of dosage to lower risk offenders with a result of increased crime is harmful to public safety and, therefore, contrary to the mission of corrections agencies.

Ongoing Research on Treatment Dosage and Treatment Effectiveness

To continually improve the ability of correctional programs to best match type of treatment services and treatment dosage to each individual offender based on his or her specific criminogenic risk and needs, researchers and practitioners continue to collaborate on identifying and testing the most effective applications of treatment dosage. Examples of areas of continued joint investigation include (a) investigating effective dosage applications for female offenders compared to male offenders, (b) investigating effective dosage applications for specialty populations such as sex offenders or offenders with an opioid use disorder, (c) establishing guidelines for adjusting dosage protocols for individual offenders based on treatment progress or lack thereof, (d) identifying the appropriate sequencing of treatment targets during the course of care, and (e) determining the cumulative impact of dosage for individuals who have been in multiple treatment programs.

Kimberly Gentry Sperber

See also Community Corrections; Correctional Rehabilitation Services, Best Practices for; Correctional Rehabilitation Services, Intensity of; Risk Principle, Illustrative Applications of; Risk-Need-Responsivity, Principles of

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TREATMENT FOSTER CARE OREGON

Treatment Foster Care Oregon (TFCO), formerly Multidimensional Treatment Foster Care, is a community-based intervention program for children and adolescents who struggle with chronic and disruptive antisocial behavior, emotional problems, and (in the case of adolescents) juvenile delinquency. TFCO serves as an alternative to residential and group home placements for youth requiring out-of-home care and can also be used as a transitional placement for youth reentering the community from correctional facilities or other institutional settings. In TFCO, placements are short-term (typically 6–9 months), and youth are placed individually in supported foster homes. This entry describes TFCO’s foundations, treatment model, program outcomes, and adaptations within and beyond the juvenile justice setting.

TFCO Foundations

This section begins with a brief review of the historical context that contributed to TFCO’s development as a community-based alternative to institutionalization. It then explains how social learning theory informs the TFCO model.

Historical Context

TFCO was initially developed in response to changing needs within the Oregon juvenile justice system. In the early 1980s, Oregon’s rate of incarceration for juvenile offenders was relatively high compared to other states. Youth with a history of delinquency or behavioral problems were typically sent to state *training schools*, which served as residential correctional facilities for youth with varying levels of criminal involvement and mental health problems. Improved understanding of the potentially detrimental impacts of institutionalization on adolescents led to a shift toward community-based interventions. In 1983, Patricia Chamberlain and colleagues received state funding to develop a community-based alternative for youth who were committed to, then diverted from, institutional settings. This program, which would later be known as TFCO, was first provided to juvenile offenders, then expanded in 1986 to include youth transitioning out of state mental hospitals. By the 1990s, the number of TFCO cases continued to diversify and increase, and participants included youth referred by juvenile justice, mental health, and child welfare services.

Theoretical Model

The TFCO model is rooted in social learning theory, which emphasizes that learning takes place in a social context and is influenced by cognitive, behavioral, and environmental factors. Individuals learn to behave through observation and role modeling of others’ responses to the environment and, in turn, influence that environment through their own behaviors. For example, a youth may be more at risk of engaging in problem behavior or delinquency if his or her environment includes low adult supervision, lack of consistent discipline, and friendships with delinquent peers. The youth’s behavior

may also contribute to an increased sense of conflict at home, which may decrease parents' abilities to effectively supervise and discipline. The youth finds increased support from delinquent peers who in turn reinforce problematic behaviors and alienation from supportive adult influences. Eventually, the youth's behavior becomes chronic and severe. He or she is then removed from the home and potentially placed in TFCO.

TFCO is intended to be a corrective and supportive learning experience for both youth and their families and uses multiple methods across multiple settings to reinforce and encourage positive behavior. It aims to create opportunities for youth to successfully live with families rather than in institutional settings and to support families in helping to support positive behavioral change through enhanced parenting skills. TFCO's targets are

- (1) a consistent reinforcing environment,
- (2) clear structure and limits with specific consequences delivered neutrally,
- (3) close supervision, and
- (4) avoidance of associations with deviant peers while helping youth develop skills for building positive peer relationships.

TFCO Treatment Model

The TFCO model includes individualized interventions for youth, foster parents, and aftercare placement families; individual and family therapy; and implementation of a behavioral reinforcement program at home and school; as well as case management services and on-call staff support. Throughout the program, youth are reinforced and encouraged for prosocial behavior and continued support is provided for foster and aftercare families. Although TFCO has primarily served youth in the juvenile justice system, it has also served youth in child welfare and mental health populations, children 3 through 17 years of age, and youth in regular state-supported foster care placements. This section highlights the common features of the training model that are implemented across most populations.

Youth

Youth in TFCO participate in a three-level behavior modification program that provides them the opportunity to earn points for meeting treatment expectations at school or at home, such as going to school or doing household chores. Foster parents monitor youth behavior at home and teachers are involved in monitoring attendance, classroom behavior, and homework submission. The system emphasizes positive achievements and unearned points are delivered neutrally. Once youths attain a certain number of points, they move up a level in the system, which earns them access to more privileges, such as participation in community activities. In addition to behavioral reinforcement, youth in TFCO attend individual therapy sessions and weekly sessions with a young adult skills trainer who role models positive attitude and behavior while engaging in prosocial activities with the youth.

Foster Family

TFCO foster families receive extensive support before and during placement. Prior to placement, foster parents receive 12–14 additional hr of training in structuring a home environment with clear expectations and limits. They also participate in weekly group support meetings with other foster parents and have access to 24-hr on-call support from TFCO staff. Additionally, foster parents are called daily, Monday through Friday, to provide information about the youth's behavior and foster parent stress levels to the treatment team.

Parents and Aftercare Families

Meanwhile, the youth's family of origin (or family that he or she will reside with after foster placement) participate in family therapy and parent training while the child is in foster care. Families learn how to implement a behavior management system similar to the one used in the foster home and are trained to provide consistent discipline and encouragement. Therapy prepares families emotionally for their child's return to the home and increases positive relationships within the family. While the child is in TFCO, family sessions and home visits are incorporated for parents to

practice new skills and receive feedback from the treatment team. Although foster placements are typically 6–9 months long, aftercare services are usually sustained for about a year and can remain in place longer at parents' request.

Program Outcomes for Delinquent Youth

This section reviews program outcomes for youth referred to TFCO through the juvenile justice system (ages 12–17 years). Prior to participation in TFCO, youth have typically been involved in multiple treatment efforts, have a history of serious and chronic criminal behavior, and most have experienced multiple incidents of household disruption and failed out-of-home placements. Compared to youth placed in institutional or other group settings, teenagers participating in TFCO show decreased subsequent delinquency, incarceration, and placement disruptions. TFCO is also less expensive than institutional treatment options and has shown sustained effectiveness in reducing recidivism 2 years later.

Gender-Specific Outcomes and Adaptations

Boys

Adolescent boys referred to TFCO typically demonstrate antisocial behavior in early childhood, have social skill and learning deficits, associate with delinquent peers, and have academic failures. Compared to control group participants 1 year following placement, delinquent boys participating in TFCO were incarcerated 60% fewer days and had fewer arrests and significantly less substance use. Two years following placement, boys in TFCO had fewer violent offenses (average of 11 incidents for TFCO group vs. 33 for control group) and were 66% less likely to run away from their programs or homes.

Girls

Although TFCO was originally targeted toward a mostly male population, in the late 1990s and early 2000s, more female adolescents were referred to the system, and adaptations to the intervention were made to meet gender-specific needs. Risk factors for teenage girls referred to TFCO include a history of risky sexual behavior, co-occurring

mental health problems such as anxiety and depression, running away from home, early parenthood/pregnancy, and exposure to childhood maltreatment. To meet the unique needs of girls, the following components were added to the treatment model for females:

- reinforcement and sanctions for coping with and avoiding relational aggression
- emotion regulation skills
- peer relationship-building skills
- strategies to avoid risky sexual experiences and coercion
- educational and incentive-based interventions reinforcing and monitoring abstinence from drug use
- trauma-focused treatment components including relaxation and self-care skills

Teenage girls participating in TFCO have shown significantly better outcomes in a variety of domains when compared to girls placed in group-care settings. When evaluated 1 year following placement, girls in TFCO had fewer days in locked settings, fewer criminal referrals, lower delinquency, and improved homework completion and school attendance. Two years following placement, effects for reduced recidivism and delinquency are maintained, girls are 2.44 times less likely to have become pregnant than girls in group care and also experience reduced depressive and psychotic symptoms. After participating in the TFCO program for 7–9 years, girls show decreased likelihood of engaging in illicit drug use.

TFCO Adaptations

One notable adaptation of the TFCO model is TFCO-P, which focuses specifically on the needs of preschool-aged children (3–6 years old) in the foster care system. Developed in 1996 by Philip Fisher and colleagues, TFCO-P addresses children's behavioral issues, while also focusing on improving foster children's attachment to caregivers, increasing placement permanency, and promoting social skills and school readiness through a therapeutic playgroup component. TFCO-P has been shown to increase secure attachment-related behaviors (e.g., seeking out a caregiver when distressed), decrease placement disruptions

attributed to children's problem behavior, and improve the likelihood that children would remain in permanent placements 2 years later. Because multiple placement disruptions, behavioral issues, and adversity in the home environment during childhood are risk factors for adolescent delinquent behavior and juvenile justice involvement, TFCO-P may be seen as a preventive intervention for youth in the foster care system.

Research on TFCO-P is notable for its attention to underlying explanations for how positive outcomes of the TFCO intervention may be explained at the neurobiological level, particularly with regard to stress-related regulatory processes. Ongoing dysregulation in the stress regulatory neural system might initially prevent neurocognitive and behavioral development from proceeding in spite of a child being in a more responsive and enriched environment. Such dysregulation is common in children in the foster care system and is strongly linked to child neglect, the primary reason children are placed in out-of-home care. Studies measuring cortisol levels (cortisol is a hormone produced by activation within the hypothalamic–pituitary–adrenal axis of the brain and is often used as a measure of experienced stress) of children and foster parents participating in TFCO-P indicate improved stress response patterns as compared to children and foster parents in regular foster care.

Overall, children in the TFCO-P program had cortisol levels similar to children outside of the foster care system, while children in regular foster care showed cortisol patterns indicative of continued dysregulation. Cortisol levels of TFCO-P foster parents dropped immediately after the initial placement and remained low when they were managing children's problem behavior. There was also no association between foster parent stress and cortisol level the next day for children. Finally, researchers found that among children in regular foster care, changes in placement from one foster home to another, or from foster to permanent placement, were associated with diminished and atypical morning cortisol levels. In contrast, among children in TFCO-P, cortisol levels remained stable during placement changes, perhaps due to program components designed to prepare children for transitions. It is also possible that, by providing consistent parenting strategies for all caregivers, the home environment may have remained

more similar before and after placement change for children in TFCO-P.

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See also Female Offenders: Gender Differences in Criminal Offense Characteristics; Juvenile Delinquency and Antisocial Behavior; Juvenile Delinquents, Mental Health Needs of; Juvenile Offenders: Treatment Models and Approaches; Social Learning Theory of Crime

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TREATMENT OF CRIMINAL BEHAVIOR: FAMILY THERAPY

This entry focuses on cost-effective approaches to family interventions related to treating or preventing criminal behavior. Two family therapy approaches with the strongest evidence base for

reducing delinquency are Functional Family Therapy (FFT) and multisystemic therapy. These behaviorally oriented family system approaches teach parenting skills, which has been shown to reduce problem behavior, juvenile recidivism, and adult criminal behavior. These two models have been disseminated fairly widely in the United States, with state and federal funding.

The high cost of training professionals in these approaches and the ongoing expense to ensure treatment fidelity to the training model often make this approach unsustainable over time. Agency staff turnover is often high, requiring training of new staff. Ongoing supervision of trainees tends to improve but does not guarantee positive outcomes. State and federal funding is inconsistent, which makes sustainability problematic.

Because of these issues, Donald A. Gordon focused on developing economically sustainable family interventions with a primary focus on skill training delivered by computers or the Internet. Among the most widely disseminated are the Parenting Wisely (PW) program and the Children in Between (CIB) program. This entry describes the PW program and its theoretical background. Also addressed is how the skills taught by the program are related to reducing criminal behavior. CIB, a parent divorce education program, is discussed with a crime prevention focus.

PW

PW is an interactive parent skill education program for families of children ages 3–18 years that families can access online. A teen version covers ages 12–18 years, and a young child version covers ages 3–12 years. The program is evidence based and reduces risk factors for criminal behavior including child and adolescent behavior problems, child maltreatment, family problems, and risk factors for children being attracted to peers involved in criminal behavior. The program reduces both adolescent and parent substance abuse and family violence including violence between spouses. The program reduces risk factors for teen pregnancy, school dropout, and teen depression and suicide. PW increases protective factors that enhance healthy child development such as increased parent knowledge and use of

effective parenting skills, improved family communication, improved family relationships, and increased support between family members. Research demonstrates PW is effective with culturally diverse, low-income families and families involved with the criminal justice system who were previously resistant to family intervention efforts.

Theoretical Orientation

PW was based on research conducted by Gordon, identifying the most common problems encountered using FFT to treat juveniles involved in criminal behavior. The PW program addresses the same family system concerns and teaches the same skills used in FFT. PW is based on social learning principles, cognitive psychology, family systems theory, mindfulness, and neurobiology. Skills related to social learning principles include clear expectations, contracting, family rules, functional behavioral analysis, nondirective play, planned ignoring, point systems, praise, prompting, role modeling, and social reinforcement through actions such as hugs, kisses, and other forms of positive physical contact.

Content related to family systems theory includes communication skills such as speaking respectfully, active listening, problem-solving, and I-statements. An I-statement is an expression of feelings rather than judgments about another's behavior: For example, "I feel worried when you don't call when you are going to be late coming home." Cognitive content is portrayed in videos by actor voice-overs to depict how family members' thoughts and assumption can contribute to family conflict. The voice-overs portray how positive reframes change the interpretation of behaviors, which helps all family members to see each other in a compassionate, empathic light and to see all family members as victims when conflict occurs. These reframes, along with positive self-talk, help parents to remain calm when responding to conflict. Single parent and step-families' concerns are addressed because these families have a greater risk of child behavior problems. The program provides strategies that go beyond the family unit and target the school system, peer relationships, and substance abuse problems.

The video content of the teen version of PW, developed in 1995, was updated and became available online in 2012. New content on mindfulness and neurobiology was added, which appears to be popular with parents. Research shows mindful parenting increases emotional regulation and improves parental role satisfaction. Neurobiology content portrays how effective or maladaptive parenting affects family members on a neurobiological level and how this either helps or hinders healthy development in children. The video content for the young child version was updated in 2017 and is now available online.

Rational for the Intervention

A common obstacle to intervention for families involved with the criminal justice system is the stigma of attending a parent education class or family therapy. If parents do attend intervention, learning is often impeded by defensiveness and resistance because parents often feel judged and criticized by the parent educator. Before a therapist can begin skill training, a considerable amount of time is spent on developing trust and responding to resistance. This perception of being judged can be eliminated by a computer program, as skill training does not need to be delayed to establish trust. Online PW provides complete anonymity, so learning is not compromised by stigma or defensiveness.

Behavior problems are one of the strongest predictors of negative childhood outcomes such as delinquency, school problems, school dropout, substance abuse, teen pregnancy, mental health problems, suicide, relationship problems, and employment difficulties. PW is a brief, accessible, and cost-effective intervention that has been shown to reduce child behavior problems and does not require intensive practitioner training or expensive ongoing quality assurance mechanisms.

Description of PW

The PW program is easy to use. Parents have indicated that the problem scenarios are realistic and relevant to their families and that the parenting skills depicted are reasonable solutions to those problems. Since PW is interactive, parents cannot complete the program unless they stay

alert and engaged. The program can be used by all agencies that work with children and families such as public health, schools, child maltreatment services, family services, substance abuse agencies, mental health, foster parent agencies, the juvenile justice system, probation services, prisons, and police.

Information is presented in multiple ways—visually, audibly, and in printed text—to increase absorption and retention of information. Parents can proceed at their own pace and usually complete the program in one to three sessions. Parents view video scenes depicting common family conflicts followed by options for how parents can respond that depict harsh or coercive parenting, permissive parenting, or effective parenting skills. Parents chose a response and watch a video depicting the positive or negative consequences of that choice. Each solution is followed by an interactive question and answer critique and a quiz. Viewing the different responses to the problem behavior helps parents realize that child behavior problems can be significantly increased or diminished depending on how parents respond and interact with their children. Each problem scenario is followed by a multiple choice quiz to test learning.

Parents can click on skills highlighted in bold text such as *active listening*, which activates a voice and written text that defines and lists the advantages of that skill. Clicking on a *play examples* button activates a voice providing examples of that skill. Parents receive a workbook that includes critiques to each solution, review questions, and examples of behavior charts. The workbook lists the advantages of each skill, number of steps for performing skills and practice exercises. Parents' progress on program completion, review questions and the multiple choice tests and online skill practice is tracked automatically. Parents are prompted to complete unfinished portions and to complete skill practice exercises through e-mails or cell phone text messages.

The adolescent program covers 10 problem scenarios that are common in many families but occur even more frequently in high-risk families. These include the following: getting children to do housework; helping children with school problems; curfew problems; step-parent step-child conflict; monitoring school, homework, and

friends; loud music and incomplete chores; speaking respectfully and sharing computer time; sibling conflict and aggression; getting children ready for school on time; and finding drugs in a teen's bedroom. The young child program problem scenarios include the following: children acting up in public, helping children with poor marks and school troubles, children interrupting conversations and phone calls, helping children solve conflict with their friends, helping children get to bed on time, helping children get ready for school, and controlling sibling arguing.

PW has been shown to be helpful when a family's access to intervention is problematic or unlikely, or when parents are likely to be resistant to traditional parent interventions. The program can be used on a continuum for either prevention or treatment. It has been used in combination with FFT and has resulted in more rapid learning of family communication skills and fewer FFT sessions.

The program has been implemented across the United States, as well as in Australia, Canada, China, France, Ireland, New Zealand, Portugal, Singapore, and the United Kingdom. There are English and Spanish versions of the program and an Italian version is being developed. The families depicted include African American, Hispanic-Latino, and Caucasian. The program has been shown to be effective with culturally diverse populations. PW is included in the National Registry of Evidence-based Programs and Practices based on the quality of research support and the ease of successful dissemination.

CIB

Gordon also developed an interactive parent education program called *CIB*, formerly called *Children in the Middle*, which can be accessed online or used with in-person classes in most U.S. states. This program helps prevent criminal behavior and related problems in families disrupted by divorce or separation. Behavior problems and school dropout occur frequently with these children and they are substantially more likely to become delinquent. This risk is primarily mediated by parental conflict and fathers dropping out of their children's lives. The *CIB* program teaches parents to communicate respectfully, regulate their emotions,

and protect their children from conflict. This evidence-based program has been shown to reduce parental conflict, improve communication, reduce relitigation, and help both parents stay involved in their children's lives. Therapists can access the program online as an adjunct to treatment done in the home. *CIB* is a more affordable, accessible alternative to the highly variable approaches of marital and family therapists and to the evidence-based family therapy interventions discussed earlier. The low cost of the program is easily absorbed by many parents so the program can be recommended by agencies or therapists with no need to access limited state or federal funding.

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See also Cognitive Behavioral Therapy and Social Learning Theory; Contingency Management; Family Systems Theory of Crime; Mindfulness; Multisystemic Therapy; Protective Factors and Relationship to Risk; Social Learning Theory of Crime

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TREATMENT OF CRIMINAL BEHAVIOR: GROUP PSYCHOTHERAPY

It is commonly recognized in criminal justice and correctional circles that treatment with offender populations is superior to punishment alone. Many therapeutic programs have proven effective, including psychotherapy for the treatment of

psychopathology and distress, and contribute to offender rehabilitation. As in the free world, psychotherapy in corrections (including jail, prisons, and community corrections) is conducted individually or in groups. Individual psychotherapy consists of one-to-one interactions between a psychotherapist and client, whereas group psychotherapy consists of a small group of at least three or more individuals (though, usually about eight clients), with a therapist or co-therapists.

Individual and group psychotherapy has proven effective for both rehabilitation and basic mental health services. Rehabilitation-oriented psychotherapy aims to prepare incarcerated offenders for community reentry or to enhance the community success for offenders treated in community corrections, such as probation or parole. Basic psychotherapy services aim to stabilize offenders with mental illness and general mental health concerns. Basic psychotherapy services target psychiatric disorders (e.g., depression, anxiety, post-traumatic stress disorder, sleep disorders), personality disorders, and general mental health concerns (e.g., anger management, self-esteem problems). Basic psychotherapy services also assist offenders with general transitional issues, such as adjusting to incarceration, relationship problems, and inmates' end-of-life issues, to name just a few examples. To date there is no evidence that individual or group psychotherapy has proven more or less effective than its counterpart for treating these myriad of issues. This entry discusses the advantages of group psychotherapy relative to individual psychotherapy and the effectiveness of group psychotherapy with criminal justice populations.

Advantages of Group Psychotherapy

Group psychotherapy offers two distinct advantages over individual psychotherapy. First and foremost is the fiscal advantage group psychotherapy offers compared to individual psychotherapy. Specifically, group psychotherapy offers an economical advantage as it allows service providers to reach a greater number of offenders than individual (one-to-one) modalities allow, at little to no additional cost. For example, 1 hr of group psychotherapy allows a therapist to treat, on average, 8–10 offenders, instead of only one offender in the same individual psychotherapy hour.

As a result of the economical benefit, group psychotherapy in corrections experienced a rapid growth in the 1950s, such that by the 1960s groups became the treatment modality of choice. Importantly, most correctional and criminal justice interventions and treatment targets (e.g., treatment programming aimed at reducing criminal thinking and associations with criminal others, depression and anxiety treatment protocols, and efforts at improving institutional adjustment and community success) can be modified for group delivery.

Group psychotherapy has an added benefit of multiple interpersonal interactions that individual psychotherapy is unable to offer. That is, in individual psychotherapy, the only relationship is that between the therapist and client, whereas in group psychotherapy there are several individuals, each with their own interpersonal style and presenting issues. Group psychotherapy offers the opportunity to utilize the group interactions to facilitate personal growth and behavior change. In fact, one of the primary benefits of group psychotherapy in corrections is that inmates learn to develop functional prosocial peer relationships. Further, the psychotherapy group offers a social support network that may help offenders cope with the myriad of issues and difficulties encountered when navigating correctional systems (e.g., transitioning to jail and prison) or when complying with the conditions of probation or parole.

Of particular benefit for an offender population may be a group psychotherapy approach developed by Irvin Yalom and known as the *interpersonal process-oriented approach to group psychotherapy*. In this approach, therapists help offenders maintain a focus on the interactional patterns of individual group members to work on problems in the *here-and-now*. In other words, offenders engage in behavioral change by working through problems they have in real time, as experienced, with other group members. For many offenders, this is the first opportunity they have had to work through interpersonal problems with others in a safe and constructive manner. Such opportunities afford offenders a chance to voice frustrations, hurt feelings, anger, and more in a productive manner to improve relationships and break the cycle of dysfunctional communication that often permeates their interpersonal

relationships. Individual psychotherapy, consisting of one-to-one interactions, does not afford this in vivo (in real-time) experience.

Effectiveness of Group Psychotherapy

Given issues of overcrowding in modern correctional systems, it is also important to consider issues beyond efficiency, specifically with wasted resources such as ineffective therapeutic efforts. That is, consideration must extend beyond efficiency to consider the efficacy of efficient resource utilization. Simply stated, group psychotherapy is an effective treatment modality with offenders.

It is important that group psychotherapists perceive their work to be effective at producing positive treatment outcomes. More importantly, however, group psychotherapy treatment outcome evaluations have provided more definitive positive outcomes. Specifically, evaluation and treatment outcome studies have shown that group psychotherapy is effective across a variety of outcomes, including in improving institutional behavior (e.g., reduced disciplinary infractions and improved work performance ratings). Group psychotherapy has shown to be effective at improving general psychological functioning (e.g., self-actualization, enhanced empathy, and locus of control) and reducing symptoms associated with personality disorders. Group psychotherapy has also shown to be effective for reducing problems such as anger, stress, anxiety, and depression.

Possibly of greatest importance is that group psychotherapy has been shown in research to result in improved community reentry (e.g., reduced recidivism and improved parole outcomes) as well as more favorable attitudes toward rehabilitation programs. When research studies were considered collectively in a meta-analysis, results indicated positive group psychotherapy treatment effects across a range of outcome variables, including institutional adjustment, anger, mood states, interpersonal functioning, and psychological functioning.

Despite the efficiency (and financial benefits) of group therapy, however, most mental health professionals in corrections continue to prefer individual psychotherapeutic services over group psychotherapy services. Unsurprisingly given privacy and confidentiality concerns, offenders

overwhelmingly prefer individual psychotherapy over group psychotherapy. Nevertheless, research has shown that mental health professionals working in correctional systems appear to spend about the same amount of time providing individual and group psychotherapy services.

Comparing Group and Individual Psychotherapy

Individual and group psychotherapy services are effective with offender populations and for dealing with the myriad of problems encountered in corrections. Although there appears to be no distinction between individual and group modalities with regard to effectiveness, group psychotherapy is much more economically advantageous. It is an effective modality for facilitating the development of everyday prosocial skills, such as anger management, stress management, and problem-solving skills, as well as for treating problem specific groups (e.g., offenders with substance abuse issues) and criminal risk factors (e.g., criminal thinking and criminal associates). Finally, group psychotherapy is also effective for reducing the risk of sex offending and other types of criminal recidivism, as well as for preparing offenders for community reentry.

Robert Morgan

See also Basic Mental Health Services Versus Rehabilitation; Meta-Analysis; Recidivism; Risk Principle; Treatment Dosage and Treatment Effectiveness; Treatment of Criminal Behavior: Family Therapy; Treatment of Criminal Behavior: Substance Abuse Counseling; Treatment or Program Outcome Evaluations

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TREATMENT OF CRIMINAL BEHAVIOR: SUBSTANCE ABUSE COUNSELING

Substance use disorders refer to the harmful or hazardous use of psychoactive substances including alcohol and drugs. Treatment interventions address the biological, psychological, and social factors that contribute to substance use disorders. The association between substance use and crime is well established in the empirical literature. Substance users can become involved in the criminal justice system through (a) possession of an illicit substance, (b) sale or illegal distribution of a substance, or (c) engaging in other illegal activity, such as theft, to support continued drug use.

Substance use disorders are chronic and relapsing and are prevalent within the criminal justice system. The need for coordination between the criminal justice system and substance use treatment is critical for reducing recidivism and increasing quality of life outcomes. This entry focuses on substance use and counseling within the criminal justice system. Background on the history and need for substance abuse counseling within the criminal justice system, evidence-based interventions in criminal justice settings, and selected clinical issues are highlighted.

History of Counseling in Criminal Justice

Substance abuse was classified in the 1930s as a medical problem when two federal facilities were opened in Lexington, KY, and Fort Worth, TX. Through the legislative efforts of the Federal Bureau of Prisons, these facilities were established by the U.S. Public Health Service to provide treatment for federal prisoners and substance abusers.

Based on the observation of high relapse rates from these facilities and modeled after the California and New York state narcotic addict civil commitment programs, the federal Narcotic Addict Rehabilitation Act was passed in 1966. This federal civil commitment program provided community aftercare treatment following discharge from the Lexington and Fort Worth facilities. Later, treatment facilities were opened across the United States. Many of these community treatment programs provided the foundation for urban community-based substance abuse counseling and treatment.

Another milestone linking criminal justice and substance abuse treatment, now referred to as *reentry* and *continuity of care*, is the Treatment Accountability for Safer Communities (TASC) program. TASC is a diversion and case management program designed to link community corrections with drug abuse treatment. TASC provides identification, assessment, referral, case management, and monitoring services for substance-dependent offenders of nonviolent crimes. TASC reduces drug use and keeps drug abusers in treatment longer.

Prevalence of Substance Use

Substance use among U.S. criminal justice populations is 5 times higher than in the general population. Over three quarters of incarcerated individuals report substance use in their lifetime and more than half meet diagnostic criteria for a substance use disorder. Rates of use vary by substance, with alcohol the most commonly used substance. Other substance use varies by demographic group and availability, with marijuana, psychotherapeutics (e.g., nonmedical prescription opioid use), and cocaine representing the most frequently used substances in the United States.

Substance Abuse Intervention Through the Criminal Justice System

Substance abuse interventions in criminal justice settings can be effective if well delivered and targeted. Overall, offender substance abuse treatment has been described as (a) civil commitment (i.e., supervision of parolees with urine testing and counseling), (b) criminal justice authority

(i.e., community corrections), (c) offender community treatment services (i.e., community substance abuse treatment), and (d) treatment services in prisons and jails. Intervention options can range from intensive counseling, as well as behavioral and pharmacological treatment, drug court, drug urine testing, self-help groups such as Alcoholics Anonymous and Narcotics Anonymous, relapse prevention, and supervision on probation and/or parole.

Substance Abuse Counseling and Interventions

Substance abuse counseling and interventions may need to begin with detoxification. Detoxification refers to the removal of substances from the body while monitoring and managing the symptoms of withdrawal. Withdrawal syndromes vary by drug class, severity of use, and number of substances misused. Detoxification can be either medical with medication for withdrawal or social detoxification without medication, depending on withdrawal-related medical complications. Because detoxification is brief and with limited success alone, justice involved clients, like others, usually require treatment including counseling. However, substance use education and awareness are the most common substance-related services in corrections.

The therapeutic community is a traditional treatment modality with successful outcomes over time. Therapeutic communities acknowledge that substance use is part of a large, complex behavior disorder and incorporates a community approach of mutual self-help focusing on behavior change over a long period of time, which usually includes counseling. For incarcerated individuals, in-prison therapeutic communities with dedicated housing address treatment needs. The effectiveness of prison-based counseling can be reduced if it is not linked to community reentry follow-up and aftercare, counseling, and recovery resources. For those transitioning to community care, therapeutic communities can provide transitional living including continued substance abuse treatment and employment to decrease recidivism. Reentry halfway houses are less structured than therapeutic communities and can serve as a transition between prison and independent living. However, the point

of transition from incarceration to community reentry is a high-risk time and successful reentry is limited because a mechanism for exchanging and sharing assessment information by prison-based treatment programs, parole officers, and community-based treatment programs at community reentry is not generally available.

Community and other transitional programs as well as aftercare programs can provide support during this time. The 12-Step model, including Alcoholics Anonymous and Narcotics Anonymous, is grounded in a chronic framework as an intervention and relapse prevention program. The 12-Step model is a member-driven program based on the collective experience of recovering individuals from substances. The 12-Step meetings can be attended during incarceration and at discharge reentry. Major advantages of mutual help groups such as the 12-Step approach are accessibility and free of charge. In addition, meetings can be attended when risk of relapse is high and counseling resources are not available. Consistent attendance at 12-Step meetings is associated with decreases in substance use.

The combination of counseling and pharmacotherapy is often more effective than either counseling or pharmacotherapy alone. Pharmacotherapy or medication-assisted therapy approaches utilize prescribed medications for detoxification, reducing drug craving, and maintaining abstinence. Opioid replacement therapy for heroin and opioids (e.g., methadone, buprenorphine) is the most commonly used pharmacotherapy. Medications that block the effect of an abused substance (e.g., naltrexone for opioids or alcohol) or produce an aversive reaction if the abused substance is taken (e.g., disulfiram for alcohol) can also be effective. Medication compliance, however, is key but often minimal. As of 2016, there are no approved pharmacotherapies for stimulant use disorders (i.e., cocaine or methamphetamine), although naltrexone and *d*-amphetamine have shown promise.

Drug court (also called *drug treatment court*) is centered on individual and group counseling with links to addiction treatment and the criminal justice system. The drug court model, like diversion programs, is designed in part to alleviate prison and jail overcrowding, is a cost-effective approach to decrease substance use and divert nonviolent

substance users from incarceration. Drug court and probation-based substance use treatment programs use judicial authority from the courts to enhance community continuing care for substance-involved offenders. The integration of counseling and treatment services in justice system processing has supported a nonadversarial judicial interaction among judge, prosecutor, defense attorney, and counseling staff. Drug court also utilizes frequent drug testing to monitor abstinence and often requires participant employment. A major benefit is that drug courts are able to respond quickly to substance use relapse since the court retains direct jurisdiction over clients.

Substance Abuse Counseling and Women

Women in the criminal justice system require gender-specific counseling and other services to address special issues including mental health, victimization and violence, relationship issues, children, and physical health that are compounded by substance use disorders. Substance abuse counseling for women should address each of these domains and facilitate linkages with reentry community treatment. For example, interventions targeting behavioral health risks including sex exchange for drugs, sex with multiple partners, inconsistent condom use, and risky sex can also improve substance use outcomes. Barriers to substance abuse treatment for women, including stigma, limited or no partner or family support, lack of childcare, pregnancy, child custody issues, and co-occurring mental health. In addition, among U.S. women prisoners, it has been estimated that over one third of women report intimate partner abuse and nearly three fourths report being beaten by a partner. As such, trauma-focused interventions are important for women substance users.

Final Thoughts

Substance use disorders are chronic and relapsing and highly prevalent in criminal justice settings. Coordination between the criminal justice system and substance use counseling and treatment can decrease recidivism and improve quality of life outcomes. Substance abuse interventions in criminal justice settings can be effective if

evidence-based, well delivered, and targeted. Effective interventions incorporate the interaction of brain, behavior, and environment, which can be used as a framework for criminal justice counselors. Thus, effective interventions integrate multiple approaches including individual and group counseling, behavioral therapy, continued care following the intervention, education, drug court, and specialized clinical services for populations like women.

Katherine Rose Marks and Carl Leukefeld

See also Contingency Management; Co-occurring Disorders in Incarcerated Offenders, Treatment of; Drug Courts; Substance Abuse, Untreated Mental Illness, and Crime; Substance Abuse and Crime, Linkages Between; Substance-Abusing Offenders; Treatment of Criminal Behavior: Group Psychotherapy

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TREATMENT OR PROGRAM OUTCOME EVALUATIONS

Large sums of public money are spent on offender rehabilitation programs every year. However, many offender rehabilitation programs are not effective in reducing reoffending. Strong conclusions can be drawn about the effectiveness and quality of a correctional treatment program when a rigorous evaluation is conducted. A sound evaluation is one that is likely to be replicable (i.e., someone else should be able to conduct the same evaluation of the program and obtain the same results). Since policy makers and criminal justice administrators are being held accountable for the outcomes of these correctional treatment programs and the money invested in them, these officials rely on evaluations to help them make more informed decisions about the continued funding of these programs. This entry focuses on how evaluations of correctional treatment programs are conducted and what constitutes an ideal or optimal evaluation.

Importance of Program Evaluations

Policy makers and criminal justice administrators do not wish to waste valuable resources on programs that do not work. Given the sums of taxpayer money spent on these programs, the general public also demands that these programs be effective. Evaluations provide these stakeholders with key information about these programs and allow informed decisions to be made.

Evaluation research should be considered a tool for improving program effectiveness. It provides feedback and monitoring of program performance and contributes to the knowledge base regarding effective programs. Evaluations assist in identifying the particular shortcomings of programs that need to be addressed.

In order to know whether offender rehabilitation programs are truly effective, rigorous formal evaluations of these programs are required. This allows researchers to draw firm conclusions about the impact of correctional programs on recidivism. Anecdotal information and informal evaluations are generally not considered to be as informative and acceptable.

The failure to evaluate programs often means offenders are provided with ineffective programs. When these programs fail, offender rehabilitation in general comes to be viewed as impossible. Moreover, offenders are not provided with programs which would have been successful. It also discourages the development of effective programs.

How Evaluations Are Conducted

Evaluations should not be considered an afterthought. They should be part of the everyday operations of programs. Programs should be designed with evaluation in mind, and data should be collected on an ongoing basis. If possible, the evaluator should help set up an automated database to collect this information in order to make these periodic evaluations easier to conduct.

One of the first stages in the evaluation process is determining who will actually conduct the evaluation of the correctional treatment program. Ideally, the developer of the program should not be the evaluator of the same program. An independent evaluation conducted by an individual/group will help reduce bias and provide more credibility to the evaluation. Program developers have an inherent interest in demonstrating that the programs that they developed are successful and help reduce reoffending.

Optimally, the evaluation should be planned prior to treatment program delivery. These are referred to as *prospective evaluations* and are carried out simultaneously with program participation. The evaluator is involved in the design of the study from the beginning. This type of planning allows for the development of the selection criteria for participants, the identification of appropriate measures to assess study participants, the assignment of clients to groups, and how often and when they will be measured. Furthermore, pre-planning allows for the development of treatment

protocols such as who will deliver the treatment, when, where, over what period of time, and with what dosage. Retrospective (i.e., after the fact) evaluations are typically considered methodologically weaker.

Research Design

A definitive statement about the effects of specific treatment programs for offenders cannot be made without the inclusion of a comparison group that was not provided with the program. Ideally, clients should be randomly assigned to *treatment* and *control* groups in order to guard against any potential source of bias in group assignment. If random assignment is impossible or not practical, a quasi-experimental design should be employed to provide a reasonable standard against which to assess treatment effects. In a quasi-experiment, the treatment and control groups are matched on important characteristics that are related to outcome. Evaluations should include detailed accounts of the comparison groups.

Offender attrition is another source of bias in evaluating treatment effectiveness. High dropout rates tend to positively bias outcome evaluations. Program completers represent a positive selection of clients, whereas dropouts often have much higher recidivism rates. Results should be presented separately for the different groups (i.e., treatment, treatment dropouts, control, and control dropouts). Researchers must keep track of dropouts and treatment failures in their evaluation of correctional treatment in order to understand the true treatment effects. Improvements to the program may also need to be made in order to increase retention and reduce dropouts.

Program Outcomes

Criminal justice officials are primarily interested in recidivism as an outcome measure in program evaluation. Wherever possible, multiple indicators of recidivism should be used. For example, arrests, convictions, incarceration rates, type and severity of offences, and technical violations could be examined. Examining arrests without follow-up to determine if the offender is convicted may provide a limited representation of the outcome following treatment completion. In terms of arrest,

evaluators could also examine time until arrest. This measure would provide an indication if the program was successful in delaying reoffending. There is also a need to conduct follow-up studies of sufficient length to adequately assess recidivism (e.g., 3 years). Shorter periods may not be sufficient to determine the true effects of the program on the offender.

Intermediate measures should also be incorporated into the design. For example, measures of attitudes (e.g., antisocial attitudes), personality, cognitive skills (e.g., social problem-solving), and correctional institutional adaptation could be included. Others may include changes in drug and alcohol use severity, educational achievements such as finishing high school, and employment achievements such as days employed. Some intervening behaviors (e.g., social problem-solving skills) must be modified in order for changes in criminal behavior to occur or be observed. Therefore, it is important that program officials include reliable and valid measures to assess these intervening behaviors or intermediate targets. Attempts should be made to use standardized instruments in order to provide accurate assessments and to allow for comparisons across evaluations.

Furthermore, the sample should be of sufficient size to enable differential effects to be examined (e.g., for which offenders does the program work best for and in which types of contexts does it work best). No program works equally well for all offenders. The characteristics of each offender such as gender, race, ethnicity, and age should be recorded and incorporated into the analysis. In addition, the learning styles of offenders, their personality characteristics, and their motivation for treatment should be assessed and recorded. These data allow the opportunity to assess differential program effects. For example, a particular program may work best for offenders between the ages of 30 and 40 years but not between the ages of 20 and 25 years. Or a program may be more effective for female offenders with certain personality characteristics compared to others.

Program Quality

Outcome studies focus on recidivism results and provide a measure of the outcome of programs. However, they do not offer a complete

representation of what happened during the program. These studies do not provide much information about why a program works or does not work. Combining outcome indicators with assessments of program quality can provide a better indication of an intervention's effectiveness. In order to understand why a program works or does not work, efforts need to be made to get inside the *black box* of an intervention program. This would provide information on what these programs do and how they do it. Evaluations can provide an assessment of the soundness of the theoretical model underlying the treatment program approach and its conceptualization. In addition, they measure implementation and integrity. Program implementation must be carefully monitored to ensure that the program is delivered in a manner consistent with the original protocol. These questions need to be asked and answered as part of the evaluation process: How many sessions were actually delivered? How long were the sessions and over what period of time? How many sessions did program participants attend? Was the dosage appropriate to the risk level (i.e., the offender's risk of reoffending)? In addition, issues pertaining to program staff characteristics, training, and supervision need to be examined. Evaluations should assess the personality characteristics and educational backgrounds of staff, document the amount of and type of training that staff received, and document the amount and type of supervision they received.

Data may be collected on the quality of the program by interviewing program administrators, treatment personnel, and treatment participants. The interviews with treatment participants may take the form of client satisfaction surveys or exit interviews. The evaluator may also collect data from observation of treatment group sessions and services. Other sources of information include treatment materials, manuals, and curricula, and a review of a sample of offender case files.

Benefit–Cost Analysis

When correctional treatment programs are delivered as designed, the programs are more likely to produce positive returns on investment. Evaluations should also measure the economics of each

program to determine whether the benefits outweigh the costs. This analysis would assist in determining whether taxpayer dollars invested in the programs would save money in the future. In other words, it needs to be determined whether there is a positive return on taxpayer investment. In these analyses, attempts are made to calculate the cost of the particular program per participant compared to the cost of the alternative (i.e., no treatment or treatment as usual).

Given the fiscal constraints imposed on them, criminal justice administrators are increasingly called upon to show that effective programs have also produced a monetary gain (e.g., for government) or cost less than other forms of intervention.

Dan Antonowicz

See also Correctional Rehabilitation Programs, Evaluation of; “Nothing Works” Debate; Treatment Dosage and Treatment Effectiveness

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TRIALS, CRIMINAL

The criminal trial is a formal process that is governed by the rules of criminal law, procedure, and evidence. Each jurisdiction in the United States has its own criminal trial procedure. However, criminal trials generally follow a similar process—one that is reflective of the adversarial nature of the court system, in which the defendant is confronted by and faces the state as the opposing authoritative body. Unlike what is portrayed on many television shows such as *Law and Order* and *How to Get Away with Murder*—whereby an attorney intentionally puts his or her client on the stand knowing full well that the client may lie, or whereby witnesses are asked leading and prejudicial questions and outbursts of victims or angered loved ones fill the courtroom—the modern-day criminal trial is often a technical affair. It is governed by an adversarial proceeding in which both the prosecution and the defense must follow a set of procedures. The objective is to have each side present its case in its most favorable light. Although there may be individual victims involved in criminal cases, the trial itself is not brought forth by them but by the state (or federal government). All crimes are classified as offenses against the state (society), and as a result, a representative of the state—the prosecutor—is responsible for filing and pursuing the case in criminal court. A defendant can choose the trial to be heard before a jury or a judge.

Waiver

Although most criminal trials are heard and decided by a jury, some defendants waive their constitutional right to a jury trial and opt, instead, for a bench trial. A bench trial is when a judge is responsible to hear the criminal matter, instead of an impartial jury, a right afforded by the Sixth Amendment to the U.S. Constitution. There are many different reasons as to why a defendant may waive his or her right to a jury trial. For example, a defendant may want to put his or her fate into only one person's hands, the judge, instead of several, which would occur with a jury. In addition, the defendant may feel as though the judge may be more sympathetic or be able to assist better with cases that are complicated by factual

circumstances. Lastly, bench trials tend to be less time consuming and costly. Even though one has a right to waive one's right to a jury trial, it is not always granted. A judge can veto the waiver at the request of a prosecutor and therefore require a jury trial if he or she feels a fairer trial will result.

History of the Jury Trial

The use of juries in a criminal trial can be traced to the 12th century. In the English common law system, the county sheriff was charged with selecting the members of the jury. Perhaps unsurprisingly, the sheriff would typically choose jury members who held views and positions favorable to the reigning monarchy—and reach verdicts accordingly. If the jury members did not reach a favorable decision—or one at all—the sheriff had the authority to withhold food from and even punish the jury members in order to prevent them from siding with the defendant which, ultimately, was against the monarchy. A jury's decision was deemed incorrect if, when tried by a jury of Knights, an opposite verdict was reached. The use of juries to decide guilt in a criminal trial became commonplace in England by the mid-1200s. Later, this practice was adopted by American colonists. However, juries were originally used as a means to rally against British laws, and their use was later included as a right within the U.S. Constitution. Although the right to a jury trial has been recognized since the signing of the U.S. Constitution in federal courts, it was not extended to the states until 1968 in the case *Duncan v. Louisiana*.

The Sixth Amendment grants the right to a jury trial in *all criminal prosecutions*. However, the Supreme Court has narrowed this right in the case of *Baldwin v. New York* (1970), stating that the accused only has a right to a jury trial if the imposing sentence would equate to 6 months or more of confinement in prison, regardless of whether the crime was a felony or a misdemeanor. For anything fewer than 6 months, the accused is not entitled to a jury trial unless deemed otherwise, typically by a state statute.

History of a Bench Trial

The bench trial originated during the 17th century in the American colonies. However, it was not

until the 19th century that bench trials became a more common practice in several states. Bench trials are more common in the lower criminal courts. In a bench trial, the judge has sole authority in hearing evidence and reaching a verdict. He or she is the trier of the law and the trier of the fact. What this means is that a judge will decide on the issues of the law and also decide whether the defendant should be found guilty, which would otherwise be the responsibility of the jury. Aside from finding the defendant guilty, a judge has several administrative decisions that he or she must make. The more common administrative decisions include dismissal of the case, granting of motions, maintaining courtroom conduct, and the determination of guilt or innocence.

Two prominent cases concerning the right to a bench trial is *Patton v. United States* (1930) and *United States v. Jackson* (1968). In *Patton v. United States*, the defendants argued in a federal criminal trial that an individual cannot waive his or her right to a jury trial because defendants lacked the authority to waive this right. However, the Supreme Court stated that the right to a jury trial can be waived in federal criminal cases at the request of a defendant, as long as the presiding judge and government attorneys agree to the waiver and the consent be *express and intelligent*. *United States v. Jackson* enhances the requirement stating that the waiver be voluntary, to limit the possibility of government coercion.

Charging the Defendant

Once a defendant is charged with a crime, depending on the state, the process varies as to whether charges will be heard before a grand jury or a preliminary hearing. The grand jury was created as a means to protect against a possible arbitrary prosecution, where a judge might be a puppet of the government. This was an early development of English common law and later incorporated into the Fifth Amendment to the U.S. Constitution. The grand jury acts as the community's conscience, determining whether the prosecution has justified the need of a trial, based on evidence and the testimony of witnesses. This is a closed hearing, meaning that the defense attorney, the defendant, and the public are not allowed to attend. The grand jury is tasked with determining whether

probable cause exists for the prosecution. If probable cause exists, an indictment, also known as a *true bill*, is affirmed and charges are brought forth.

The second state process, a preliminary hearing, which is used in about half of the states, is when a prosecutor provides a written accusation specifying that a particular individual committed a certain offense. This written accusation is called *information*. When this mechanism is chosen, a preliminary hearing is required. The preliminary hearing has the same purpose of the grand jury hearing. However, the preliminary hearing provides some advantages for the defendant. For example, the preliminary hearing provides the defense notice of what evidence the prosecution has concerning the case. It is during this phase that a judge may dismiss the charges. Other unique aspects of the preliminary hearing include the defendant's right to challenge the prosecutor's evidence and to cross-examine the state's witnesses. It is also during this time that a defendant can choose to waive his or her right to a criminal proceeding. A waiver may be chosen to speed up the criminal justice process by pleading guilty, or it may be used to avoid any negative publicity that may occur if a criminal proceeding were to take place. A waiver prevents the prosecutor from having to reveal the state's evidence. In the end, either the grand jury or a preliminary hearing establish whether probable cause is sufficient to merit a criminal trial.

The Plea

After this hearing, an arraignment takes place before the court. This is where the case will be heard. During this time, the presiding judge informs the defendant of the charges, which is a constitutional right granted by the Sixth Amendment. Counsel is also appointed if needed. It is during this phase that a defendant is asked to enter a plea. There are four plea options: not guilty, not guilty by reason of insanity, guilty, or *nolo contendere* (*no contest*). A trial date is set if the defendant enters a plea of not guilty or not guilty by reason of insanity. A date for sentencing is arranged when the defendant pleads guilty or *nolo contendere*. A plea of *nolo contendere* states that the defendant does not deny or accept

responsibility for the crimes charged but agrees to accept the punishment afforded by the court. Essentially, it is a plea of guilty, but it cannot be used as proof in subsequent legal matters, for example, a civil lawsuit or appeal, since there was no admission of guilt.

Trial Process

The criminal trial begins with a venire—this is a group of individuals that are called in for potential jury duty. Next is the *voir dire*, which is the process used to produce an unbiased and objective jury that reduces the larger group of jurors to a smaller panel of jurors, based on their responses from various questions asked by both the prosecution and the defense. After jury selection, the prosecution begins with an opening statement to the jury. Here, the prosecutor states the criminal charges, outlines the facts concerning the case, and describes how the state will prove the defendant's guilt beyond a reasonable doubt. Next, the defense begins with its opening statement, indicating how the accused is not guilty. The prosecutor then presents evidence through a direct examination of its witnesses. These witnesses can include eyewitness accounts of the incidents, expert witnesses, police officers, and victim statements. During the direct examination, the prosecution questions each witness to further show guilt of the accused.

After questioning by the prosecution, the defense conducts a cross-examination of the state's witnesses. The goal of the defense team is to challenge the accuracy and/or credibility of the state's witnesses. Next, the defense has the option of presenting witnesses to refute the government's allegations. It is also during this time that the defense attorney decides whether to have the defendant testify. The defendant is protected by the Fifth Amendment to the U.S. Constitution, which holds the right to be free from self-incrimination. Therefore, a person cannot be forced to testify against him- or herself. Once the defense is finished, the prosecution may rebut what the defense presented. At the end of the state's rebuttal, the defense may be granted a sur-rebuttal—only responding to the prosecution's rebuttal. During rebuttals, no new evidence can be introduced. After, the closing arguments begin with the defense and end with the prosecution.

The facts are reviewed and presented in a favorable manner for each side (i.e., defense and prosecution). Next, the judge instructs the jury on the law, evidence, and standards of proof needed to convict. Then, the jury deliberates on a verdict. Once a verdict is rendered, this is usually read to the judge and sentencing is imposed.

Trial Rights

While some of the administrative and judicial processes differ based on jurisdiction, the majority of them can be found at similar stages of the criminal trial process, providing similar rights—specifically to the accused. Many of the rights that govern the criminal trial process are guaranteed by the Sixth Amendment to the U.S. Constitution:

In all criminal prosecutions, the accused shall enjoy the right to a speedy and public trial, by an impartial jury of the state and district wherein the crime shall have been committed, which district shall have been previously ascertained by law, and to be informed of the nature and cause of the accusation; to be confronted with the witnesses against him; to have compulsory process for obtaining witnesses in his favor, and to have the assistance of counsel for his defense.

Speedy Trial

Though vague as proscribed in the U.S. Constitution, the right to a speedy trial has been addressed by legislation such as the Speedy Trial Act of 1974. There are a host of standard procedures, as well as tactics by the defense attorney, that may extend or delay the commencement of a criminal trial. Pretrial motions, plea negotiations, inefficient scheduling, the granting of continuances, and even abuse of time by court personnel have made what constitutes a violation of the speedy trial guarantee. As a result, academics and practitioners alike have put forth suggestions for improving the efficiency of the criminal trial process.

Public Trial

For a criminal trial to meet the constitutional guarantee of being *public*, it must be open to the

public. Only in rare instances is this right limited, allowing anyone who wants to see a criminal trial the ability to do so. However, in some cases certain items of evidence are not open for public view for the protection of the victim. The right to a public trial does not necessitate that members of the public are present during trial, just that there is the ability for them to do so. Similarly, not all persons interested in viewing a criminal trial are guaranteed the ability to do so. A judge may limit viewership of a criminal trial due to capacity limitations as well as—due to ejection—the removal of any disruptive member of the viewing public.

Impartial Judge

Although not stated explicitly in the U.S. Constitution, every defendant in a criminal trial is afforded the right for his or her trial to be presided over by an impartial judge. Not until *Tumey v. Ohio* (1927) did the U.S. Supreme Court rule on this issue, holding it to be a violation when a judge “has a direct, personal, substantial pecuniary interest in reaching a conclusion” in a case. Impartiality is paramount to just the application of the law in a criminal trial. Judges are in charge of determining what evidence is allowed into the courtroom, providing the jury with legal definitions and instructions about the law or laws in question, and sentencing when applicable.

Right to an Impartial Jury

The Framers of the U.S. Constitution highlight the importance of the right to an impartial jury in criminal cases by mentioning the right in both the original Constitution (Article III, Section 2) and in the Bill of Rights (the Sixth Amendment). In all criminal prosecutions, the accused has a right to an impartial jury of his or her peers. The duty of the jury is to hear cases without prejudice and to deliver an unbiased verdict.

Right to Counsel at Trial

The defendant has a right to counsel at various points in the justice process. Based on the Supreme Court case *Scott v. Illinois* (1979), during a state criminal trial, an indigent defendant who is facing the possibility of incarceration must be provided

counsel. This possibility includes cases where the defendant is sentenced to probation in which a jail or prison term or any other sentence that contains the threat of a future incarceration is suspended.

Right to Be Competent at Trial

Defendants who are criminally charged must be deemed mentally competent in order to stand trial. Competency to stand trial is rooted in the English common law prohibition against trials in absentia. This absence refers to the right that defendants have to being physically and mentally present at their trial. Jurisdictions vary with their requirements for determining competency as well as the burden of proof in proving such in a criminal case. Some states, for example, require defendants only to understand the nature of their wrongdoing, while others offer the alternative of a defendant having willful control over his or her behavior.

Right to Confront Witnesses

The framers of the Constitution argued that in order to have a fair trial, the defendant should have a right to see and cross-examine all witnesses. The reasoning was based on the idea that individuals would have a harder time lying when the person is in front of them. Thus, only truthful evidence would be presented. It is the Sixth Amendment that affords the defendant the right to confront the state's witnesses, stating that "In all criminal prosecutions, the accused shall enjoy the right . . . to be confronted with the witnesses against him." Thus, this Amendment grants the defendant the right to participate in his or her trial by being present to make sure hearsay, or second-hand, evidence is not entered in as evidence. Only firsthand knowledge is permissible.

Right to Compulsory Process

The accused, as a result of the Six Amendment, has a right to have a compulsory process—meaning that he or she has a right to obtain witnesses in his or her favor. This can be done via a subpoena, which is an order that requires a witness on a specified date and place to appear in court. This fundamental right was decided by the

Supreme Court in the case of *Washington v. Texas* (1967).

Right to Be Convicted Beyond a Reasonable Doubt

The standard of proof needed for a defendant to be convicted in a criminal trial at the adjudicatory stage is proof beyond a reasonable doubt. This is the highest standard of proof that prosecution must overcome. The reasonable doubt standard is essential since the U.S. system is based on the presumption of being innocent until proven guilty. This standard helps prevent the innocent from being convicted.

The Appeal

Once the defendant is found guilty, the defense may begin to petition the courts for an appeal. An appeal is when the defense petitions the appellate court to review the procedures used during trial, claiming basis or error affected the conviction in the trial court. The appellate court reviews a copy of the court transcripts and determines whether the criminal conviction should be overturned (i.e., reversed), whether a new trial should be ordered (i.e., remanded), or whether the case's outcome should remain (i.e., affirmed).

Larry J. Siegel and Kaitlyn Clarke

See also Competency to Stand Trial; Courts, Federal; Courts, International; Courts, State; Criminal Courts; Sentencing; Specialty Courts

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TWO-TIERED VIOLENCE RISK ESTIMATES (TTV)

The TTV is a measure designed to assess the likelihood of future violence in offenders. It falls under the integrated-actuarial method of risk assessment, whereby an actuarial estimate is used as an anchor for the risk prediction, and dynamic risk factors are used for risk management purposes. Unlike other measures of an actuarial nature, the TTV was developed by evaluating common risk factors contained in existing risk measures, such as the Statistical Information on Recidivism Scale, as well as risk factors with a strong relation to violence in the literature. The scale was developed using a sample of 247 male offenders. Approximately half of the development sample reoffended in general, while around one third of the sample violently reoffended.

The TTV contains two subscales. The first subscale, the Actuarial Risk Estimate (ARE), consists of 10 historical items relating to an offenders' social and criminal history. Items relating to criminal history include age of first adult conviction, number of prior incarcerations, number of prior assault convictions, community supervision failure, and criminal associations. Items relating to social history include childhood antisocial behavior, adolescent antisocial behavior, history of alcohol abuse, failure to complete high school, and interpersonal difficulties. The majority of items are dichotomously scored as present or not present, with the exception of the age at first adult conviction, number of prior incarcerations, and number of prior assault conviction items.

Total scores on the ARE range from 0 to 13. The development sample obtained a mean ARE score of 8.3 (standard deviation = 3.3) with a standard error or measurement of 1.04. These total scores are associated with probabilities of recidivism at 6 months, 1 year, 2 years, and

3 years. For example, a total score of 13 is associated with a likelihood of violent recidivism of 37% after 1 year and 55% at 3 years postrelease. Confidence intervals are calculated for the total score for the ARE by adding and subtracting one point (the standard error or measurement for the measure) from the total score. The 95% confidence intervals provide the range of recidivism probabilities for the offender based on the offender's total score. For example, if an offender scores 6 on the ARE, the offender would then have a range of probable scores from 5 to 7. A score of 5 is associated with a probability of recidivism of 3.5% at 6 months postrelease, while a score of 7 would be associated with a probability of reoffending of 5.5% at the same time period. Therefore, it can be said that the probability of violent recidivism for this individual offender is between 3.5% and 5.5% within the first 6 months after release.

The second subscale, the Risk Management Indicators (RMI), consists of 13 items that have the potential to be dynamic in nature. The RMI items include aspects of the Central Eight risk factors, such as employment, substance abuse, family instability, associates, attitudes, and leisure, as well as other important dynamic risk factors, including financial, mental health, resistance to intervention, mood, social support, environment, and stressors. RMI items are scored as not present, present and requiring monitoring, or present and requiring intervention. The RMI can be periodically rescored in order to reflect changes in these dynamic factors due to treatment and interventions.

The ARE of the TTV correlates strongly with similar actuarial measures, such as the Statistical Information on Recidivism and the Violence Risk Appraisal Guide, obtaining correlation coefficients of over .60. The RMI has been shown to correlate strongly with similar dynamic measures, including the Risk Management scale of the Historical-Clinical-Risk Management-20, with correlation coefficients of over .60.

Validation research on the TTV has shown that it has moderate to high levels of predictive accuracy in predicting both general and violent recidivism in offenders. The common metric for evaluating predictive validity is with area under the curve values. This number gives the

likelihood that a randomly selected reoffender will have a higher score than a randomly selected non-reoffender. The ARE has obtained area under the curve values between .63 and .80 for violent recidivism and between .62 and .73 for general recidivism. The RMI has shown similar results in validation studies, obtaining area under the curve values between .58 and .80 for violent recidivism and between .62 and .75 for general recidivism. The interrater reliability of the TTV is high, with an intraclass correlation coefficient over .90 for both the ARE and the RMI. The TTV has yet to be validated in more diverse populations, for example, Aboriginal or female offenders.

Jeremy F. Mills and Frances Churcher

See also Criminal Risk Assessment, Generations of; Risk Assessment, Actuarial; Statistical Information on Recidivism (SIR); Violence Risk Appraisal Guide (VRAG) and the Violence Risk Appraisal Guide—Revised (VRAG-R)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Following the terrorist attacks of September 11, 2001, the U.S. Department of Homeland Security (DHS) was established as an Executive Department having a primary mission of preventing terrorist attacks within the United States. The Homeland Security Act of 2002 integrated all or part of 22 different federal departments and agencies into a single DHS. This entry focuses on the establishment and core missions of the DHS. In addition, it describes the partnerships that enable DHS to carry out its vision.

History

The establishment of a homeland security agency was contemplated prior to the terrorist attacks of September 11, 2001; however, legislation was not enacted until after that time. No federal agency had, as its primary mission, security of the homeland—the United States. Rather, responsibilities were dispersed among more than 100 governmental entities. On February 15, 2001, the U.S. Commission on National Security/21st Century (Hart-Rudman Commission) recommended significant actions necessary to meet national security challenges. In its Phase III Report, *Roadmap for National Security: Imperative for Change*, the commission identified the nation's vulnerability to terrorist attack and recommended the creation of a homeland security agency:

The combination of unconventional weapons proliferation with the persistence of international terrorism will end the relative invulnerability of the U.S. homeland to catastrophic attack. A direct attack against American citizens *on American soil* is likely over the next quarter century. . . . In the face of this threat, our nation has no coherent or integrated governmental structures. We therefore recommend the creation of an independent National Homeland Security Agency (NHSA) with responsibility for planning, coordinating and integrating various U.S. government activities involved in homeland security. (2001, p. viii, italics in original)

Consistent with its recommendations, on March 21, 2001, the National Homeland Security Agency Act was introduced in the House to establish the National Homeland Security Agency. Joint hearings were held on April 24, 2001; however, it was not until after the terrorist attacks of September 11, 2001, that legislation to create DHS was enacted.

Following the attacks, on October 8, 2001, President George W. Bush issued Executive Order 13228: Establishing the Office of Homeland Security and the Homeland Security Council. This order established an Office of Homeland Security within the Office of the President. The mission included developing and coordinating the implementation of a comprehensive national strategy to secure the United States from terrorist attack. It also included coordinating the Executive Branch's efforts to detect, prevent, and respond to terrorist

attacks within the United States. Executive action to further the administration's homeland security agenda was subsequently taken. Key actions included Homeland Security President Directive 1: Organization and Operation of Homeland Security Council (October 29, 2001), Executive Order 13260: Establishing the President's Homeland Security Advisory Council and Senior Advisory Committee for Homeland Security (March 21, 2002), and Executive Order 13267: Establishing a Transition Planning Office for the DHS within the Office of Management and Budget (June 20, 2002), in preparation for establishment of the proposed DHS.

Several bills were offered during the 107th Congress for purposes of establishing a national homeland security agency and combatting terrorism. On June 18, 2002, President Bush transmitted a legislative proposal to create the new cabinet-level department. Representative Richard K. Arney introduced the proposal, co-sponsored by 118 members of Congress, on June 24, 2002. The proposed legislation, with amendments, passed the House on July 26, 2002, and the Senate on November 19, 2002. On November 22, 2002, the House concurred with Senate amendments and the bill was forwarded to the president for action. The Homeland Security Act of 2002 was signed into law on November 25, 2002, establishing the U.S. DHS.

Homeland Security Act of 2002

The Homeland Security Act of 2002 established the DHS as an Executive Department of the United States. The primary mission of the DHS was to prevent terrorist attacks within the United States, reduce vulnerability to terrorism, and minimize damage and ensure recovery from attacks that occur within the United States. Terrorism is defined broadly as

any activity that (A) involves an act that (i) is dangerous to human life or potentially destructive of critical infrastructure or key resources and (ii) is a violation of the criminal laws of the United States or of any State or other subdivision of the United States and (B) appears to be intended (i) to intimidate or coerce a civilian population, (ii) to influence the policy of a

government by intimidation or coercion, or (iii) to affect the conduct of a government by mass destruction, assassination, or kidnapping.

The DHS's mission further included monitoring connections between illegal drug trafficking and terrorism as well as contributing to efforts to interdict illegal drug trafficking. In 2004, the act was amended to include a provision in the mission that the Department "ensure that the civil rights and civil liberties of persons are not diminished by efforts, activities, and programs aimed at securing the homeland."

Multiple agencies or components from the Departments of Justice, Treasury, Energy, Agriculture and Defense were transferred to the newly created department. The act provided that existing functions of those agencies transferred to the DHS were not to be diminished absent Congressional action. The responsibility for investigating and prosecuting acts of terrorism remained with the federal, state, and local law enforcement agencies having jurisdiction over the acts in question.

The act not only established DHS as a cabinet-level department but also sets in motion a massive governmental reorganization of agencies and functions, the significance of which had not occurred since the establishment of the Department of Defense following World War II. The legislation provided for numerous actions including establishing the structure of DHS with multiple directorates. It addressed the areas of information analysis and security, science and technology, emergency preparedness and response, and appropriate training. It also addressed the strengthening of air transportation and security, the coordination of communication between nonfederal entities, and the inclusion of the Secretary of DHS, subject to presidential direction, at meetings of the National Security Council.

Briefly, as of 2016, the following agencies carry out the day-to-day operations of DHS:

- *U.S. Customs and Border Protection* is the nation's largest law enforcement organization and is responsible for executing the front-line mission at and between international ports of entry.
- *Homeland Security Investigations/U.S. Immigration and Customs Enforcement (HSI/*

ICE) is responsible for criminal and civil investigation and enforcement of federal laws impacting homeland security including customs, trade, immigration, drug trafficking, terrorist financing, and more. HSI/ICE is further responsible for the detention and removal of illegal aliens.

- *U.S. Citizenship and Immigration Services* is responsible for immigrant and citizenship adjudications and benefits programs.
- *U.S. Coast Guard* is one of the five armed forces of the United States and the only military organization within the DHS.
- *U.S. Secret Service* is responsible for safeguarding the nation's financial infrastructure, protecting national leaders, and visiting heads of state, designated sites, and national special security events.
- *Transportation Security Administration* protects the nation's transportation systems to ensure the safety and freedom of movement for people and commerce.
- *Federal Emergency Management Agency* supports citizens and first responders in preparing for, responding to, and recovering from emergencies and disaster.
- *Federal Law Enforcement Training Centers* is the training arm of DHS. It provides law enforcement training to over 90 federal and state agencies, including all components of DHS.

The department further has multiple support components including the Management Directorate, the National Protection and Programs Directorate, the Office of Policy, the Science and Technology Directorate, the Domestic Nuclear Detection Office, the Office of Intelligence and Analysis, the Office of Health Affairs, and the Office of Operations Coordination. The Office of Operations Coordination is responsible for monitoring the security of the United States on a daily basis and coordinating activities within the DHS and with governors, Homeland Security Advisors, law enforcement partners, and critical infrastructure operators in all 50 states and more than 50 major urban areas nationwide. In addition, in 2015, DHS created the Office for Community Partnerships, focusing on countering violent extremism.

Core Missions

In the First Quadrennial Homeland Security Review Report in 2010, DHS recognized that while preventing a terrorist attack was the cornerstone of homeland security, the emphasis on terrorism did not capture the full range of threats and challenges—and that homeland security must take account of the need to engage the world through trade, travel, and other exchanges. In its report, DHS laid out three key concepts that formed the foundation for a comprehensive approach to homeland security: security, resilience, and customs and exchange. It further sets forth five core missions: The 2014 Quadrennial Homeland Security Review Report and 2014–2018 Strategic Plan continued to adhere to the five-mission structure of DHS, noting the need to continue to refine the missions to reflect the evolving landscape. The five core missions of the DHS are briefly summarized in the following subsections.

Preventing Terrorism and Enhancing Security

This core mission focuses on preventing attacks within the borders; preventing the unauthorized acquisition of chemical, biological, radiological, and nuclear materials within the United States; and reducing the vulnerability of critical infrastructure. DHS has identified 16 critical infrastructure sectors considered so vital that their incapacitation would have a debilitating effect on the United States. These sectors include energy and power sources, chemical, nuclear reactor, water, food and agriculture, communications, information technology, health care, transportation, financial services, among others. Because the private sector owns and operates the vast majority of the nation's critical infrastructure, DHS has established partnerships with the private sector to share critical information, resources, and mitigate risk.

Securing and Managing the Nation's Air, Land, and Sea Borders—While Facilitating Lawful Trade and Travel

A few examples of DHS' Fiscal Year 2015 enforcement efforts on this front include Customs and Border Protection's processing of 382 million

international travelers. Intelligence efforts prevented the boarding of over 11,000 high-risk travelers seeking to board flights destined to the United States. Domestically, the Transportation Security Administration screened more than 695 million passengers (approximately 1.9 million per day) and seized 2,500 firearms from carry-on luggage, 84% of which were loaded. The U.S. Coast Guard saved over 3,500 lives in search and rescue operations and seized cocaine and marijuana having a wholesale value of US\$4.3 billion in the maritime environment. HSI/ICE made 33,000 criminal arrests, including several thousand members of transnational gangs.

Enforcing and Administering the Immigration Laws

DHS's enforcement of immigration law is complex; Customs and Border Protection, HSI/ICE, and Citizenship and Immigration Services each maintains responsibility in this area. The enforcement of immigration laws may range from preventing the admission of an alien illegal attempting to enter the United States to the removal of a long-term resident alien convicted of serious crimes. DHS's priority for removal is focused on those considered border security or public safety threats.

Safeguarding and Securing Cyberspace

This mission includes assessing vulnerability to cyberattacks such as corporate security breaches, infrastructure, and other breaches impacting individual security and identity. DHS components including the U.S. Secret Service and HSI/ICE have specialized divisions dedicated to identifying international cyber criminals and combating cybercrime. Notably, HSI/ICE's Cyber Crimes Center further investigates individuals and organizations engaged in child pornography and child sex tourism. In 2015, HSI/ICE arrested approximately 2,400 alleged child predators.

Strengthening National Preparedness and Resilience

In the event of a terrorist attack, natural disaster, or other large-scale emergency, DHS provides a comprehensive federal response and works with

federal, state, local, and private sector partners to ensure an effective recovery effort. In 2015, the Federal Emergency Management Agency provided over US\$6 billion in federal assistance to aid communities recovering from natural disasters.

The Homeland Security Enterprise

The operations and functions of the DHS are carried out by more than 240,000 departmental and component agency employees as well as through partnerships with other federal agencies; state, local, tribal, and territorial governments; the private sector; and other nongovernmental organizations. These partners include those having responsibility for public safety and emergency response, owning and operating critical infrastructure and providing essential services, performing research, developing technology, and more. Public awareness and involvement is also important. DHS continues to encourage the public to be vigilant through the "If You See Something, Say Something" campaign and has established partnerships with organizations including, for example, the National Football League, Major League Baseball, and NASCAR, in an effort to raise public awareness at events and forums. Protecting the homeland is the primary responsibility of the DHS; it is accomplished not only through the effort of its employees but also through relationships and partnerships with other law enforcement, the private sector, and communities.

Tara A. Barry

See also Extremism and Terrorism, Middle Eastern; Law Enforcement Agencies; U.S. Secret Service

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U.S. DEPARTMENT OF JUSTICE

Created in 1870, the U.S. Department of Justice (DOJ) is a federal executive department charged with enforcing the law and defending the interests of the United States in accordance with the law. The department's mission includes the following: ensure public safety against both domestic and foreign threats, prevent and control crime through federal leadership, seek punishment for those guilty of violating the law, and ensure the impartial and unbiased application of the law.

The DOJ is headed by the U.S. Attorney General who functions as the chief U.S. law officer. Other leadership positions within the DOJ include the Office of the Associate Attorney General, Office of the Deputy Attorney General, and Office of the Solicitor General. This entry describes each of these leadership positions; it then discusses the DOJ's strategic plan and organization.

U.S. Attorney General

The Office of the Attorney General was established by the Judiciary Act of 1789. This position of U.S. Attorney General was created as a one person part-time position. The Attorney General was charged with prosecuting and conducting all lawsuits on behalf of the United States in the Supreme Court. In addition, the Attorney General was tasked with providing legal advice and opinions about matters pertaining to the law to the U.S. President or upon request by the heads of other departments. Eventually, the workload became too much for one person, and as a result, several assistants for the Attorney General were hired.

As the nation grew, so too did the need to retain additional attorneys to serve the United States on legal matters, so private attorneys were retained to work on cases involving U.S. legal interests. After the end of the Civil War, the volume of litigation involving the United States increased, which resulted in the retention of an increased number of attorneys. To address concerns regarding the financial cost associated with retaining numerous attorneys and to add a permanent position, Congress passed the Act to Establish the DOJ in 1870.

With the establishment of the DOJ, all criminal and civil cases in which the United States was a party would be handled by the Office of the Attorney General. What was once a part-time appointment has now grown to become one of the largest law offices in the world. The duties of Office of the Attorney General include but are not limited to the following: act as representative of the United States in all legal matters; supervise and direct the divisions, boards, offices, and bureaus that make up the DOJ; provide both formal and informal advice and opinions on all legal matters to the President, the Cabinet, and heads of all executive departments and government agencies; provide recommendations to the President regarding federal judicial positions as well as positions within the department (these positions include U.S. Attorneys and U.S. Marshals); supervise or represent the United States in all legal matters both domestic and foreign; and perform duties as required by statute or Executive Order. The mission of the Attorney General is to supervise and head the operation of the DOJ including all of the

departments and divisions within the DOJ. As of August 2018, 84 Americans have held the office of Attorney General.

Office of the Deputy Attorney General

In 1950, the Office of the Deputy Attorney General was created by Attorney General James Howard McGrath. The Deputy Attorney General is the second highest ranking official in the DOJ. The Deputy General functions as the Chief Operating Officer for the department. U.S. Attorneys report directly to the Deputy General. The Deputy Attorney General is tasked with deciding on policy, legal, and operational issues. The mission of the Deputy Attorney is to assist and advise the Attorney General in creating and implementing department policies and programs as well as to supervise and direct the organizational components of the department.

In addition, the Deputy Attorney represents the DOJ at White House meetings with the National Security Council and Homeland Security Council to keep staff up-to-date. The Deputy Attorney also acts on behalf of the Attorney General to authorize searches and electronic surveillance as granted under the Foreign Intelligence Surveillance Act and Executive Order 12333 on Intelligence.

Furthermore, the Deputy Attorney General assesses and recommends whether to seek the death penalty on certain cases, acts as the initial contact with the White House on criminal matters, and recommends whether the President should grant petitions for pardon or commutation of sentence after consulting with the Office of the Pardon Attorney. Other duties include being responsible for all DOJ attorney personnel issues, coordinating the department's reaction to civil and terrorism-related conflicts, overseeing budgetary matters, and communicating those to Congress. In addition, the Deputy Attorney General sets enforcement priorities in consultation with the Attorney General, manages offices that reside within the department, shares oversight responsibility for the Office of Tribal Justice with the Attorney General, and performs other duties as assigned by the Attorney General.

Office of the Associate Attorney General

The Associate Attorney General is the third highest ranking official in the DOJ. The Office of the

Associate Attorney General was created in 1977 by Attorney General Order No. 699-77. The Associate Attorney General acts as part of the Attorney General's senior management team. The major functions of the Associate Attorney General are to assist the Attorney General and Deputy Attorney General with creating and overseeing DOJ policies.

The Associate Attorney General is charged with supervising the work of the following agencies and divisions: Antitrust Division, Civil Division, Civil Rights Division, Tax Division, and Environment and Natural Resources Division. The Associate Attorney General also oversees the Access to Justice Initiative, the Community Relations Service, the Executive Office for U.S. Trustees, the Office of Community Oriented Policing Services, Office of Justice Programs, the Office of Dispute Resolution, the Office of Information Policy, the Office on Violence Against Women, and the Foreign Claims Settlement Commission. Finally, both the Associate Attorney General and the Deputy Attorney General oversee the Office of Tribal Justice.

The Office of the Solicitor General

The Office of the Solicitor General was created in 1870 by the Statutory Authorization Act. The act states that the Solicitor General is to assist the Office of the Attorney General in the performance of its duties. The mission of the Solicitor General is to oversee appellate and other litigation matters on behalf of the United States in lower federal and state courts as well as represent the United States before the Supreme Court. The major functions of the Solicitor General include but are not limited to the following: supervise Supreme Court cases including appeals, petitions, briefs, and arguments; decide whether the government will file appeals; and determine when the United States should intercede to defend the constitutionality of an act of Congress. The Office of Solicitor General is also to assist the Attorney General, the Deputy Attorney General, and the Associate Attorney General on matters related to policy and programs per their request.

Specialized Divisions

In addition to the aforementioned leadership positions, the DOJ encompasses several specialized divisions, bureaus, and offices. These include the

following: Antitrust Division; Bureau of Alcohol, Tobacco, Firearms and Explosives; Civil Division; Civil Rights Division; Community Relations Service; Criminal Division; Drug Enforcement Administration; Environment and Natural Resources Division; Executive Office for Immigration Review; Executive Office for Organized Crime Drug Enforcement Task Forces; Executive Office for U.S. Attorneys; Executive Office for U.S. Trustees; Federal Bureau of Investigation; Federal Bureau of Prisons; Foreign Claims Settlement Commission; INTERPOL Washington—U.S. National Central Bureau; Justice Management Division; National Security Division; Office for Access to Justice; Office of Community Oriented Policing Services; Office of Information Policy; Office of Justice Programs; Office of Legal Counsel; Office of Legal Policy; Office of Legislative Affairs; Office of Professional Responsibility; Office of Public Affairs; Office of Tribal Justice; Office of the Inspector General; Office of the Pardon Attorney; Office on Violence Against Women; Professional Responsibility Advisory Office; Tax Division; U.S. Marshals Service; and U.S. Parole Commission.

Strategic Plan

The focus and strategic plan of the DOJ is guided by the current legal concerns and threats to the United States. As the number of federal offenses and civil lawsuits increased, so too did the scope of the DOJ. Congress expanded the duties of the department to meet the needs of the government.

Around the beginning of the 1900s, the government became increasingly involved in matters of social justice. As a response to the widespread belief that the government should intervene to create a sense of justice, Attorney General Charles Bonaparte created a group comprising former Secret Service agents and DOJ investigators, led by Stanley W. Finch, which would be named the Bureau of Investigation. This office is now known as the *Federal Bureau of Investigation*. In 1909, the DOJ established a criminal division that was charged with enforcing and overseeing the application of federal criminal laws.

The development of public lands influenced the creation of the Lands Division in 1910. Furthermore, antitrust laws created a necessity for specialized divisions. In 1933, the DOJ underwent a major reorganization, resulting in the expansion

of several divisions including the Tax Division and the Antitrust Division. The department continued to expand, and in 1940, the Immigration and Naturalization Service office was moved from the Department of Labor to the DOJ. In 1957, during the civil rights movement, the department created a Civil Rights Division in order to enforce federal laws that prohibit discrimination.

During the 1960s, the drug trade began to emerge as national concern. In 1972, President Richard Nixon created the Office of National Narcotics Intelligence and the Office for Drug Abuse Law enforcement to address issues of drug trafficking. However, the following year, Nixon combined five federal drug enforcement agencies to form what is now known as the *Drug Enforcement Administration*, which is housed under the DOJ. Shortly after the terrorist attacks on September 11, 2001, the DOJ focused its attention on combatting terrorism. The department has grown and continues to grow to accommodate emerging legal issues, domestic and foreign national threats.

Mercedes Valadez

See also Federal Bureau of Investigation; Law Enforcement Agencies

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U.S. SECRET SERVICE

On July 5, 1865, the U.S. Secret Service (USSS) was created to prevent and investigate counterfeiting. This entry discusses the history of, careers within, and training for the USSS.

Initially, the USSS was a division in the Department of Treasury (Secret Service Division). At the time of its creation, it was only one of four federal law enforcement agencies, along with the U.S. Post Office Department's Office of Instructions and Mail Depredations (now the U.S. Postal Service Inspection Service), U.S. Park Police, and the U.S. Marshals Service. Because the U.S. Marshals Service was small in number, the USSS was often tasked to assist them in investigating other types of criminal activity, including murder, bank robbery, gambling, and other felonies. In 1867, the USSS was charged with helping detect frauds against the government. Investigations were conducted against moonshiners, smugglers, the Ku Klux Klan, individuals committing mail robbery and land fraud, among others. In 1877, Congress made it illegal to counterfeit coins, gold bars, and silver bars and gave the USSS responsibility for investigating those crimes. After President William McKinley was assassinated in 1901, Congress requested the USSS to begin presidential protection duties, a task formally started in 1902. In 1906, the USSS was given the task of investigating western land fraud, a tremendous problem in the recently settled west. These investigations resulted in thousands of acres being rightfully returned to the United States. Prior to the creation of the Federal Bureau of Investigation in 1908, the USSS also conducted intelligence and counterintelligence operations.

In 1922, the White House Police were created, which today is the Uniformed Division of the USSS (per Public Law 71-221 of 1930). In 1970, it was renamed the Executive Protective Service and given the duties of protecting diplomatic missions in Washington, DC. In 1934, the Treasury Guard Force (today the Treasury Police Force) was created and added to the USSS. The ultimate value and worth of the USSS came to the fore in 1950, when two Puerto Rican nationalists tried to assassinate President Harry Truman at Blair House in Washington, DC. Truman was living in Blair House, while the White House was undergoing a major renovation. On November 1, Oscar Collazo and Griselio Torresola approached the house from different directions and engaged in a gun battle with White House Police and USSS agents. During the gun battle, Police Private Leslie Coffelt was killed, and Officers Donald Birdzell and Joseph

Downs were wounded. Coffelt killed Torresola. Collazo was arrested and sentenced to death (later commuted to life by Truman and then commuted by President Jimmy Carter; he died in Puerto Rico in 1994). As a result of this attack, Congress authorized the USSS to protect the president, president's immediate family, vice president, and president- and vice president-elect.

On November 22, 1963, the American public became acutely aware of the work of the USSS, when Lee Harvey Oswald shot and killed President John F. Kennedy. Kennedy was in Dallas, TX, traveling in an open convertible with his wife, Texas Governor John Connally, and Connally's wife, when Oswald opened fire. Agent William Greer was driving the limousine, with Agent Roy Kellerman in the front seat. At the sound of the first shot, Agent Clint Hill, riding on the car behind, ran and jumped over the trunk of the limousine and placed his body over that of the first lady and president, shielding them with his body all the way to Parkland Hospital. The video and still images revealed to the American public (and the world) the bravery and courage of Secret Service agents, the extent to which agents would go in the discharge of their duties, and their heroism in fulfilling their sworn duties.

The training, professionalism, and heroism of the Secret Service were again revealed on March 20, 1981, when John Hinckley Jr. attempted to assassinate President Ronald Reagan. Reagan had given a speech at the Washington Hilton Hotel and was being escorted about 30 ft to his car when Hinckley jumped out of the crowd and, in approximately 2–3 s, fired six shots from a .22 caliber pistol. Press Secretary James Brady was shot in the head, Washington DC Police Officer Thomas Delahanty was shot in the neck, and Reagan had a bullet enter his chest below the left arm (after ricocheting off the limousine). Virtually instantaneously, Special Agent Tim McCarthy spread himself over Reagan and was shot in the abdomen. In those same couple of seconds, Special Agent Jerry Parr pushed Reagan into the limousine and lay spread-eagle over him. Initially, the president thought he had broken a rib when the agent shoved him in the car, but he then started coughing up blood. He was rushed to George Washington Hospital where he ultimately recovered. In the mere blink of an eye, two special

agents did what years of training had taught them, with no thought of their own life or safety.

On September 11, 2001, the United States experienced the greatest domestic terrorist attack in its history. The New York Field Office was housed in Building 7 of the World Trade Center and was destroyed along with the Twin Towers, killing one USSS employee. Shortly after, President George W. Bush signed into law the U.S. PATRIOT Act. As part of the law's mandate, the USSS designated eight major metropolitan areas as part of an Electronic Crimes Task Force across the United States. In 2002, the U.S. Department of Homeland Security was established, and on March 1, 2003, in one of the most significant shifts in the history of the USSS, the Secret Service was transferred from the Department of the Treasury to the Department of Homeland Security. As part of that shift, the Secret Service was given a major role to play in protecting the United States from terrorism, terrorist activity, and cyberterrorism. This was in addition to their ongoing duties in executive protection and investigations. From cyber investigations to financial crimes to counterfeiting to intelligence gathering and analysis, the Secret Service was placed on the front line of homeland security.

Today, the Secret Service has approximately 3,200 special agents throughout the world, 1,300 Uniformed Division officers, and 2,000 other employees. They are spread throughout 150 offices in the United States and abroad. Their executive protection division is charged with protecting the president, vice president, and their immediate families; former presidents, their spouses, and minor children under 16 years; foreign heads of state and spouses when visiting; major presidential and vice presidential candidates and spouses; and personnel taking part in National Special Security Events as designated by the U.S. secretary of homeland security.

In their storied history, 36 agents have made the ultimate sacrifice for their country. Some were killed in accidents, but the majority were murdered. The first agent to die in the line of duty was Operative William Craig on September 3, 1902, in an accident between the president's carriage and a street car. The first female agent to be killed in the line of duty was Special Agent Julie Cross, who was killed by two assailants on June 4, 1980, in Los Angeles, CA. Six personnel were killed on April 19,

1985, in the bombing of the Alfred P. Murrah Federal Building in Oklahoma City, OK. One employee, Master Special Officer Craig Miller, died at the World Trade Center on September 11, 2001.

Careers With the Secret Service

The USSS has four job classifications:

- Special Agent
- Uniformed Division Officer
- Special Officer
- Administrative/Professional and Technical personnel

The most sought after and demanding is the special agent role. These individuals serve in investigations and executive protection. Special agents conduct investigations, including counterfeiting, other financial crimes, computer crimes, cyberattacks on U.S. financial institutions and telecommunications, intelligence gathering and analysis, and identifying other threats to national security and U.S. leaders. The Secret Service National Threat Assessment Center is responsible for conducting threat assessments, targeting violence assessments, standardizing threat assessment across law enforcement agencies, facilitating information sharing between agencies, and training law enforcement at all levels of government. As part of those responsibilities, they publish an open-source summary of attacks on government facilities and officials that offer information that can be shared among law enforcement to mitigate threats. Information in the summaries includes identification of perpetrator behaviors and appropriate preventive interventions, finding links between actor mental health and motives and behavior, identifying actor stressors and stress management techniques that can be used by law enforcement, suggestions on security plans (especially useful for schools), and techniques of intelligence analysis as a preventive tool.

The selection criteria for special agents is some of the most stringent in federal service. Some of the requirements include

- being a U.S. citizen between 21 and 37 years of age;
- having vision no worse than 20/60 binocular, correctable to 20/20;

- passing a stringent written examination;
- passing a rigorous Applicant Physical Abilities Test;
- having excellent health;
- being able to qualify for a Top Secret clearance;
- passing a comprehensive background investigation that includes in-depth interviews, drug screen, medical exam, and polygraph; and
- having no visible body markings, such as tattoos, body art, or branding.

The Uniform Division protects facilities and venues for protectees, the White House complex, the Naval Observatory (vice president's residence), Treasury Department building, and foreign diplomatic missions in Washington, DC. In addition to their regular law enforcement duties, officers can be assigned to K-9, Emergency Response Team, Countersniper Team, Motorcade Support Unit, Crime Scene Search Unit, and Special Operations Section. To be considered for a position as an officer, applicants must

- be a U.S. citizen;
- be 21–37 years old;
- have correctable vision to 20/20;
- be in excellent health;
- complete the Applicant Physical Abilities Test;
- complete a comprehensive written exam;
- pass various interviews;
- qualify for a Top Secret clearance;
- pass a background investigation; and
- have no visible body markings.

Special Officers staff security posts, inspect and maintain USSS vehicles, drive protective and following vehicles, control movement of persons at Secret Service facilities and areas, and monitor communications and X-ray equipment. Special Officers are commissioned law enforcement personnel and have full arrest powers. Selection requirements are similar to those of Uniformed Division officers.

Administrative/Professional and Technical personnel are civilians within the USSS and perform a myriad of functions in support of the USSS mission. They may be accountants, chemists, criminal research specialists, investigative analysts, attorneys, photographers, information technology specialists, engineers, fingerprint

specialists, document analysts, or security specialists, among many other jobs.

Training

Secret Service agents are some of the most highly trained personnel in law enforcement. Agents begin their training at the Federal Law Enforcement Training Center in Glynco, GA, then go to the James J. Rowley Training Center near Washington, DC, for 18 more weeks of training. At Federal Law Enforcement Training Center, agents are trained in a variety of law enforcement areas, including firearms, psychology, criminal law, arrest/search/seizure, self-defense, international treaties, diplomatic immunity, and other law enforcement areas. At the training facility in DC, agents are given advanced training in investigative procedures, counterfeiting techniques, access device fraud, financial criminal activity, protective intelligence investigations, physical protection techniques, protective advances, and emergency medicine. After their initial training is complete, agents receive continuous training throughout their career. Not only do agents receive refresher training in courses already completed, they also receive advanced instruction in a variety of topic areas related to terrorism, financial and money crimes, cybercrime and security, and protection.

Throughout its storied and illustrious history, the USSS has been at the forefront of protecting presidents and other critical personnel from harm, often placing their own lives in jeopardy to do so. They have had a major impact in reducing counterfeiting and financial crimes, keeping the country financially stable, and protecting U.S. financial interests. They have served a critical role in cybersecurity and cybercrime, preventing terrorists, organized criminal enterprises, foreign governments, and other individuals from attacking the country's computer infrastructure. There is no doubt that they will continue to do so in the coming years.

Wayman C. Mullins

See also Career Paths in Criminal Justice; Cybercrime; Extremism and Terrorism, Middle Eastern; Federal Bureau of Investigation; U.S. Department of Homeland Security

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UNDERCOVER POLICING

Undercover policing is the process by which an officer removes the trappings of his or her office, such as one's badge, uniform, and presence, in order to engage in sanctioned actions of a quasi-legal or illegal nature to collect evidence on crimes, which may otherwise go undetected by traditional police methods. An undercover officer may be present before or during the commission of a crime and purposefully not intercede. Undercover work typically focuses on consensual crimes (e.g., a drug purchase, prostitution), crimes where the criminal is difficult to locate (e.g., pick pockets, purse grabbers), or complex crimes that are difficult to detect (e.g., well-organized criminal groups, political corruption). The officer engages the targeted criminal, often with the help of informants or information collected through traditional police methods. Using the undercover team, subtlety, guile, and misrepresentation of the self, the undercover officer observes that the individual commits crimes or records admission to crimes. Engaging of a target can vary, from the simple attempt to purchase a controlled substance from a dealer to the complex crafting of a false persona with the help of an informant to gain access to organized crime's inner circles. Traditional goals of an arrest may be bypassed for secondary benefits, such as intelligence gathering on logistics, finances, connections, and more. This entry focuses on the history of undercover policing, traditional undercover processes, and the risks of undercover work.

History

Modern undercover tactics were created by Eugene Francois Vidocq in the early 19th century.

Historically, Western countries have resisted law enforcement's involvement with any criminal element to the point where even detectives interviewing criminals were viewed with suspicion. Vidocq employed former criminals and paid them to collect information from strategic places like prisons. The Pinkerton National Detective Agency, founded in Chicago, IL, in 1850, expanded on Vidocq's tactics, having undercover agents accompany the criminals into criminal situations to observe and later report. Currently, undercover work with police generally involves the criminal or confidential informants introducing the officer to the contact, gang, or the target of the operation, and then, the criminal or confidential informant is phased out of the operation.

The first federal police force in the United States to use undercover tactics was the Secret Service in 1865, which borrowed methods and hired personnel from private police like Pinkerton. The viewpoints on the government's approval and use of undercover operations have varied from *reprehensible* to *necessary evil*. In 1936, the Federal Bureau of Investigation announced that it would not enter into any illegal compacts or pursue illegal courses of action, no matter the outcome or ends served. By 1972, the Federal Bureau of Investigation had increased its use of undercover operations, as did the Internal Revenue Service in 1982; the Bureau of Alcohol, Tobacco, and Firearms in 1968; and other federal investigative departments soon after.

Historically, the courts have ruled that undercover tactics are constitutional within the United States. Undercover tactics emerged due to the limitations of traditional confession extraction, to create a fair playing field and to achieve an increase in discovery and conviction of white-collar crime and corruption. Furthermore, changes in criminal liability have emphasized the state of mind of the accused criminals, rather than actual product. This has allowed legal items, such as sugar or electronics, to be misrepresented as narcotics or stolen goods, and the individuals involved can be charged because they believed they were entering into an illegal arrangement.

Currently, undercover work has been estimated to occur more often on the federal level than the state, detective than patrol, and private police than public police. Undercover work appears

more likely to target consensual, recurring, and organized exchanges where a victim or witness was lacking, unaware of the illegal nature of the situation, or unwilling to come forward.

Standard Procedures

Undercover operations follow a standard operational pattern: selection, training, planning, deployment, decompression, and reintegration. Functional undercover operations often require the relaxing of department rules, such as hourly check-ins and not drinking alcohol on the job, as well as customs and practices (e.g., dress codes). Department flexibility for the undercover officer is necessary for the officer to adapt to the criminal milieu.

Selection most often occurs among newer officers who have not developed traditional police habits which may give them away, although a strong understanding of the law is necessary to avoid issues like entrapment. Field operator selection is recommended to be volunteer only, from among the ranks of those officers who see value in the methods and who are not attempting to escape an unwanted situation, and to take place post training. Post-training selection research has found that extroverted and emotionally stable are the best fit for this type of work. Undercover work is comparable to other special units in that not everyone is fit for the job. Selection should utilize all available information, but the ultimate decision lies with the officers after they have received psychological and physical assessments and been provided a full disclosure of the costs and consequences of undercover work. Assessments should be no older than 6 months due to the changes that may occur in that time period.

Training of undercover officers simulates real-life situations as closely as possible, with a stepwise increase in process to allow officers to absorb fundamental lessons before moving onto more complex deceptions. Current and former undercover officers bring real-world scenarios and current intelligence into their training. Training can reflect the type of operation and includes intelligence, prevention, or facilitation. Intelligence focuses on the collection of information before or after a crime has occurred (e.g., who was involved in illegal activity). Prevention focuses on stopping

crime or harm from happening (e.g., replacing explosive substances with inert ones). Facilitation can be the encouragement of individuals to act or not preventing a crime from occurring but instead observing the actors involved (e.g., joining and encouraging a radicalized political group).

Planning and deployment are often cyclical, due to the need for operator adjustments and operational changes. Planning may involve the creation of a false persona and verifying documents, the use of criminal informants to help place the officer within an organization, or the fabrication of a criminal situation to see who walks into the trap. Psychological and physiological maintenance of the officer is paramount as the undercover process creates a relationship between the officer and the target, effectively humanizing the individual, while compounding stress. *Going native* (i.e., becoming a criminal) is a severe but infrequent occurrence due to the stress and the relationships of the undercover officer. Lesser effects, including expressing doubts about the operation, questioning the department, and experiencing psychological problems, are more common. Successful deployment will depend on many factors, particularly the definition of success as determined by the focus of the operation. Although many undercover operations do not end with arrests due to the purpose of the operation (e.g., intelligence gathering), opportunity and chance also play a large role in effective undercover work. Despite the best effort of the undercover officer, an arrest may not be possible.

Decompression and reintegration occurs after the operation is over, when the officer sheds his or her false persona, experiences a psychological and physiological rebound due to the strain of the operation, and returns to mainstream work. This process can be difficult and may take up to 2 years. There is a dramatic increase in officers leaving the force following undercover work. Discipline issues while undercover have been noted to increase the rate at which officers leave the force following their undercover work as well as increase the chance of being involved in criminal actions following their departure.

Financing for undercover programs often comes from the operations themselves. Seized goods and funds are one source, but the intent of the operation may result in additional funding. For

example, one Fish and Wildlife Department operation *sold* multiple rare birds, collected payment, and arrested the would-be buyers.

Risks

Risks come in the form of proximity, strains, and investigative practices, which may be harmful to the officer. Physical proximity with criminals creates increased risk due to officers being stripped of the trappings of their profession (i.e., badge, body armor, and weapon). In undercover work, most deadly encounters occur with officer and assailant fewer than 6 ft from each other. Since emotional proximity can occur when officers humanize criminals whom they have come to know and may care for, undercover officers are assigned supervisors who work closely with them to maintain emotional distance, as officers may begin to question the department, the operation, and themselves. This can progress to the point where an officer turns from the law and goes native. All officers must consider the consequences, both professionally and morally, of what would happen if they were to commit a crime while undercover.

Progressive undercover programs have been known to include family education during selection due to the impact undercover work has on families, with the risk carried by the relationships. Officers must often miss family events due to operational demands, and even when present, they may not be able to fully discard the undercover persona (e.g., a beard, tattoos). Officers may need to attend family functions or take photos bearing the trappings of the criminal life.

Investigative artifacts, where the act of investigating creates crime, is a serious concern. This concept is demonstrated by the question driving the investigation: Originally, it was “Is he or she corrupt?” Then it changed to “Is he or she corruptible?” For example, John DeLorean was persuaded by an informant that he could save his company from bankruptcy by bankrolling a cocaine shipment. Another example uses a double catch, where a public official is offered a bribe by an undercover officer. Taking the bribe is obviously illegal, but failing to report the attempted bribe can also be illegal. No undercover operation, no crime. Artifacts may also take the form of an individual who does not possess the means or

capabilities to commit a crime but who can when provided with inducement and equipment. For example, an individual noted for viewing extremist rhetoric was contacted by an extremist group to help plant a bomb. After meeting with local representatives and provided a device, the individual attempts to plant it and is promptly arrested, even though the extremist group representatives, bomb, and possible motivation for the act were all part of an undercover operation. Officers’ influence may affect not only an individual but also groups of people. In Germany, 15% of a radical political group’s leadership positions were occupied by police and intelligence departments, each undercover agent being unaware of the others. Due to possible influence by the agents on the actions of the group, the courts were unable to determine how the group may have acted without that influence.

Another risk of undercover work is the overzealous use or misuse of undercover tactics. Political examples range from the Watergate scandal to the spying on political groups in the United States in the 1960s. Misuse of tactics may lead to entrapment, where the officer proposes illegal actions or provokes a crime, and the criminal is provided protection by the courts due to misuse of the tactics. Even if a tactic is properly used initially, an undercover officer may be frustrated or pressured to find crime or intelligence, leading to either overzealous use or misuse on the part of the officer.

Ethical Concerns

While many complex issues and risk are left unnoted, the last point of discussion will be ethical concerns of undercover work. Ethically, the primary focus is on whether it is acceptable for the government to employ deceptive tactics and who should be the target of such tactics. Should the government deceive people, even if for good reasons? Who should undercover tactics be used on, with possible targets including drug dealers, politicians, and police officers suspected of corruption?

Devin Kowalczyk

See also Federal Bureau of Investigations Policing; Police Suicide

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VANDALISM

In many countries, vandalism is one of the most common forms of criminal transgression but also one of the most puzzling since the attack of property for no obvious material gain needs attention in explanatory terms. The notion of vandalism derives its meaning from an East German tribe known as the *Vandals*, who became infamous during the 4th and 5th century CE for their invasion and destruction of cities across Western Europe. The Vandals pillaged, looted, raped, and murdered on their path to colonial expansion. The Sack of Rome in 455 was the height of their notoriety and military success. By 534, the Vandal King Gelimer had been forced to surrender to the Romans, and this act effectively brought an end to the Vandal Empire. However, it was not until the 19th century that the term *vandalism* came to refer to property destruction rather than a tribe of people. This entry explores in further detail (a) vandalism in contemporary society, (b) a typology of vandalism for the 21st century, (c) international comparisons, (d) explanations for vandalism, (e) theories on how to prevent and reduce vandalism, (f) a challenge to conventional wisdom on vandalism, and (g) vandalism in the future.

Vandalism in Contemporary Society

The label of *vandalism* ordinarily refers to the intentional or reckless destruction or damage to property that does not belong to oneself. In

practice, police officers, as agents of law enforcement, have discretion to decide what actually constitutes *permanent* or *nonpermanent* damage.

One of the primary data sources most used in order to attempt to forge a comparative perspective is the International Crime Victimization Survey, which collates data from a diverse range of nations. This is not without problems, however, due to different definitions and data sets across countries.

Across Europe and the United States, it is generally recognized that some forms of criminal damage are significantly more serious than others; thus, vandalism encompasses a diverse range of acts. As well as destroying property, some acts of vandalism can endanger human life. In England, the Criminal Damage Act 1971 prescribes a maximum sentence of life imprisonment for the latter, including arson. The seriousness of vandalism is thus more often related to the cost of the damage rather than the motivations of the offender, which is a fundamental underpinning of English criminal law. Acts of vandalism are diverse, thus encouraging the formulation of a typology as developed by Matthew Long and Roger Hopkins Burke.

Long and Hopkins Burke's Typology of Vandalism for the 21st Century

Exploratory vandalism is typically committed by children under the age of criminal responsibility, which means they cannot be prosecuted because they are minors. Examples include children breaking things by throwing stones or with the use of

instruments (e.g., a catapult) to target objects for destruction. Ordinarily, those committing this form of vandalism are perceived to do so in a joyful and somewhat innocent spirit. There is a lack of full cognition about victims and consequences of actions and certainly no premeditated malice.

Drift vandalism tends to be committed in groups by youths in the phase of adolescence, which straddles the transition from childhood to full adult status. Damage committed by these so-called delinquent youths is often censured as being *random* and *mindless*. In reality, this type of property damage is invariably systematic and, more often than not, meaningful to the perpetrators. This kind of vandalism may typically be targeted against certain objects that have a symbolic status and value in our culture (e.g., automobiles). In certain social contexts, property damage is not only targeted, but it is almost expected to occur. One such example is teenage house parties where routine damage to household items, including furniture, is most certainly normalized if not actively encouraged.

Collateral vandalism, although deliberate, is almost incidental to the commission of a more serious crime. In previous decades, such acts have included the destruction of public telephone booths during a theft of cash contained within them and are driven by a motivation of acquisition. This motivation may be overtly materialistic (e.g., the theft of lead from the roof of a church) or acquisitive in the sense of obtaining a trophy (e.g., the student who steals a traffic cone to take it home to display).

Hate vandalism may be born out of spite or a desire for revenge such as ex-partners seeking to destroy each other's cars or homes. Yet such vandalism takes on more regressive, politically motivated connotations when its victims are members of culturally referenced groups related to race, religion, sexuality, disability, mental health, or indeed any area of diversity.

International Comparisons

As previously indicated, it is difficult to make international comparisons of exploratory and drift vandalism because of the variable age of criminal responsibility. There are great variations across Europe itself; for example, the age of

accountability is 13 in France and 18 in Belgium. In the United States, 13 states have set ages of criminal responsibility ranging between 6 and 12 years of age. Most states rely on common law, which holds that from ages 7–14 years, children cannot be presumed legally responsible but can be held accountable. Thus, there is wide variation in terms of whether children in some states are subject to the full force of the law, whereas in another state, they may avoid criminal sanction.

Across many Western cultures, the automobile appears to be a target of destruction. Take, for example, the craze of tipping cars into the canals of Amsterdam in the Netherlands. In terms of context, student-led vandalism is common across cultures. One example of student-led vandalism is the notorious Skulls and Bones Society at Yale University, which had a reputation for *crooking*, namely stealing items from campus buildings.

Japan has experienced a significant increase in metal thefts, including incense holders in graveyards and copper wiring in recent years. This increase has been attributed to the economic growth of China and associated demand for material that it is unable to produce. Although much of these thefts are driven by the profit motive, damage does occur. Such damage done is *collateral* in the sense that it is incidental to the initial act of acquisition.

Racially and religiously motivated vandalism has been common in Europe. In France, home to the largest Western European Jewish population, synagogues have been attacked, Swastikas daubed on property, and graves desecrated. In Palestine, hate vandalism is characterized by the stone throwing of children against military tanks or bulldozers in protest of the Israeli occupation of territories.

Political vandalism has been rife in the United States with groups such as the Animal Liberation Front periodically engaged in targeted property destruction since the 1980s. In Japan, traditionally characterized as a low-crime society, there was a spate of flower destruction in 2008, which was a political response to an oppressive social order.

Explaining Vandalism

The exploratory and drift vandalisms of the young can be explained by the conception of crime as a

function of opportunity. What *routine activities* theory fails to explain, however, is why some people transgress and others do not. This kind of vandalism ordinarily has a subcultural component, as first articulated by Albert Cohen in his seminal work on gangs, and is something in which David Matza observed that young people tend to grow out of as they get older and take on responsibilities such as work, marriage, and family.

It is precisely because of its acquisitive nature that collateral vandalism can be explained by recourse to *rational actor* model theories. There is thus an assumption that prospective offenders calculate whether there is more to be gained than lost when deciding whether to commit a particular offense. At the heart of these theories is a conviction that offenders use an economic cost-benefit style analysis. Furthermore, Robert Merton's classic work around the *strain* (i.e., what happens when some people do not feel they have the institutionalized means to achieve cultural goals) helps explain this materially motivated mode of vandalism.

It is important to look beyond conventional criminological explanations in order to understand hate vandalism because hate is born of deeper societal prejudice. Some Freudians argue that hate vandalism actually targets the *displaced* rather than the *real* targets of resentment, due to unresolved conflicts locked deep in the psyche. Social psychologists would nevertheless be cynical of attempts to reduce the roots of hate vandalism to that of individual pathology. More specifically, social identity theorists have pointed out that if hate is born of prejudice, then this often stems from competition between social groups for scarce resources.

Preventing and Reducing Vandalism

Crime prevention interest has centered on conventional drift vandalism typically committed by those in their teenage years. There is an implicit acceptance that the commission of vandalism and other relatively minor transgressions is a normal part of growing up. Rather than attempting to change the person, much attention has been directed to changing the environment to make it less likely that these kinds of offenses can occur. Situational crime prevention, which seeks to design out crime and target hardening measures,

has predominated since the 1980s, underpinned by rational choice and routine activities theories. In the context of car vandalism, for example, the creation of side mirrors that fold in was designed to make them less-visible targets of vandals.

Challenging Conventional Wisdom on Vandalism

Radical criminologists would argue that the acts of vandalism largely pale in significance when compared to the more harmful practices engaged in by the state and big business. The kind of collateral damage which is the outcome of warfare, for instance, may not only involve the immobilization of military bases but also devastatingly lead to the loss of tens or even hundreds of thousands of lives (e.g., Vietnam in the 1960s, Cambodia in the 1970s, and the Gulf conflicts beginning in the 1990s).

In being *Passionate about protecting the Earth*, Greenpeace has campaigned against environmental destruction, often gaining political enemies in the process. The 1985 sinking of its ship *Rainbow Warrior* in the South Pacific off the coast of New Zealand resulted in a fatality. Others have controversially argued that winning the right to host mega events such as FIFA World Cup or the Olympics Games has been the catalyst for large-scale developments that have been massively disruptive to respective local populations and have had an adverse impact on property destruction and reconstruction in certain areas of the cities concerned.

Those drawing on neo-Marxist perspectives propose that the law is created in order to serve the interests of the ruling elite in society. This means that state vandalism is underpinned by sectional political ideology (e.g., collateral damage in war may be justified by the interests of protecting national security). So from this perspective, those who may be censured by the state as vandals (e.g., environmental activists or anti-globalization protestors) are reconstituted as prosocial political actors, attempting to reconfigure a more equitable, sustainable, and just social order.

Vandalism in the Future

It is thought that by 2018, around half of the world's population will have Internet access. What

has become known as *cybercrime* manifests itself in many ways through the use of mediated technologies. One of the most common forms of cyber vandalism is hacking, which typically involves the shortcutting of a computer-generated system. This mode of vandalism has been facilitated through the fast-growing, mass availability of personal computers since the 1980s and is centered on crimes of acquisition (e.g., pirated commercial software). In the early part of the 21st century, online vandalism has affected personal, commercial, and governmental websites. Commonly, crimes have included the posting of graffiti on online images of buildings and monuments and attaching pornographic images to online architectural structures. Crimes of acquisition remain prevalent with *spyware* targeting business or personal data and *phishing* involving attempts to get victims to divulge sensitive financial or personal information. Hatred is often a motivation for *Crackers*, who use malicious software known as *malware*, which releases viruses and worms into individual operating systems in order to intentionally damage data and often hard drives. Many terrorist experts predict that the next major attack will involve cyberterrorism.

Matthew Long and Roger Hopkins Burke

See also Arson; Crime Prevention, Policies of; Criminal Careers and Offending Trajectories; Criminal Responsibility; Desistance; Hate Crimes; Juvenile Delinquency and Antisocial Behavior; Sociological Theories of Crime

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VETERANS COURTS

Veterans courts are a type of specialty criminal court for military veterans who have been arrested. They are closely modeled after drug treatment and mental health courts. The aim of the courts is to rehabilitate military veterans using treatment and services to improve mental health, reduce substance misuse, and reduce future criminal recidivism. This entry begins with a summary of justice involved military veterans and then provides a brief introduction to the veterans court model including key components, theoretical underpinnings, and a discussion of the impact of veterans courts on participants. The entry concludes with a short overview of the critiques of the veterans court model.

Military Veterans in the Criminal Justice System

Accurate estimates of the number of military veterans in the criminal justice system (i.e., arrested, on probation, and in jails or prisons) are difficult to obtain given inconsistent practices with regard to asking for veteran status within criminal justice settings and the varying approaches to data collection (e.g., self-reported veteran status vs. use of administrative records). Given the limitations, the best estimate available suggests that approximately 10% of people who are arrested and incarcerated in the United States are military veterans. Among veterans who have been arrested, many experience symptoms of post-traumatic stress disorder, have traumatic brain injury, struggle with substance use problems, or have co-occurring disorders. In fact, an estimated 70% of justice involved veterans have a substance use disorder. The vast majority of veterans will never be arrested or incarcerated. The veterans who do

have contact with the criminal justice system, however, face significant and disproportionate risk of suicide and exacerbation of psychiatric and physical health symptoms during incarceration. Due to the risks faced by justice involved veterans and the prevalence of veterans within the criminal justice system, stakeholders supported the development and implementation of veterans courts, first established in 2004 in Anchorage, AK. Shortly after, Judge Robert Russell created a veterans court in Buffalo, NY, which is the model for veterans courts across the United States.

Veterans Court Model

Veterans courts, like other specialty courts, are based on the foundation of therapeutic jurisprudence, which postulates that contact with the criminal justice system has the potential to harm or help a person's emotional, behavioral, and mental health. As a means to enhance the therapeutic impact of courts, specialty courts help participants by connecting them with treatment and services to improve mental health and/or substance misuse issues. In veterans court, participants live in the community and are required to take part in highly structured, intensive substance use and mental health treatment rather than serve time in prison. Participants are supervised by an interdisciplinary team of legal and mental health professionals including a judge, court administrators, lawyers, probation officers, community providers, and veteran justice outreach specialists. Veteran justice outreach specialists, employed through the U.S. Department of Veteran Affairs, are responsible for connecting veterans court participants to benefits, coordinating care, and providing case management services.

Participation in veterans court is voluntary. Potential participants can be referred by veteran justice outreach specialists, attorneys, judges, correctional staff, community providers, or self-referral. Eligibility varies from jurisdiction to jurisdiction with regard to charges, military discharge status (i.e., whether a veteran received an honorable discharge), and combat exposure that will qualify an offender to participate. For example, some veterans courts will accept only veterans who are eligible for benefits and services through

the Veterans Administration, while others restrict participation to veterans who experienced combat trauma. The veterans court team supervises court participants' compliance with court orders and adherence to treatment through regular court hearings before the judge, random drug testing, weekly meetings with probation officers, and staff meetings. Veterans court participants take part in numerous services including individual and group mental health and substance use treatment, psychotropic treatments, 12-step and peer-run groups, vocational training, compensated work therapy, Moral Reconnection Therapy, and housing programs. The duration of veterans court participation varies from court to court and participant success. Most programs are approximately 1–2 years in duration.

Although veterans courts are similar to drug treatment and mental health courts, there are three key differences. First, veterans courts intentionally promote and facilitate bonding and camaraderie between court participants by recognizing, referencing, and building on participants' shared histories of military experience and the military culture. Second, veterans courts include a mentoring component; each veterans court participant is paired with a veteran mentor. The mentor offers friendship, emotional support, and guidance throughout court participation. Finally, veterans courts work closely with the Veterans Administration. Thus, veterans courts' participants tend to have access to more resources than typical criminal defendants.

The Impact of Veterans Court

Research on the impact of participation in veterans courts on mental health, substance use, and criminal recidivism is limited. Like other research involving specialty courts, randomization to the court is often not possible. Therefore, discerning the impact of the specialty court and bias resulting from voluntary participation in court programming is challenging. Given this challenge, preliminary reports on veterans courts do show improvements in mental health including reductions in psychiatric symptoms and substance use during and following veterans court. It remains unclear if veterans court participation reduces future criminal offending among veterans.

A Critique of Veterans Court

Critics charge that veterans courts, like other specialized courts, give rise to due process concerns, as many jurisdictions require the waiver of rights (or a guilty plea) for defendants to participate. Coercive criminal procedure itself also risks tainting the therapeutic process; even though court personnel receive special training regarding post-traumatic stress disorder and veterans, they remain legal rather than mental health professionals and may impede treatment through well-intended but erroneous efforts to aid veterans. Further, some critics argue that veterans courts risk pathologizing veterans by reinforcing negative stereotypes. The implementation of veterans courts also gives rise to equity issues. To the extent that additional public expenditures yield improved outcomes, these courts raise questions about denying the forum to other defendants, especially those who have post-traumatic stress disorder, and who might be inclined to benefit most. Even among veterans otherwise eligible, some have charged that specialized courts tend to avoid defendants with serious offenses, opening up these courts to criticisms of *creaming*, that is, selecting clients likely to succeed and avoiding needy but more challenging cases.

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See also Drug Courts; Specialty Courts; Substance Abuse, Untreated Mental Illness, and Crime; Therapeutic Jurisprudence and Problem-Solving Courts; Trauma-Informed Treatment

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VICTIM ASSISTANCE PROGRAMS AND LEGISLATION

Victim assistance programs and legislation refers to support programming developed to meet the needs of victims of crime. Often this programming is legislated in an act or other mandate. This topic is relevant to students and professionals in the fields of psychology, social work, criminal justice, sociology, and criminology because they are likely to enter into helping professions that work closely with victims. This entry is organized to first provide a brief historical understanding of victim assistance programming, important dates and events, followed by a discussion of such programming, including specific services available to victims. The relevant legislation that resulted in the development of such programming is also presented.

Brief History

Victim assistance programs have been established to provide services and assistance to victims of crime. These programs, while prominent today, are the result of the 1970s' crime victims' movement and subsequently in part from the first National Crime (Victimization) Survey (NCVS) in 1973 that revealed the *dark figure of crime*. This dark figure or hidden figure of crime is criminal victimization that occurs but is not reported to authorities. Advocates began to realize that reported crime statistics were underestimates of the true amount of crime. From this realization came a great concern for victims of crime, regardless of whether the criminal activity is reported or unreported.

In 1975, a prominent district attorney in Philadelphia, PA, established the first victims' rights week. This was the first time that victimization was viewed more as a societal problem and less as an individual problem. The weeklong activities and events were organized to provide concrete and practical ideas for serving crime victims. Today, two organizations, the National Center for Victims of Crime (NCVC) and the National Office of Victim Assistance (NOVA) under the auspices of the U.S. Department of Justice, continue this legacy by providing resource guides to ensure that victims of crime receive justice.

The crime victims' movement ignited an awareness of criminal victimization that resulted in the creation of programs that provided services based on the needs of the victims and also allowed victims a voice in the criminal justice system. Before this movement, crime victims were viewed primarily as evidence, or as witnesses, to help in the prosecution of a criminal act and oftentimes the victims had little or no role in the process. Not much attention was given to victims' injuries beyond linking those injuries to the accused. Through the efforts of victim advocates, victims began to have a greater influence and role in the criminal justice process.

In 1972, the first three victim assistance programs were established in St. Louis, MO; San Francisco, CA; and Washington, DC. Victim assistance programs are designed to assist victims in the recovery process following criminal victimization. Often victimization has lasting impacts that go beyond the crime itself and include physical injury, psychological distress, and economic loss. Crime victim services provided by these assistance programs include compensation programs, crisis intervention, counseling, advocacy, information and referral, specialized services, and offender-based services. These services address the harm associated with the crime itself and the stress resulting from criminal victimization. Restorative justice is often the goal of such programming. With emphasis placed more on the victim and community and less on the offender, restorative justice is an attempt to repair the harm done by the crime.

Victim Assistance Programming

All states have victim assistance programs and some form of crime victim compensation programs. The first compensation program was established in California in 1965. By 1970, four other states and one U.S. territory created similar programs: New York, Hawaii, Massachusetts, Maryland, and the Virgin Islands. It is difficult to estimate the cost associated with criminal victimization; however, compensation programs have been established to provide resources to victims to help defray some of the financial burden associated with the victimization. These programs are set up to provide financial resources to victims for harm incurred in a criminal victimization that cannot be covered by other sources. For example, funds are available to victims and their families to pay for expenses associated with medical, dental, and psychological services; individual and group counseling expenses; and funeral or burial costs. In addition, funds are available for missed employment and other loss of wages due to the criminal victimization. The maximum amount of compensation varies from state to state; however, all states have compensation funds or programs, and the amounts vary based on the victims' needs and the services required. States receiving any federal money to support such compensation funds must also contribute state funds to these programs.

There are two national organizations supported by the federal government that provide information about victim services: The NCVC and the NOVA. The NCVC is an advocacy and resource center for victims of crime and those who serve these victims. Victim advocates can find an array of resources on its website. The NCVC advocates for stronger rights, protections, and services for crime victims.

NOVA provides services to victims while focusing on the nature and extent of the crime. Because there are different needs and perspectives, NOVA has created specializations focused on 17 specific areas to provide victims with contacts at the local, state, and national levels. These specializations include abuse of authority, child harm, disabilities harm, domestic and family violence, domestic and family violence special populations, elder harm, financial harm, harassment and stalking, hate crimes, homicide/murder and survivors, human

trafficking, identity theft, impaired driving, Internet and electronic privacy, military-related harm, Native American and tribal harm, and sexual violence.

Arguably, the most important service provided to victims is an understanding of how the criminal justice system works. Before advocacy groups were formed, victims were often revictimized by the system. Unfamiliar with the criminal justice system, victims generally have no idea what to expect in the process nor understand how slowly the wheels of justice can turn. The criminal justice system attempts to discern the amount of shared responsibility in the criminal victimization, and by doing so, it can treat victims as if they are on trial. For example, rape victims, in particular, often find the criminal justice system, especially defense attorneys, putting their behavior on trial, attempting to shift culpability for the crime to the victim. Many rape myths or misconceptions are the focus of defense attorney's cross-examination strategies. Relying on these tactics can cause emotional pain for the victim, which is also described as secondary victimization or victim blaming that tends to marginalize the victim, making it harder for them to come forward and report the offense. Victim blaming is any attitude that shifts the blame away from the offender and puts it on the victim. Victim blaming is found in attitudes characterized by statements such as "She was drunk," "She was out late," and "She left with him." These attitudes cause additional emotional harm to victims. Without understanding how the criminal justice system operates, victims are likely to experience such secondary victimization.

Crime victim services are at the cornerstone of victim assistance programs. Early in their development, these programs were housed in prosecutors' or district attorneys' offices. Today, victim assistance programs are located in a myriad of criminal justice agencies including police departments, prosecutors' offices, courts, probation, and parole offices. This expansion of housing such programs in other areas of the criminal justice system has resulted in victims having services regardless of the disposition of the case.

To further respond to the needs of crime victims, victim-offender reconciliation programs have been established. These programs allow the offender and victim to meet with a mediator in an

effort to achieve a just resolution to the case, perhaps more satisfying than going to court, and with the emphasis on restoring the victim. Victim-offender reconciliation programs, which typically accept only cases involving minor offenses, offer an opportunity for victims and offenders to meet and perhaps bring about a better resolution for both parties. These sessions are intended to empower victims by allowing them to have a real voice in the proceedings. Moreover, the face-to-face exchanges generally result in an admission of responsibility and an apology from the offender.

Legislation

There are several key pieces of legislation that the U.S. Congress passed to help victims of crime receive compensation and assistance programming. The legislation provides an array of services for specific crimes including clearinghouse information and technical assistance, self-help support groups, and prevention and awareness strategies to address victimization. Legislation can be grouped into the following broad categories:

- **Victimization of Children:** Child Abuse and Prevention and Treatment Act (1974), Parental Kidnapping Prevention Act (1980), Missing Children's Act (1982), Missing Children's Assistance Act (1984), Children's Justice Act (1985), Victims of Child Abuse Act (1990), National Child Search Assistance Act (1990), Child Sexual Abuse Registry Act (1993), Community Notification Act (Megan's Law, 1996), Adam Walsh Child Protection and Safety Act (2006);
- **Domestic Violence:** Family Violence Prevention and Services Act (1984), Battered Women's Testimony Act (1992);
- **Drunk Driving:** Drunk Driving Prevention Act (1988). Prior to this legislation, Mothers Against Drunk Driving was established as a nonprofit organization to fight drunk driving; and
- **Violence Against Women:** Violence Against Women Act (1994).

While these specific acts provide awareness and services for victims of specific crimes, there are two pieces of legislation that are applicable to all victims of crime: the Victims of Crime Act of

1984 and the Crime Victims' Rights Act of 2004. Victims of Crime Act is a federal victim compensation account funded through the collection of fines from criminal convictions. The Department of Justice under the direction of President Ronald Reagan established a President's Task Force on Victims of Crime in 1982 to study criminal victimization. At that time, the Task Force was concerned that existing victim compensation programs were not operating as intended based on reported findings such as the general lack of awareness that such programs existed, burdensome paperwork and long wait times to receive compensation, and the fear that available resources would be depleted and that staff would be overworked. The Task Force's findings resulted in Victims of Crime Act establishing the Crime Victims' Fund.

The Crime Victims' Rights Act empowers victims of crime through a set of rights. The act entails several rights that must be provided to victims in federal criminal cases:

1. The right to be reasonably protected from the accused
2. The right to reasonable, accurate, and timely notice of any public court proceeding or any parole proceeding involving the crime or of any release or escape of the accused
3. The right not to be excluded from any such public court proceeding, unless the court, after receiving clear and convincing evidence, determines that testimony by the victim would be materially altered if the victim heard other testimony at that proceeding
4. The right to be reasonably heard at any public proceeding in the district court involving release, plea, sentencing, or any parole proceeding
5. The reasonable right to confer with the attorney for the government in the case
6. The right to full and timely restitution as provided in law
7. The right to proceedings free from unreasonable delay
8. The right to be treated with fairness and with respect for the victim's dignity and privacy

As of 2018, there is no federal Constitutional Victims' Bill of Rights. However, many state constitutions and state laws provide the rights listed in the Crime Victims' Rights Act to their residents and others victimized in their states.

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See also Adam Walsh Child Protection and Safety Act of 2006; Advocacy Organizations; Megan's Law; Trauma, Treatment of; Victims of Crime

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VICTIMIZATION IN PRISONS

Victimization in prison refers to being the recipient of negative actions or threats of negative actions within the confines of the penal institution by persons living or working in such spaces. Such actions are either physically or psychologically harmful, and the harm can be to a person's mind, body, or something that person values (e.g., possessions or freedom). Victimization in prison is of central importance to any study of criminal psychology; it transcends disciplines and changes shape in line with penal legislation and practices. Being victimized, witnessing victimization, or engaging in the victimization of another person impacts prisoners, prison staff, and their families

and friends. Victimization has long-term consequences for victims and perpetrators, may encourage recidivism, and perhaps even desistance as once perpetrators take accountability for their actions they may become more open and able to seek new trajectories for their future growth. As such, victimization in prison is of relevance to many legal and psychological professions as well as health, social work, and justice professionals. This entry takes a look at understanding victimization in prison, examines prison hierarchy, and explains the variations, measurement, and effects of victimization in prison.

Understanding Victimization in Prison

The uncertainty of prison living—and the omnipresent vulnerabilities that shape higher security prison living in many countries—is often exacerbated by imminent and consistent threats of violence. *Violence*, here, is broadly defined to include harm or the threat of harm to an individual's body, mind, possessions, legal status, or any thing or person in which that individual places value (e.g., family, material goods inside or outside of prison) for both prisoners and prison staff alike. Both prisoners and prison staff can be the perpetrators or victims of violence or harm in prison, and victimization can take many different, creative forms. For example, a prison officer's family can be threatened in an effort to persuade him or her to bring in contraband, or a prisoner's pending parole can be threatened by forcing him or her to engage in misconduct or be physically harmed.

In the United States and Canada, 10–20% of prisoners report some level of physical victimization by other prisoners, based on 6- to 12-month exposure periods. Even so, victimization in prison is inevitably grossly underreported due to the negative connotation of *snitching* within prisoner cultures. In adult men's prisons, an inmate code is documented that suggests a prisoner must not *rat* on a fellow prisoner if he or she does not want to be harmed in consequence. In more recent iterations of the code, researchers put forth that prisoners are to be dependable, to mind their own business, act tough, and refrain from getting friendly with staff. Thus, prisoners may not snitch but, in a Canadian sample of men released from federal prison, Rose Ricciardelli found that nearly

every man interviewed had experienced some kind of victimization, and most had physical or psychological scars as a result of these experiences.

Nevertheless, very little mention is made of the psychological victimization that runs rampant in carceral spaces, presumably because of its invisibility and the reluctance of prisoners or correctional staff to admit either being a perpetrator or recipient of emotional abuse. Some have argued that admitting to psychological victimization is difficult in prison because it is a hypermasculine space and as such any admission could be considered emasculating and encourage future victimization for persons, male or female, who admit to being victims. To put it another way, someone who reveals his or her victimization may be viewed as weak.

The Prison Hierarchy

For those incarcerated, victimization in prison is also the result of the convergence of a number of complex factors such as the type of crime for which one is charged or convicted, the level of crowding in the facility, the strength of administrative controls, or the security design of the institution. A hierarchy structured largely according to each prisoner's criminal convictions, charges, and connections exists among prisoners. A prisoner whose charges are tied to robbery, theft, gun violence, murder, or other such *solid* charges is able to hold a more prestigious position in the hierarchy. On the other hand, a prisoner convicted of sex offenses occupies the lower rungs on the metaphorical ladder. In particular, the lowest rung is reserved for sex offenders whose victims are children and the position directly above is held for prisoners who sexually victimize women. Thus, where a prisoner's crime falls within this hierarchy will do much to determine his or her status in prison. A prisoner's convictions or charges can become known to other prisoners through a variety of means ranging from the local newspaper and television programming, the words of prison officers or prisoners, rumors, or even prisoners asking their connections outside of prison to Google particular prisoners to learn about their criminal history. If prisoners are being held for sex-related convictions or charges, to reduce the potential for victimization, they often serve their

time in remand or once sentenced in *protective custody* where they can be housed alongside others convicted or charged with sex-related offenses or other prisoners who require some type of segregation from the general prison population in light of their or the institution's safety being under threat.

Beyond crime, depending on the prison, other factors such as gender presentation, sexuality, and criminal affiliations can also impact where a prisoner falls in the hierarchy. Thus, someone low in the hierarchy is likely to experience harsher and more frequent victimization, for example, he or she may experience constant theft, harassment, and physical harm. Moreover, those with more status in prison are not necessarily safe from victimization. Instead, particularly in more secure men's institutions, a prisoner seeking to improve his status will seek to harm a prisoner in a superior position to prove his own abilities. Generally, the higher the status of the prisoner, the more a prisoner is feared or found to be intimidating, which are both qualities that can provide some degree of safety from victimization. In more secure institutions, however, conditions of confinement may leave prisoners feeling more vulnerable, given prisoners have expressed concerns about what other prisoners are capable of (e.g., when in for murders, torture), and the associated threat that different prisoners pose due to the frustrations and hardships tied to living in highly secured custodial spaces with few privileges (e.g., extensive hours being locked in cells). This threat creates a need for prisoners to watch their backs. Overall, prison living is mundane, yet unpredictable, and thus, any person for whatever reasons can be susceptible to victimization when incarcerated. Further, the victimization can change forms depending on the characteristics of the institutions and other prisoners.

Variations in Victimization Across Security Classification

Experiences of victimization may change form in prisons of different security classifications. Men and women in less secure institutions, such as minimum, are more at risk of being accused of engaging in misconduct and thus being transferred to a more secure institution where they would

have fewer privileges and freedoms, while prisoners in more secure institutions are often working toward being transferred to a less secure institution where violence and victimization are less pronounced. Prisoners, across institutions, do report that there is a need to keep their parole eligibility quiet in prison because their pending release can put a target on their backs as another prisoner may attempt to nullify their parole eligibility by engaging them in misconduct (i.e., altercations or something of the sort) that results in institutional charges or delayed parole. Prison atmospheres are often hostile and tense, with an underlying violent potential; understanding that what constitutes violence is wide ranging—it can be physical, psychological, emotional, legal, or in-kind—is of value as all prisoners (and prison staff) are vulnerable.

Measuring Victimization in Prison

Researchers reveal that knowledge of victimization in prison is rather underdeveloped because of the many difficulties they encounter when seeking to measure its occurrences. Indeed, any reliance on formally documented occurrences of victimization provides a skewed result that would suggest victimization is less frequent than it occurs in actuality. As such, measures that do not rely on aggregate data collected by prison staff are essential. The two most commonly used research methods to learn about, classify, or measure victimization are survey and behavioral studies. The former often relies on the self-reports of prisoner populations when asked questions specifically about their experiences of victimization in prison. Generally speaking, these studies use questionnaires that are administered on paper to prisoners and produce localized results that are difficult to generalize across different populations and prisons. For example, patterns of victimization reported may be specific to the sample surveyed because of the conditions in that particular prison or characteristics of that prisoner population. The latter, behavioral victimization studies, involves the researcher focusing on how prisoners alter their behaviors to avoid altercations and possible victimization. Avoidance behaviors include individual reports of constantly being nervous or on guard when in prison or avoiding areas perceived as *risky* (e.g.,

bathrooms, showers, or other areas outside of the security cameras' range). Research on prisoner behaviors can then be used to delineate specific patterns of victimization as they affect different prisoner populations as well as staff. Although this body of research is small, implications include providing insight into the patterns and the degree of vulnerabilities prisoners experience—how safe they do or do not feel. Such understandings may help to create safer prison spaces for prisoners and staff alike.

Effects of Victimization in Prison

Although prisoners are victimized behind prison walls, these experiences can and do negatively affect the ways prisoners and prison staff view the justice systems as well as the long-term community reentry potential of prisoners. Government and prison management and staff are collectively responsible for the safety and security of correctional facilities and all those within. The existence of victimization, either among prisoners or staff, is suggestive of inadequacies within these penal systems that result in unsafe and insecure environments, in some cases even a lack of justice. Prisoners and staff members that experience victimization, particularly when the perpetrators are neither held accountable nor acknowledged, may manifest a lack of faith in the prison system and systems of justice more generally—this is most pronounced with legal victimization. Experiences of victimization can also negatively impact a victim's self-esteem, confidence, social functioning, and psychological well-being. The combination of little faith in systems of justice and a compromised sense of self or well-being leaves victims even more prone to difficulties during prison and after incarceration during reentry.

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See also Prison Gangs and Strategic Threat Groups; Prison Misconduct, Prediction of; Prison Rape Elimination Act; Prison Reform; Prison Security Levels; Prisons; Psychology of Criminal Conduct

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VICTIMS OF CRIME

Crime victims are persons harmed by criminal acts, as defined by law. Although most criminal violations have identifiable victims, some crimes are considered victimless crimes; these commonly comprise transactions conducted between willing participants who are interested in the exchange and do not consider themselves victims (e.g., gambling or prostitution in states that prohibit such activities). Victims include direct or primary victims who are persons directly harmed by the criminal act; secondary victims who are commonly family and friends of direct victims, and in some cases, first responders who attended to direct victims; and tertiary victims who are those exposed to the harm indirectly (e.g., as through media communications). Victimization includes physical, sexual, psychological, and financial harm, experienced in person, indirectly, or via the Internet. Since many victims have to go through the criminal justice process while their violator has his or her day in court, an important aspect of the victimization experience is related to victim participation in criminal justice proceedings and encounters with the system's agents, including police, prosecution, judges, and parole staff in regard to an offender's request for early release. This entry addresses the history of the study of victims, types of victimization and their effects on victims, and the role of victims in the criminal justice system.

History of the Study of Crime Victims

Until the 1970s, victims in adversarial criminal justice systems in countries such as the United States, Canada, the United Kingdom, or Australia have been invisible. Issues of victims and victimization were also ignored in research and scholarship until that time. The role of victims in crimes was first given attention in 1947, when Benjamin Mendelson coined the term *victimology* and classified victims according to their contribution to the law violation, from being totally innocent to totally responsible. Soon thereafter, Hans von Hentig authored *The Criminal and His Victim* (1948), and examined proneness for victimization, classifying persons according to their vulnerability

for becoming victims (e.g., the young, immigrants, those with developmental disorders). In 1957, Marvin Wolfgang published *Patterns in Criminal Homicide*, in which he identified the phenomenon of victim-precipitated homicide. He demonstrated that in over one quarter of the homicide cases in Philadelphia, the victim initiated the use of violence or a weapon. Wolfgang concluded that in such circumstances who becomes a victim and who is an offender is a random event. Menachim Amir's *Patterns in Forcible Rape* (1960) was a controversial study of rape that adopted Wolfgang's framework; his suggestion that rape victims may precipitate their victimization was highly criticized. Other studies that featured this framework included André Normandeau's 1968 work "Patterns in Robbery."

The study of victims initially focused on the ways victims shape their offender or contribute to their victimization. In later years, with the impetus from the President's Commission on Law Enforcement and Administration of Justice (1967), issues such as reporting crime to authorities, victims' motives to report victimization, and police responses to crime and victims were noted. The concept of *dark figure* crime (i.e., crime that remains unknown since victims do not report their victimization) began to be the subject of research. Victimization surveys (i.e., research that measures victimization by surveying the general population about their victimization and whether it was reported to the police) were offered to rectify the validity of official statistics and adjust the size of the crime phenomenon as it appeared in official statistics. In the 1970s, activities by the women's movement called attention to victims of domestic violence and sexual assault, leading to legislation that addressed violence against women, including new offenses such as stalking, family violence, and sexual harassment. With the emergence of the Crime Victims' Rights Movement in the 1980s, attention was directed to the criminal justice system's mistreatment of victims resulting in victim alienation and dissatisfaction with justice proceedings. The movement's activities led to reforms which resulted in various victims' rights, including notification and right to be present in proceedings, compensation and restitution, safety from intimidation, speedy trial, and rights to participate in proceedings and provide decision-making input.

Today victimology is considered an area that complements criminology (i.e., the study of crime and criminals), addressing questions pertaining to victims, victimization, and the role of victims in justice proceedings. The field is interdisciplinary, incorporating insights from the various social sciences, including anthropology, sociology, psychology, economics, political sciences, socio-legal studies, as well as public health, psychiatry, and medicine.

Types of Victimization and Their Effects on Victims

Victimization takes many forms; regardless of the type of violation, there are commonalities in the ways victims experience and respond to victimization. There are also unique victims' responses, dependent on the offense type and circumstances, victim personal attributes, and history of victimization. Research has also addressed patterns of reporting behavior and motives to report victimization. Common reasons for which victims do not report include: victim belief that the victimization is not important enough to report, that the police cannot do anything about it; fear of retaliation by the offender; the victim has dealt with it in another manner; and combinations of these reasons; the frequency of each reason may differ according to offense type. This section discusses the most common types of victimization, according to official statistics and national victimization surveys. With the advancement of technology, victimization now occurs in virtual spaces, new types of victimizations have emerged, and traditional offenses that were once only perpetrated in person now take place in cyberspace (e.g., stalking, harassment, threats, fraud).

Sexual Violence

Victims of all ages experience sexual violations that range from molestation (i.e., sexual contact), harassment, stalking (i.e., repeated pattern of unwanted attention) to sexual assaults or rapes—the latter being the most serious form of sexual violence. Both females and males can be the victims of sexual assault, although the majority of rape victims are females, between the ages of 16 and 35 years. Rape myths about women (e.g.,

when women say no they do not mean it; if women drink alcohol, dress, or behave in a certain way, they are *asking for* sexual contact) have contributed to their victimization. Underage persons (i.e., younger than 18 years) are often sexually assaulted by persons familiar to them—relatives, family friends, neighbors, and parents. Children, often as young as 8 years of age, are being trafficked for pornography and commercial sex, to meet the demand that some people and pedophiles have for young partners. Sexual assaults result in severe mental trauma for victims, particularly children. Short- and long-term effects include nightmares, post-traumatic stress disorder, depression, anxiety, distrust of others, difficulties in having normal sexual relations as adults, and in some cases, suicide. Rape in marriage is a common form of domestic violence, which is currently criminalized in all states in the United States.

Victims and Survivors of Homicide

Persons of all ages are victims of homicide. Killing can be planned (i.e., murder) or unintentional (i.e., manslaughter), accidental, or occur in the process of committing other crimes. Women are more often killed by intimate partners than by strangers. Men are often killed by other men; gang- and organized-crime-related homicide commonly involve men as victims, although missed hits or random shooting may take the lives of innocent bystanders of all gender categories and ages. Survivors of homicide victims, the family members, and friends of victims who were murdered or killed are considered the indirect victims of homicide; they go through a long, difficult grieving process. Research has shown that they experience post-traumatic stress disorder, the level of which depends on survivors' degree of resilience, social network support, and events that follow the death (e.g., having to move, change schools). Research also suggests that survivors commonly claim that closure is never reached and constant reminders (e.g., empty chair at the table; birthdays of the murder victim) bring back memories and cause sadness, making it difficult to forget. Death due to homicide (compared to death resulting from illness or due to natural disaster) is also associated with the criminal justice proceedings of the perpetrator, which many include a

defense attorney blaming the victim, tarnishing the victim's reputation, or denying the perpetrator's responsibility; media attention to the case; and disturbing broadcasting of the case details and proceedings. All of these have the potential to cause survivors additional stress and grief.

Domestic Violence and Related Offenses

Violence against family members (i.e., abuse or violence against present or past spouses, intimate partners, children, parents, in-laws) or those who share the same household (i.e., roommates) is defined as domestic violence. Child abuse and elder abuse include mistreatment of minors and the elderly that consists of physical, sexual, and/or emotional victimization, as well as neglect, often perpetrated by family members or other caretakers. Much of the research has been conducted on intimate partner (i.e., married, co-habituating, or ex-partner) violence. It includes physical, sexual, financial, or emotional abuse and at times includes victimization of an abused partner's children or pets.

Domestic violence is characterized by control and domination of the victim; the battering is often unpredictable and can be triggered by the victim's action or behavior. An abuser tends to isolate victims, belittle them, destroy their self-image, and convey the idea that they cannot live or manage on their own, increasing their dependence on the abuser. Victims often do not report abuse to authorities for a long time, as they attempt to satisfy the demands of their abuser, hoping he or she will change.

Victims are often emotionally and economically dependent on the abuser, making it harder to leave, particularly if they have children together. Victims also do not leave for fear of retaliation; research shows that victims are at heightened risk when they try to separate from their abuser, a phenomenon known as *separation assault*. Stalking (i.e., patterns of behavior aimed at initiating another person) is also associated with attempted separation from an abusive intimate partner.

Immigrant women are particularly vulnerable to abuse, as they often are, or believe they are, dependent on their abuser, since the abuser often uses immigration papers as a weapon to compel the wife (or girlfriend) to conform to the abuser's

demands, threatening the loss of immigrant status or reporting the wife (or girlfriend) to authorities. Abused women may also fear that if they report the battering the abuser (commonly the husband or boyfriend) will be deported, and these women will lose their source of support or their immigration status.

The high prevalence and incidence of domestic violence victimization has been associated with high costs to society in terms of medical expenses, lost working days for the victims, and most importantly, negative impact on children who grow up in abusive homes. Many countries and states have passed domestic violence laws, which in some cases mandate the arrest of batterers as well as provide for various services to victims (e.g., counseling, shelters, compensation).

Property Crime

Property crime is the most frequent type of victimization. It includes various forms of misappropriation of property, such as theft, burglary, or robbery (the latter has also elements of violent crime, due to the perpetrator's hostile face-to-face encounter with the victim, which is normally absent in burglary). Victims of property crime experience stress and anxiety due to the loss of material goods or money, and in some cases experience severe trauma. Those victimized by burglary report trauma related to their home intrusion and violation of privacy; they also fear that the perpetrator may return, particularly if they report the crime. Victims of robbery experience serious trauma as the crime is commonly perpetrated with a weapon or threats to use a weapon if the victims do not comply with the demand to surrender their valuables or money. Victims of property crimes such as theft or burglary often do not report their victimization because they do not believe the police can do anything about it. Victims tend to report when an insurance claim is involved and reporting to the police is required (e.g., in cases of auto theft).

Financial Crime

Persons of all ages are victims of financial crimes, although the elderly experience financial abuse more often than other age groups. Financial crime

takes various forms, including telemarketing, mortgage fraud, mass marketing (domestic and international), phishing, and Ponzi schemes, often appearing as affinity fraud whose target victims are in-group members (e.g., immigrants of a specific ethnicity, religious and minority groups, the military). Identity theft is also associated with loss of money, and its victims go through a long, debilitating process of proving they were victims of fraud and restoring their credit. Victims of financial crimes are often too embarrassed to report the victimization, as they are concerned with being viewed as greedy, stupid, or otherwise responsible for their own victimization. Financial abuse is often perpetrated by family members, caretakers, or persons working in residential facilities who have access to or control over the finances of dependent elderly residents. Dependent persons often rely on family members or caretakers for their survival or comfort and thus are particularly vulnerable to financial abuse. These victims are not likely to report the victimization for fear that they would lose the support and help of their caretakers, on whom they are highly dependent.

Role of Victims in the Criminal Justice System

The role of victims in a criminal justice proceedings of adversarial legal systems (e.g., the U.S. legal system) has changed dramatically over the centuries—from a system in which victims were expected to deal with offenders directly, to one in which the state now assumes the duty of bringing offenders to justice. Because in adversarial systems, the parties to proceedings are the state and the accused, victims do not have a party status; at best, they serve as witnesses at the trial of their violators. For most victims, even their role as a witness will not always materialize, due to the high attrition of cases that reach the criminal justice system, as well as high rates of negotiated pleas between the prosecution and the defense. Consequently, until the 1970s, crime victims have been neglected by the criminal justice system, feeling forgotten, alienated, and dissatisfied with justice. During the 1970s and 1980s?, with the emergence of social movements that addressed women's concerns (e.g., sexual

assault and other forms of violence against women, and Mothers Against Drunk Driving) and the concerns of victims in general, the treatment of victims in justice proceedings began to attract attention. Victims are now accorded various privileges and rights, including notification about proceedings, right to be present in proceedings, the right to receive restitution from the offender or compensation from the state, the right to a speedy trial, and most importantly, the right to be consulted and provide input into criminal justice decision-making regarding the person who violated them. Victim input may apply to issues such as charges filed, bail requested, plea bargain specifics, sentencing (by means of a victim impact statement), and whether a convicted offender is released on parole. Although currently there are no legal sanctions for nonenforcement of these rights, they nonetheless signify an important step in the criminal justice approach to victims, viewing victims as insiders rather than outsiders and as important participants in justice proceedings.

Edna Erez

See also Domestic Violence Courts; Internet Exploitation and Child Luring; Internet Sexual Offenders; Internet Victimization; Intimate Partner Violence; Intrafamilial Child Molestation; Victim Assistance Programs and Legislation; Violence Against Children

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Violence Against Children

Many misconceptions exist about violence against children. When thinking of *violence*, many people may think about physical harm or child abuse. However, violence against children not only involves the intentional harming of a child or adolescent but also includes mental anguish and neglect. Furthermore, violence does not only occur

in the home at the hands of parents or guardians and does not always result in the child being removed from the home and placed into a safer environment. This entry addresses the types of violence against children, where child violence occurs, who commits child violence, and the effects of violence on children.

Types of Violence Against Children

Violence against children is not uncommon. An estimated 1 billion children are victimized worldwide every year. Violence against children can take many different forms, including the following:

Physical violence against a child is recognized as an act of using an object (e.g., a belt) or a part of one's body (e.g., an open hand or a foot) as a way of controlling a child through physical force that results in pain or physical injury. Examples of physical violence include, but are not limited to, hitting, hair-pulling, beating, kicking, force-feeding, deliberately exposing a child to severe weather or harsh temperatures, and murder. Within physical violence, medication abuse can occur. This happens when a caretaker withholds necessary medication, does not comply with prescription instructions, or either over- or undermedicates the child. Another subset of physical violence is known as *restraints abuse*. Restraints abuse occurs when a child is forcibly confined to a room such as a closet or a basement or is forcibly confined to an object such as a bed or a chair via physical restraints. Similarly, giving a child unnecessary medication as a means of control is considered restraints abuse (e.g., administering a sedative or an antihistamine on a regular basis for sedation).

Sexual violence against a child occurs when a child is forced into a sexual act, such as rape or molestation (i.e., kissing and fondling). However, sexual violence can also occur in instances such as forcing the child to take part in or watch pornographic material, beating the child's sexual genitalia, or forcing the child into prostitution. Generally, children cannot legally consent to having sexual relations with an adult. The age of consent for sexual relations varies throughout the United States and the world, and *consensual sex* between an adult and an adolescent may be legal, depending on the state or country, age of the adolescent, and age of the adult.

Emotional violence against a child occurs when mental pain is intentionally inflicted as a means to control the child with feelings of worthlessness. Such violence occurs through acts such as name calling, telling a child that he or she should not have been born, and teasing, humiliating, and degrading the child.

Psychological violence is the use of threats, both verbal and physical, to instill fear in the child to gain control. This violence consists of threats of violence, verbal aggression, isolation (i.e., not allowing the child to interact with friends and keeping the child out of school), destroying items that the child is fond of (i.e., burning a favored toy or killing a pet), and treating the child as a servant. Psychological violence can also occur when a child is directly exposed to violence against someone else, including witnessing domestic violence perpetrated against a parent or caregiver.

Spiritual or religious violence is recognized as using a child's spiritual or religious beliefs in a negative way to gain control, such as mocking and demeaning the child's beliefs or manipulating beliefs to make the child comply with another person's demands. An example would be a clergy member justifying molesting a child by saying that God wanted it to occur.

Cultural violence takes place when the culture, religion, or tradition in which a child is being raised inflicts harm as a result of its rituals or practices. For example, some cultures allow female circumcision, sexual slavery, and child brides.

Verbal abuse is recognized as a separate form of abuse to describe emotional abuse, along with threats, which are typically considered psychological abuse.

Neglect is recognized as a caregiver failing to provide the care or assistance needed by the child. Physical neglect occurs when items such as food, water, shelter, clothing, and friendship are either withheld or inadequate. Medical neglect occurs when the special dietary or medication needs of a child are either withheld or are not adequately met.

The types of violence against children can usually be divided into four categories: self-directed violence, interpersonal violence, corporal or physical punishment, and humiliating or degrading punishment. It is important to remember that the

types of violence against children often overlap with each other and rarely occur singularly. Although not necessarily violence against a child, *self-directed violence* occurs when a child self-mutilates (e.g., cutting, hair pulling) or attempts to commit or successfully commits suicide. Children often commit acts of self-directed violence after being victimized. *Interpersonal violence* encompasses typical forms of abuse (i.e., physical, sexual, and psychological abuse, as well as neglect). *Corporal punishment* is physical abuse, including but not limited to hitting, shaking, and burning the child. *Humiliating or degrading punishment* encompasses verbal abuse, emotional abuse, and psychological abuse.

Where Does Violence Against Children Occur?

Violence against children occurs in places that are obvious, such as the home, but it can also occur in places that are typically thought of as safe for children, such as daycare or a foster home. A landmark 2006 study conducted by the United Nations found that violence against children is widespread, occurring across the world, in every society, and in every culture. However, the violence often occurs in settings that allow for easy access to a child and little-to-no detection of the violence occurring.

In the Home

While it seems ironic, children are at the greatest risk of becoming victims of violence in their homes, with the most vulnerable being younger children. For example, children who become victims of sexual abuse most often know their attacker, who is often a member of their family or a family friend. With regard to physical abuse in the home, in 2012, approximately 60% of children between the ages of 2 and 14 worldwide experienced regular physical punishment by their caregivers, and it is well known that when used harshly, discipline can cross the line from correction to violence.

In Schools and Educational Settings

Children often fall victim to violence in schools. Children are most often exposed to

psychological violence in school, through humiliation, degradation, and insulting comments made by teachers or school officials. Bullying is also considered a form of violence against children and is most often seen in or near the school grounds.

In Care of the State and Justice Systems

Determining the total number of children in the care of the state and justice system around the world is currently impossible because of lack of record keeping. Estimates from the early 1990s indicate between 6 and 8 million children throughout the world were living in some form of governmental or nongovernmental residential care; in 2007, the United Nations International Children's Emergency Fund estimated that 1 million children were detained in some sort of justice system worldwide at any given time. Violence against children in these settings occurs at the hands of individuals responsible for their well-being as well as other children. Not infrequently, medication abuse occurs as a means to make a child more *compliant* or manageable.

In Work Settings

Violence against children in the workplace typically occurs in countries where children work, whether legally or illegally, where few to no child labor laws exist. The abuse can occur in the form of coercion or punishment or in violation of existing child labor laws. The majority of the violence is inflicted at the hands of the employer; however, coworkers, supervisors, and customers can also be offenders.

In the Community

The community is most often where children become victims of peer, gang, and police violence as well as nonfamilial sexual violence and trafficking. However, community violence rarely affects children at random, rather, targeting children who spend a great deal of time on the streets. A more recent type of community violence is cyberbullying. While it has existed since the beginning of the Internet, cyberbullying was first prohibited by law in Colorado in 2005.

Who Commits Violence Against Children?

Violence against children occurs in almost every setting, so it is likely not surprising that it can be committed at the hands of almost anyone. Perpetrators of violence against children are not isolated to a specific gender, race, religion, or socioeconomic class. Although it is not uncommon for peers and strangers to prey on children, the typical offenders are individuals in a position of power (i.e., parents, caregivers, teachers, and police officers). Most of the research on individuals who commit violence against children focuses on the typology of male sex offenders.

Effects of Violence on Child Victims

The effects of being a victim of childhood violence generally vary according to the severity of the violence. However, no matter the severity of the offense, the ramifications of the violence can still be detrimental to the health, well-being, and development of a child. As a result of violence, children can experience a myriad of emotional difficulties, which can continue into adulthood (e.g., depressive disorders, traumatic stress disorders, anxiety disorders). Up to 80% of childhood violence victims meet diagnostic criteria for at least one psychological disorder as adults.

Child victims can also experience medical problems and stunted development, with extreme cases leading to death. For example, child victims of violence can experience maladies such as brain injuries, failure to thrive, nutritional deprivation, sexually transmitted diseases, scarring, and intellectual disabilities. In fact, over a quarter of children who were victimized have chronic health conditions.

Furthermore, children who are victims of violence are at greater risk of becoming violent toward themselves and others in the future. Due to their exposure to violence, children are taught that violence is an acceptable and appropriate way to cope with problems and to deal with others, and this impacts their psychosocial functioning. For example, individuals who are victimized as children are 30% more likely to be involved in violent crime as an adult. Similarly, 68% of incarcerated adult male felons reported experiencing some type of victimization before the age of

12 years. Moreover, childhood victims of violence may turn their aggression inward. For example, close to a third of children who have been sexually abused attempt suicide. Finally, children who are victims of violence are susceptible to developing behavioral problems (e.g., substance misuse and promiscuity). More than two thirds of people in treatment for substance misuse were maltreated as a child. Similarly, individuals who are victimized as children are less likely to practice safe sex, putting them at greater risk of sexually transmitted diseases.

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See also Bullying; Child Maltreatment and Psychological Development; Cyberbullying; Suicide and Self-Harm, Linkages to Violence Risk

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VIOLENCE RISK APPRAISAL GUIDE (VRAG) AND THE VIOLENCE RISK APPRAISAL GUIDE–REVISED (VRAG-R)

The VRAG and the VRAG-R are actuarial instruments designed to estimate the likelihood with which a male criminal offender or forensic psychiatric patient will be charged for at least one new violent offense within a 7- or 10-year period of opportunity to reoffend. Opportunity to reoffend is defined by community access, and violent offending is defined to include hands-on sex offenses. An actuarial instrument derives a probability of a future event's occurrence by tabulating the frequency with which the event has occurred in the past among individuals from a similar population.

Many decisions about offenders in the criminal justice and forensic psychiatric systems are dependent on formal or implicit appraisals of risk—most importantly, in terms of community safety, the risk of an offender committing new violent or sexual offenses. Risk appraisal is therefore relevant to granting bail, sentence length, amount of supervision on parole and probation, release to the community, and assignment to institutions varying in level of security. As with a number of actuarial instruments, the VRAG and the VRAG-R were designed to assist in the determination of the degree of risk posed by individual offenders.

The VRAG

In the case of the VRAG, offenders were followed after release from incarceration and the frequency with which they committed additional violent or sexual crimes was noted. Prerelease characteristics of these offenders were then related to whether they had committed a new violent or sexual

offense. The characteristics that were most highly related to recidivism were combined to yield a single score that could be used to estimate the probability of violent/sexual reoffending in new cases.

VRAG Items

The VRAG comprises the following items:

1. Revised Psychopathy Checklist score (a rating instrument devised by Robert Hare to measure psychopathic personality traits such as callousness and duplicity)
2. Elementary School Maladjustment score
3. meets psychiatric criteria for any personality disorder
4. age at time of the index offense (negatively related to recidivism)—the index offense is the offense leading to institutionalization or referral
5. separation from either parent (except death) under age 16 years
6. failure on prior conditional release
7. nonviolent offense history
8. never married (or equivalent)
9. meets psychiatric criteria for schizophrenia (negatively related to recidivism)
10. most serious victim injury in index offense (negatively related to recidivism)
11. alcohol abuse score
12. female victim in index offense (negatively related to recidivism)

The items were selected from a larger pool based on their relationship to violent recidivism rather than on theoretical or commonsensical ideas, so they may seem counterintuitive. The negative relationship between schizophrenia and violence risk is an exemplar of such an apparently anomalous result. The reason for this negative relationship becomes apparent on reflection: In studies of the general population, schizophrenia and other major mental disorders are modest risk indicators but are much poorer risk indicators

than diagnoses of personality disorder, sexual deviance, and substance abuse. Thus, when a sample of offenders is studied, schizophrenia appears to be a protective factor because those with schizophrenia are being compared to a group composed largely of offenders who are personality disordered, paraphilic, and/or substance abusing. Similar considerations apply to some of the other items. Murderers have, on average, lower rates of violent recidivism than a group of unselected offenders; offenders who have female victims do not contain homosexual pedophiles (who have high rates of sexual recidivism). Part of the issue with both murderers and offenders with female victims is that a substantial proportion of both groups committed their admission offense against their spouse and such individuals tend to have low rates of violent recidivism.

Some readers may point to exceptions to the assertions in the preceding paragraph, such as domestic murderers who turned out to be serial killers or serial rapists (of women). Two considerations temper the force of these objections. The first (and weaker) is that the instrument deals in probabilities not certainties. Second, and more importantly, the items work together, rather than in isolation. It is the combination of items (e.g., a pattern of early antisocial behavior coupled with an adult offense) that yields a high-risk score. The VRAG is in part a measure of the persistence of antisocial and criminal behavior across the life span. In the end, however, it is not theoretical ideas, commonsense notions, or anecdotes derived from one's personal experience or reading that count but only the empirical relationship between the actuarial measure and outcome.

Principal Results

Data from the original sample of 618 offenders are shown in Figure 1. Each offender had been assessed or treated at a maximum-security psychiatric facility in Ontario, Canada; most of the assessed-only offenders were subsequently sentenced to correctional facilities before their release. VRAG scores are divided into nine equal-sized ranges (bins), and the probability of violent recidivism is shown by the height of the bar for each bin. The line denotes the number of offenders in each bin. Figure 1 shows the linear relationship

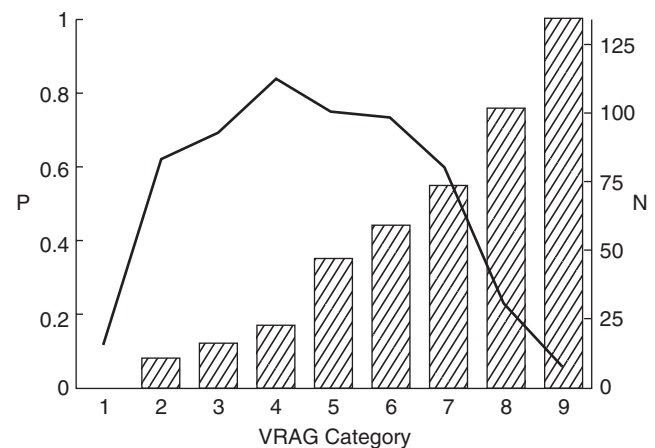


Figure 1 Probability of violent recidivism as a function of the score on the Violence Risk Appraisal Guide (VRAG).

Source: Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. (1998). *Violent offenders: Appraising and managing risk* (2nd ed., p. 148). Washington, DC: American Psychological Association.

between VRAG score and the likelihood of violent reoffending and that relatively few individuals receive very high or low scores.

Accuracy of Prediction

The measurement of predictive accuracy is complex and has sometimes been controversial, although in 2015, there is a consensus among statisticians about what methods should be used and how the results of these should be interpreted. Actuarial methods are used for prediction and evaluated similarly in many areas, such as medicine and the insurance industry. One simple way of indexing predictive accuracy is to calculate the likelihood that a randomly sampled individual from one outcome group (in this case, violent recidivists) will have a higher score on a predictive instrument than a randomly sampled individual from the other group (those not committing such offenses). This probability in the case of the VRAG is approximately .75, indicating sufficient accuracy to be useful in practical decision-making about release and supervision for individual offenders. It is important to understand that an actuarial instrument (or any other method of prediction) is less useful when applied to a population in which the base rate of the phenomenon to

be predicted is very high or very low. This would occur in the case of the VRAG where almost all or almost no offenders in a particular population committed new violent offenses. Thirty-one percentage of offenders in the original sample were violent recidivists in 7 years at risk.

The accuracy of the VRAG compares favorably with other methods of predicting violent reoffending. It has long been known that mental health professionals, including experienced forensic psychologists and psychiatrists, show poor agreement among themselves in predicting violent recidivism, overpredict its occurrence, and are less accurate than actuarial instruments. The accuracy of clinicians can be improved by structuring their judgment with standardized rating scales or checklists, although research indicates it usually falls short of that obtained with actuarial instruments such as the VRAG. Neither professional judgment nor structured discretion methods yield an actual probability of violent reoffending. However, the absolute probability of reoffending is not critical for all types of decisions. For example, forensic or correctional administrators may have fixed budgets for treatment or supervision and may wish to differentially provide these to higher risk cases. Relative risk, as indexed by the percentile rank of the offender on the VRAG, is appropriate for this type of decision.

Replications

Since the VRAG was introduced in the 1990s, there have been about 60 replications around the world, most of which were conducted by individuals unconnected with the VRAG authors. The VRAG, like most actuarial instruments, is robust upon replication: For example, accuracy in predicting violent recidivism in the community in six studies conducted by the VRAG authors averaged .73 and averaged .72 in 20 replications conducted by others.

The VRAG-R

The VRAG-R, first published in 2013, was developed primarily to simplify the VRAG scoring system. The VRAG-R correlates highly with the VRAG and has nearly identical accuracy of prediction. Because the VRAG-R is easier to score,

the developers of the VRAG and VRAG-R recommend use of the latter.

The sample of 1,261 offenders used for its construction included the offenders used to develop the VRAG. The VRAG-R has 12 items, each scored or weighted according to the direction and magnitude of its relationship to violent (including sexual) reoffending, and then summed to obtain a total score. The items are historical (static) in nature and do not change with time, unless there is a new offense and the offender is reassessed.

VRAG-R Items

The VRAG-R items comprise the following:

1. lived with both biological parents to age 16 years (negatively related to recidivism)
2. elementary school maladjustment
3. history of alcohol or drug problems
4. marital status at time of index offense
5. charges for nonviolent offenses prior to index offense
6. failure on conditional release from corrections
7. age at index offense (negatively related to recidivism)
8. charges for violent offenses before index offense
9. number of prior admissions to correctional institutions
10. conduct disorder before age 15 years
11. sex offending
12. antisociality: poor behavioral controls, early behavioral problems, juvenile delinquency, revocation of conditional release, criminal versatility

The items are designed to be scored from information contained in the offender's file: a detailed psychosocial history or parole/probation assessment, psychological and psychiatric assessments, court records, criminal history, and psychiatric history. Given adequate information, it is not necessary for the assessor to interview the offender to

complete the assessment. To the degree possible, information from multiple sources is used. It is particularly important for assessors to corroborate information obtained from offender self-report. When there is missing information for a particular item, it can be prorated (estimated) according to a formula. Up to 4 items can be prorated to obtain a valid score. Trained raters show extremely close agreement when independently scoring the same file.

The Nature of Static Risk

The VRAG-R is designed to predict the occurrence of at least one violent reoffense in a lengthy period of opportunity. Intervals of opportunity ranging from 6 months to 49 years have been examined and the VRAG-R performs well in all of them. The predictions in all cases were made at the time the offender was assessed subsequent to the commission of the index offense, thus changes in the offender that may have occurred during institutionalization or post-release were not considered. It is the case, however, that offenders are slightly less likely to reoffend with each year of opportunity to reoffend they complete without reoffending. There is a formula to compute this reduction in risk. Time spent in forensic or correctional institutions after assessment, however, does not reduce risk.

Theoretical Interpretation

The principal implication of the results of the research leading to the development of the VRAG-R is the concrete demonstration of the large variation in risk of violent reoffending posed by different offenders.

The VRAG-R items are individual-level correlates of crime, most of which have been extensively documented in many societies throughout the world. They are part of a larger class of variables sometimes termed *universal correlates of crime*. Individual correlates are distinguished from aggregate correlations. Aggregate data are collected at the country, region, or census tract level—for example, one can compare the overall crime rates among different countries or correlate the association between income disparity and crime in a particular jurisdiction. Correlations

based on aggregate data are often different than correlations based on individual data. There is, for example, a strong association between poverty and crime at the aggregate level but a weak association between poverty and crime at the level of individuals. This particular difference may exist simply because most poor people do not commit crimes, although other factors also contribute. Knowing an offender's socioeconomic status, therefore, does not help one in forecasting the likelihood of a particular offender's recidivism.

The items of the VRAG-R were selected empirically based on their success in predicting violent recidivism, not for theoretical reasons, and therefore do not in themselves constitute a theory of violent offending. The success of the instrument, a result of the lawfulness of violent offending, does have theoretical relevance; however, in that, it constitutes data to be explained by a successful theory.

The Future

The developers of the VRAG-R and most other actuarial methods designed to predict recidivism of various kinds hope that their instruments will become obsolete with the development of more effective interventions. With a perfectly effective intervention, the only information pertaining to risk a decision maker would need is knowledge of whether the offender received the intervention. More realistically, if a particular intervention had been shown to reduce the likelihood of violent reoffending by a certain amount, that amount could be incorporated into the actuarial estimate of risk via a simple formula. Alternatively, a measure of response to intervention could be developed that could be used in similar fashion. At present, this desired objective has not yet been met. Although there are some treatments or interventions for offenders that have been shown to reduce criminal recidivism, none demonstrate convincingly that the likelihood of violent or sexual reoffending among high-risk adult offenders can be reduced to the extent that it need be reflected in an actuarial prediction method.

A great deal of program development work and rigorous evaluation will be required before the

receipt of or response to intervention can be used to modify actuarial estimates of risk.

Vernon L. Quinsey

See also Criminal Risk Assessment, Generations of and Criminal Risk Assessment, Violence; Criminal Risk Assessment, General Offending; Criminal Risk Assessment, Sexual Offending; Risk Assessment, Actuarial

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VIOLENCE RISK SCALE (VRS)

The VRS, developed by Stephen Wong and Audrey Gordon, is a forensic risk assessment tool designed to assess the risk of violence, identify treatment targets for violence reduction treatment, assess an individual's readiness for treatment, and evaluate treatment progress and posttreatment level of risk. Forensic risk assessments are widely used in clinical, forensic, and correctional practices and offender management. The VRS has been referred to as a *treatment-friendly risk assessment tool* because, unlike tools with only historic or static predictors that are not amenable to change, the VRS uses dynamic risk predictors that can change with time or treatment. Thus, the VRS integrates the tasks of violence risk assessment and treatment guidance within the same tool. This entry describes the structure and organization of the VRS including its application to different forensic populations together with supporting research evidence.

Using Static and Dynamic Predictors to Assess Change in Risk

To predict risk of violent reoffending, the VRS uses six static and 20 dynamic predictors (Table 1) that are empirically or theoretically linked to violence or reoffending. The predictors were derived from the widely used Risk-Need-Responsivity principles and an extensive review of the risk assessment and treatment literature.

Detailed descriptions of the static and dynamic predictors and rating instructions are provided in the VRS manual. The VRS dynamic and static

Table 1 VRS Static and Dynamic Predictors and Descriptions

<i>Static Predictors</i>	
S1	Current age: Age at assessment
S2	Age at first violent conviction: Age at first formal conviction of a violent offense
S3	Number of young offender convictions: Number of formal convictions before the age of majority
S4	Violence throughout life span: Overall pattern of violent behaviors up to the time of assessment
S5	Prior release failures: Violation of conditional releases (e.g., parole, probation) prior to assessment
S6	Stability of family upbringing: Assesses early family influence on personal development
<i>Dynamic Predictors</i>	
D1	Violent lifestyle: Assesses the link of the person's interpersonal, social, and overall lifestyle and violence
D2	Criminal personality: Assesses the presence of certain psychopathic personality features
D3	Criminal attitudes: Assesses the link of attitudes favoring criminal and antisocial acts and violence
D4	Work ethic: Assesses the link of the attitude toward work and violence
D5	Criminal peers: Assesses the link of peer influences and violence
D6	Interpersonal aggression: Assesses the link of interpersonal style and violence
D7	Emotional control: Assesses the link of emotional regulation and violence
D8	Violence during institutionalization: Assesses the prevalence of violence in custodial settings
D9	Weapon use: Assesses the link of weapon use and violence
D10	Insight into violence: Assesses the person's understanding of the precipitating factors of violence
D11	Mental disorder: Assesses the link of mental illness and violence
D12	Substance abuse: Assesses the link of substance use and violence
D13	Stability of relationships: Assesses the link of the stability of spousal relationships and violence
D14	Community support: Assesses the presence of supportive community resources
D15	Release to high-risk situations: Assesses the likelihood of returning to high-risk situations linked to violence
D16	Violence cycle: Assesses the presence of repeat patterns of violent behaviors
D17	Impulsivity: Assesses the presence of impulsive behaviors
D18	Cognitive distortions: Assesses the link of distorted thinking patterns and violence
D19	Compliance with community supervision: Assesses the link of supervision compliance and violence
D20	Security level at release: Assesses the security level of the person's custodial environment

predictors are rated on a 4-point scale (0, 1, 2, or 3); higher ratings (2 or 3) indicate the predictors in question are closely linked to violence in the person's overall functioning. According to the Need principle, dynamic VRS predictors (e.g., *substance abuse*) rated 2 or 3 that are closely linked to violence should be considered as the person's treatment targets or criminogenic need areas. The likelihood of future violence could be reduced by providing suitable treatment to the person's profile of criminogenic needs (i.e., all dynamic predictors rated 2 or 3) according to the Risk-Need-Responsivity principles. Risk predictors rated 1 represent *low-risk areas*, and predictors rated 0 are considered *areas of strength*. The VRS total score, which is the sum of the static and dynamic predictors ratings, indicates the person's overall level of violence risk; the higher the score, the higher the risk. According to the Risk principle, higher VRS scorers are more likely to recidivate than lower VRS scorers and should be provided with more intensive intervention. A clinical override, for example, when a high-risk individual is deemed to be at low risk because of a serious physical disability, is also provided to accommodate exceptional situations not captured by the VRS risk predictors.

Measuring Treatment Change and Change in Risk

The VRS change rubric uses a modified stages of change (SOC) model to assess the person's treatment readiness and changes in risk during treatment based on a variation of the work of James Prochaska and colleagues. The SOC model, supported by extensive research evidence, posits that treatment improvements tend to progress through a number of stages: the precontemplation, contemplation, preparation, action, and maintenance stages. The precontemplation stage is characterized by denial and refusal to acknowledge problems. The contemplation stage is characterized by acknowledging the problems, but no action is taken to change—only talking the talk. Preparation is the contemplation stage plus taking small steps to make relevant change. Action is acknowledging problems plus taking consistent action to make relevant changes. The

maintenance stage is the action stage coupled with successfully generalizing changes to many different situations. Changes are relevant if they are expected to reduce the risk of reoffending. For example, if the person has a substance use problem but, for this person, substance use has not been linked at all to offending, treatment of substance use, though beneficial, will not be risk reducing, and refraining from using substances is not a relevant change for risk reduction. The VRS provides operational descriptions for each stage to inform treatment providers what risk behaviors and change behaviors to look for during treatment. Progression from one stage to a subsequent stage is an indication of treatment improvements.

Progression from any one stage to the next stage can be translated into a 0.5-point reduction in the pretreatment risk rating; progression through two stages, a 1-point reduction; and progression through three stages, the maximum progression, a 1.5 reduction. No risk reduction is recorded for progress from the precontemplation to the contemplation stage since no behavioral improvement has taken place, only verbal acknowledgment of problems. For every dynamic risk predictor targeted for treatment, the pretreatment risk rating minus the change score is the posttreatment risk rating for that dynamic predictor. The posttreatment risk is the posttreatment dynamic total score plus the static total score; the latter, in most cases, should remain unchanged. Administration of the VRS is detailed in the VRS manual.

Matching Treatment Strategy to SOC

According to the SOC model, treatment is most effective when it matches the person's stage of change or readiness for treatment. Assessment of SOC can inform the therapist's choice of the preferred treatment approach. For someone denying any problems (precontemplation), motivational work and building therapeutic alliances are critical. Actively supporting change and maintaining motivation are particularly important during the preparation stage. Those in the action stage can be provided with increasingly more opportunities to practice their newly learned skills.

Applications to Different Populations

The VRS has been applied to many offenders/service users groups in criminal justice and forensic mental health systems including those diagnosed with major mental illnesses, males and females, aboriginal and non-aboriginal offenders, offenders in prison and released on parole in the community, high-risk violence-prone offenders, and offenders with psychopathic and antisocial personality features. Various studies have indicated that the psychometric properties of the VRS such as interrater reliability, internal consistency, predictive, and concurrent validity are acceptable to good.

Violence Prediction Validity

The majority of criminal justice and forensic mental health work typically requires making reoffending predictions, in particular, violent reoffending predictions. Violent reoffending has a lower base rate or frequency of occurrence than nonviolent or generally reoffending and, therefore, is more difficult to predict. The predictive validity of the VRS can be evaluated by first assessing a target group using the VRS, tracking them for a period of time in the community when they have opportunities to reoffend, and determining the number of persons who reoffended. The association of VRS scores and reoffending can be determined statistically, for example, using correlation coefficients or area under the curve as estimates of the magnitude (i.e., effect size) of the association. A substantial and statistically significant association between VRS scores and violent reoffending could be considered as evidence of the predictive validity of the VRS.

The predictive validity of the VRS has been demonstrated in all the offender and service user groups mentioned previously. Most risk prediction tools can predict violent reoffending at a medium level, that is, one with a medium effect size which can be measured by a statistic such as a correlation coefficient or the area under the curve. For example, an area under the curve of about .56, .64, and .71 are often referred to as *low*, *medium*, and *high effect size*, respectively. The predictive efficacy of the VRS varies from medium to high depending on the sample in question. VRS can predict both violent and nonviolent

reoffending at various time periods post-assessment (i.e., from 1 year to over 4 years) after release to the community. Dynamic predictors were found to predict just as well as static predictors. The predictive efficacy of the VRS is expected to be lower when the tool is applied to a more homogenous group of offenders such as a group of high-risk and high-psychopathy offenders. For such a group, the VRS predictive efficacy is medium but still statistically significant. Samples that are more homogenous (i.e., with a smaller spread or a restriction of range of the group's defining characteristics) are more difficult to discriminate than a less homogeneous group. For these reasons, the predictive efficacy of the VRS is smaller (medium effect size) for a group of high-risk and high-psychopathy offenders (more homogenous) compared to that of an average group of offenders who are less homogenous (medium to high effect sizes).

Assessing Treatment Change and Reoffending

The VRS was also designed to assess risk changes such as changes over time or after risk reduction treatment. To assess change, risk has to be assessed at two or more time points, such as pre- and post-treatment or Times 1, 2, and 3. To determine that the purported risk changes are, in fact, risk related and not a measure of some spurious change, the assessed change must be significantly linked to predicted changes in recidivism. If VRS change scores could be shown to be significantly associated with reduction in reoffending, then such findings could be taken as evidence that the VRS could reliably and validly assess risk change. Risk change research is still at an early stage of development and much more research in this area is required. Very few risk assessment tools have provided empirical evidence that risk changes assessed at 2 or more time points are linked to predictable changes in reoffending.

In a 2012 study with a sample of high-risk and psychopathic offenders who had participated in a risk reduction treatment program, risk reduction assessed with the VRS pre- and posttreatment was significantly associated with reduction of violent reoffending in the community. Such

associations remain statistically significant after controlling for various potential confounds such as pretreatment risk level, psychopathy, ethnicity, length of follow-up time, and time from end of treatment to community release. The increasing body of research evidence indicates that the VRS is a psychometrically sound risk assessment tool that can be used to assess and predict violent and nonviolent reoffending as well as to assess risk changes.

Stephen C. P. Wong and Audrey Gordon

See also Criminal Risk Assessment, Combined Static and Dynamic Approaches to; Criminal Risk Assessment, Generations of and Criminal Risk Assessment, Violence; Violence Risk Scale–Sexual Offender Version (VRS-SO); Violence Risk Scale–Youth Version (VRS-YV); Violent Offenders: Treatment Approaches; Violent Offenders: Treatment Outcome Research

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VIOLENCE RISK SCALE–SEXUAL OFFENDER VERSION (VRS-SO)

The VRS-SO is a sexual offense risk assessment and treatment planning tool. The VRS-SO is made up of seven static (i.e., historical, generally unchanging) and 17 dynamic (i.e., potentially

changeable) items linked to increased risk of sexual violence. It is designed to (a) assess risk of sexual violence, (b) identify targets for sex offender treatment intervention, (c) assess readiness for change, and (d) evaluate changes in risk from treatment or other change agents.

Assessing Sexual Violence Risk

In terms of risk assessment, each item is rated on a 4-point scale (0, 1, 2, and 3) with higher item ratings indicating increased risk of sexual violence. The items can then be summed to generate static (range 0–21), dynamic (range 0–51), and total (static + dynamic, range 0–72) scores. These scores indicate the individual's level of risk of future sexual violence, with higher scores on the tool indicating higher levels of risk and the need for more intensive risk management efforts in order to prevent sexual violence. The VRS-SO yields both pretreatment and posttreatment scores; typically, only the dynamic items and resulting total score will change from treatment or other change agents. The pretreatment dynamic and total scores represent the individual's baseline risk at the beginning of treatment, while the posttreatment dynamic and total scores are adjusted to reflect any possible changes in treatment and thus represent the individual's level of risk at posttreatment.

Identifying Treatment Targets

The dynamic items of the VRS-SO are areas to focus treatment efforts. Items rated 2 or 3 are considered to be criminogenic, that is, they have strong links to sexual violence for that individual and should be prioritized in supervision. To assist with linking treatment targets to treatment planning, the VRS-SO dynamic items are organized into three factors termed sexual deviance (e.g., sexually deviant interests, sexual compulsivity), criminality (e.g., substance abuse, aggression, lack of community supports), and treatment responsiveness (e.g., attitudes and thinking facilitative of sexual violence). An individual's pattern of 2 and 3 ratings on these three factors creates a criminogenic profile of the individual's treatment needs. For instance, a man incarcerated for sexually assaulting an adult woman might have few

indicators of sexual deviance (e.g., preference for or arousal to rape, presence of other sexually deviant interests) but may have pronounced concerns in the criminality domain (e.g., history of fights and aggression, poor anger control, alcohol problems, lack of positive community supports) and on the treatment responsivity factor (e.g., negative attitudes toward women and his offense). Treatment for this individual would focus on addressing his negative attitudes and nonsexual criminogenic needs since these are most relevant to his risk of sexual violence, while it would be unnecessary to devote resources into altering his sexual interests and preferences.

Assessing Readiness to Change

The VRS-SO is also designed to assess readiness for, or motivation to, change. The VRS-SO does this through applying the stages of change (SOC) model to each dynamic item. The SOC model grew out of health psychology, and it contends that people go through a series of cognitive, behavioral, and experiential changes and they attempt to work on their problem areas. The SOC model employed is divided into five stages: precontemplation (no awareness of problem area or unwilling to change), contemplation (awareness of problem area but steps taken to address), preparation (recent behavioral changes to address problem area), action (sustained positive behavioral change over an extended period of time), and maintenance (sustained behavioral change that has withstood relevant challenges from high-risk situations). Thus, change occurs on a movable continuum, and people move up and down this continuum as they attempt to remediate a given problem area. These five stages are mapped out for each dynamic item. Individuals receiving a 2 or 3 rating at pretreatment are also assigned a baseline stage of change to indicate their level of awareness of the problem area and their willingness to address it. Very early SOC, such as precontemplation, call for different treatment engagement strategies than more advanced areas (e.g., contemplation, preparation). For instance, an individual rated in Precontemplation on several areas may require motivational enhancement strategies (e.g., empathy and validation, gentle encouragement, rolling with resistance) to prepare the individual

to look honestly at his or her issues and to address them in treatment.

Evaluating Risk Change

Risk change is evaluated on the VRS-SO using the SOC model through rating 2- or 3-rated items on their respective stage of change at the beginning and end of treatment. Individuals advancing one stage of progress (e.g., contemplation to preparation) on a given item receive a 0.5 deduction from their pretreatment score on that item, two stages a 1-point deduction (i.e., 2×0.5) up to a maximum of 1.5 points. The one exception is movement from precontemplation to contemplation, which is given no deduction since there is no risk-relevant behavioral change (i.e., the change is simply one of going from no awareness of a problem area to developing such an awareness, with no steps taken to manage it). The change ratings are then summed across each of the criminogenic items to generate a change score. The change score, in turn, is deducted from the pretreatment score to yield a posttreatment score. In turn, the change score and baseline pretreatment score are used to estimate rates of sexual and violent recidivism for a given case using an online electronic workbook. The VRS-SO can also be used with the Static-99R.

Relevant Research and Conclusions

Research from Canada, New Zealand, Germany, and Australia supports the validity and reliability of the VRS-SO. This body of research demonstrates that the VRS-SO is a strong predictor of sexual violence, with high scores predicting higher rates of sexual recidivism and low scores predicting lower rates of this outcome. The research has also shown that the static and dynamic scores on the VRS-SO play different roles in the prediction of sexual violence, and the two work better together than on their own, what is sometimes referred to as *incremental validity*. Finally, research on treated samples of sex offenders has shown that the men attending treatment tend to make significant gains from pre- to posttreatment. The resulting change scores have been found to be significantly associated with decreased sexual offending. That is, higher levels of positive change corresponding to decreases in risk have been

associated with reduced offending behavior in the community following release. These research results support the VRS-SO as a promising tool for use with adult male sex offenders to assess risk and evaluate changes in risk to inform risk management.

Mark E. Olver

See also Risk Assessment, Actuarial; Sexual Offenders: Treatment Approaches; Sexual Offending; Static-99 and Static-99R

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Violence Risk Scale–Youth Version (VRS-YV)

It is important to assess risk of future violence for adolescents who have been charged with or convicted of criminal offenses, especially when these offenses are of a serious and/or violent nature. However, assessment of violence risk in and of itself is insufficient. Risk reduction and the prevention of future violence should always be viewed as the ultimate goal of violence risk assessment. As such, tools that can bridge the link between violence risk assessment and violence reduction treatment can be beneficial to service delivery providers. The VRS-YV is arguably one such assessment tool. This entry provides an overview of the VRS-YV as well as research on its effectiveness.

Overview of the VRS-YV

The VRS-YV is part of a family of risk assessment and treatment planning tools developed by

Stephen Wong and colleagues. These include the Violence Risk Scale (VRS) and Violence Risk Scale–Sex Offender Version (VRS-SO). Both the VRS and VRS-SO have been adapted for use with youth, with the VRS-YV being the youth version of the adult VRS.

The VRS-YV is a 23-item clinician-rated measure designed to assess adolescents' risk of violent offending and inform interventions intended to reduce violence risk. Consistent with the adult version of the tool, the VRS-YV includes both historical or stable risk factors and dynamic or potentially changeable risk factors associated with future violence as shown in Table 1.

The four stable and 19 dynamic factors are rated on a 4-point scale (from 0 to 3) using broad descriptions of the constructs measured by each item included in the manual. Higher ratings indicate stronger associations between the item and future violent and/or aggressive behavior. Ratings for each item are then added together to provide static and dynamic totals and an overall score.

The VRS-YV dynamic items can also be used to identify targets for intervention and measure therapeutic change. Dynamic items rated highly (i.e., items scored as a 2 or 3) are conceptualized as problem areas requiring treatment and therefore are considered treatment targets. Each treatment target is rated pre- and posttreatment using a modified version of James Prochaska's 1992 stages of change model. The original model was used to capture efforts to change health-related behaviors. For instance, when attempting to quit smoking, people usually move along a behavioral continuum whereby they first deny they have a problem (pre-contemplation) to accepting that they might (contemplation), to preparing to making positive changes (preparation), to consistently making such changes over a substantive period of time (action), and then to maintaining such gains in the face of high-risk situations (maintenance). Using this modified stages of change model, numerical values are assigned to these stages of change and the amount of change observed on each treatment target can be assessed at Time 1, reassessed at Time 2, and quantified. Such a mechanism provides a structured way to adjust risk to account for changes made over time, with development, and during the course of treatment.

Table 1 VRS-YV Stable and Dynamic Factors

<i>VRS-YV Stable Factors</i>	<i>VRS-YV Dynamic Factors</i>	
Early onset serious antisocial behavior	Violent lifestyle	Mental disorder
Criminality	Callous/unemotional	Substance abuse
Instability of family upbringing	Criminal attitudes	Impulsivity
Exposure to antisocial behavior in family	Negative attitude toward education	Cognitive distortions
	Antisocial peers	Family stress
	Interpersonal aggression	Interaction with caregivers
	Poor emotional control	Social isolation
	Violence during institutionalization	Community disorganization
	Lack of insight	Poor compliance
	Weapon use	

Research on the VRS-YV

Preliminary research on a diverse sample of 147 Canadian young offenders referred for assessment and treatment services at a local community mental health facility suggests the VRS-YV performs similarly to other established youth forensic risk tools. For instance, the VRS-YV could be rated consistently and reliably, and VRS-YV static, dynamic, and total scores significantly predicted general and violent recidivism with moderate to high accuracy. Additional analyses further suggested that VRS-YV items tended to *hang together* in three main groups, or factors: *interpersonal aggression, antisocial tendencies, and family problems*. These factors may reflect constructs underpinning violence risk and could be used to assist case formulation and treatment planning efforts. Treatment planning may also be informed by examining the pattern of VRS-YV scores which form a dynamic risk profile (i.e., an individual fingerprint of sorts, which visually illustrates the hills and valleys of relative treatment targets and areas of strength for an individual youth).

Research examining the capacity of the VRS-YV to assess change merits further exploration, especially in light of positive findings obtained in research evaluating adult counterparts (i.e., VRS, VRS-SO).

Final Thoughts

Preliminary research supports the use of the VRS-YV with youth who may be referred for specialized assessment and treatment services (e.g., serious and violent young offenders). While additional research employing larger samples of more treated youth is clearly required, the VRS-YV is a promising tool that would seem to merit further investigation.

Keira C. Stockdale

See also Criminal Risk Assessment, Juvenile Offending; Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR); Evidence-Informed Tools for Assessing Correctional Rehabilitation Programs; Violence Risk Scale (VRS); Violence Risk Scale–Sexual Offender Version (VRS-SO)

Further Readings

Stockdale, K. C., Olver, M. E., & Wong, S. C. P. (2014). The validity and reliability of the violence risk scale–youth version in a diverse sample of violent young offenders. *Criminal Justice and Behavior*, 41, 114–138. Retrieved from <https://doi.org/10.1177/0093854813496999>

Violent Offenders

Violent offenders are usually defined by the crimes they commit—that is, violent offenders are offenders who have committed violent crimes—rather than by some inherent characteristic of the person, such as a genetic defect; no such defect or other similar definitive feature has ever been found. Thus, it is appropriate to describe individuals by their behaviors such as *an individual with a history of violent offending* or some similar descriptor rather than by using labels such as *violent offenders* that suggest the presence of some inherent personal features.

There is no universally accepted definition of violent crime; many researchers and authors use their own definitions. Generally speaking, however, crimes that cause physical or significant psychological harm to the victim are considered to be violent crime in contrast with property or nonviolent crimes. One could, however, argue that all crime can cause harm or serious harm to others, even the so-called property crimes. To make things even less clear, new categories of crimes continue to be introduced due to technological or other developments. For example, online bullying is a recent addition; there is no physical or even visual contact between the perpetrator and victim, but it is considered a violent offense. A further caveat is that different countries or jurisdictions use different terms or variations of terms to describe the same or similar acts. Thus, the debate of what constitutes violent crime cannot be easily settled.

While there may not be consensus on what constitutes violent crimes, there is universal consensus that criminal violence must be reduced so all can live in a safer society. There are many approaches to reduce criminal violence such as that based on a public health approach to reduce domestic and spousal violence or the use of early interventions to reduce school bullying and youth violence. This entry focuses on one approach, the Violence Reduction Program (VRP), which provides violence reduction forensic treatment to individuals who are at substantial risk to reoffend violently, the so-called violent offenders, although it begins with a discussion on the types of offenses that are generally considered violent and nonviolent crimes

Violent and Nonviolent Offenses

The types of offenses listed in this section are for general reference only and *should not be taken as exhaustive or definitive*. What is important is to define the terms *violence* and *violent crime* when these terms are used to avoid misunderstanding or miscommunication.

Violent crimes generally consist of homicide-related offenses (murder, attempted murder, and manslaughter), kidnapping, arson, forcible confinement, wounding, robbery, terrorism, various assault offenses, and any sexual assault other than noncontact sexual crimes such as exhibitionism and voyeurism.

Nonviolent crimes are all crimes other than violent crimes such as theft and other property-related offenses, breaking and entering and related offenses, fraud and related offense, and noncompliance and related offenses, such as failing to appear and jumping bail.

There are some crimes that are difficult to categorize partly because their classifications as violent or nonviolent depend very much on the seriousness of the offense, for example, many drug offenses, crimes against the state, and driving offenses.

VRP

The VRP was developed by Stephen Wong and Audrey Gordon; it is an evidence-based program that uses cognitive behavioral interventions to treat problem areas that cause or are closely associated with the person's criminality and violence. The primary objective of the VRP is to reduce recidivism, especially violent recidivism.

Theoretical Foundations

The development of the VRP was guided largely by the work of Don Andrews and James Bonta and their Risk-Need-Responsivity principles formulated to inform correctional assessment and rehabilitation. Briefly, the Risk principle posits that treatment intensity should match individuals' risk level, higher risk offenders should receive higher intensity treatment than lower risk offenders. The Need principle specifies that problems that influence or are strongly associated with an individual's criminality and violence (i.e.,

criminogenic needs) should be targeted in treatment to reduce the likelihood of recidivism. Within the Responsivity principle, *general responsivity* maintains that cognitive behavioral approaches should be used to promote positive change within a functional working alliance with staff. *Specific responsivity* suggests that interventions should be adapted to the individual's motivation, learning style, cognitive capability, and cultural heritage. Treatment programs that adhered to Risk-Need-Responsivity principles in design and delivery have been assessed as being more effective in reducing recidivism than programs that do not.

Risk Assessment and Treatment

In the VRP, risk assessment and treatment are closely integrated. Risk is assessed using the Violence Risk Scale (VRS), a validated violence risk assessment tool also developed by the VRP authors. VRS scores indicate the level of violent risk and can be used to guide the intensity of treatment (Risk principle). The VRS also identifies treatment targets (Need principle), the person's readiness or motivation for treatment (Responsivity principle), and risk change over time or between pre- and posttreatment.

Program Content and Delivery

The VRP uses cognitive behavioral therapeutic (CBT) approaches to increase participants' awareness and understanding of how their thoughts, feelings, and behaviors (TFB) are linked to their offending behaviors. Participants are taught relevant skills necessary to modify their problematic and offense-linked TFB patterns. For example, someone who lacks appropriate interpersonal skills, such as conflict resolution, or lacks emotional management skills, can learn appropriate skills and practice them in daily living to reduce the risk of reoffending. Other maladaptive behaviors and cognitions linked to offending behaviors can be identified and adaptive ones acquired. TFB linked to offending, or treatment targets, can be identified with the VRS.

The VRP is delivered based on a three-phase treatment model; learning in one phase is built on learning achieved in earlier phases. Phase 1 or

Looking in the Mirror includes VRP modules developed to enhance participants' understanding of the development and maintenance of offending and violent behaviors, in part, through reflecting on their past and present problems as well as the development of therapeutic alliance and program engagement with staff. The VRS is also used in Phase 1 to identify treatment targets (violence-linked TFBs). The VRP modules within Phase 2 or *Breaking the Cycle* focus on learning relevant risk-reduction skills using CBT approaches to mitigate treatment targets and TFB patterns identified in Phase 1. By the end of Phase 2, program participants would have developed an *offense cycle*, which details the personal (dysfunctional TFB) and situational factors linked to their violent offending. Offenders tend to ignore or minimize aspects of their TFB that may be hurtful, incriminating, or likely to evoke guilt or escalate to violence. Thus, participants are encouraged to put together their offense cycles in three separate but related time segments in order to delineate clearly their TFBs prior to, during, and after the offense. Only when they adequately grasp the importance of all relevant TFBs, they can develop comprehensive and effective interventions. Phase 3 or *Relapse Prevention* represents the consolidation and strengthening of Phase 1 and Phase 2 learning, moving toward the termination of the VRP. In Phase 3, the focus is on the generalization of newly learned behaviors and cognitions acquired in Phase 2 to everyday situations in a custodial setting or, if possible, in the community with appropriate support, encouragement, and monitoring from staff. The application of learning to their everyday environment typically starts in Phase 2 when participants begin to practice taught skills. As a part of Phase 3, participants are required to develop a personal relapse prevention plan linked to their offense cycle. For TFBs identified in each time segment in their offense cycle, participants are required to identify risk-reducing interventions to counter them.

Treatment is a lifelong process of successfully managing one's behaviors while negotiating and overcoming challenges. Continuity of care is essential to support newly learned skills. Thus, the VRP should be followed by a care plan based on offenders' individual relapse prevention plan so that participants can be effectively transitioned to

their next step in life, whatever that might be, and not left to fend for themselves entirely on their own.

Figure 1 illustrates the VRP three-phase model, the corresponding stages of change, and descriptions of tasks within each phase.

Delivery Format

The VRP is primarily designed as a group-based program. It can also be delivered individually by tailoring the program to those not amenable to group-based programs, such as offenders with learning disabilities or with acute mental health issues.

Program Length

The VRP participants progress in the program by achieving set program objectives rather than by completing a specified number of treatment sessions. Invariably, participants progress at different rates based on personal and situational factors such as their level of risk, need, intellectual abilities, size of treatment group, staffing levels, and other competing priorities. There is an option to incorporate existing treatment modules such as a mandated substance abuse module, in the VRP,

which may also affect program length. As a general guidance, for a group of individuals with a significant number of treatment targets (typically medium- to high-risk offenders), the VRP can be delivered in 10–12 months.

VRP Manuals

In addition to the VRS with its own manual for administration, VRP delivery is guided by three program manuals that provide detailed instructions for session, module and phase delivery, and treatment progress evaluations. They are the *VRP Facilitator's Manual*, *Supplementary Facilitator's Manual*, and the *Program Participant's Manual*.

A 24/7 Treatment Model

Within the VRP, a central goal is that participants, with staff support, apply what they learn in group or individual therapy to their daily living—for example, to practice learned skills in interactions with staff and peers, at work, in leisure and recreational activities, in educational or vocational upgradings, 24 hours a day, 7 days a week. In essence, time outside designated treatment hours can be constructively used to extend and consolidate treatment gains. There are many

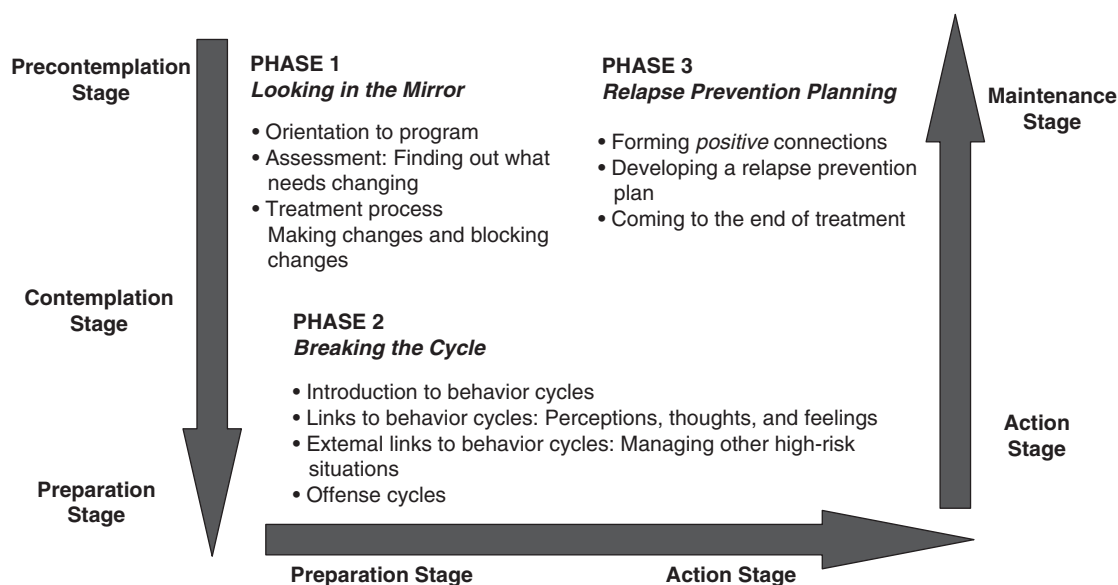


Figure 1 Violence Reduction Program three-phase treatment delivery model

advantages to this approach. Acquired skills are best consolidated by practicing and generalizing them to multiple new situations. Feedback and reinforcements can further shape these behaviors; appropriate prosocial behaviors can be strengthened, and inappropriate behaviors, such as those linked to the individual's past violence, can be pointed out and addressed swiftly. New skills are best learned if one is immersed in an environment that supports the use of such skills vis-à-vis learning a new language. Line staff who look after the offenders' day-to-day needs typically spend more time and have more opportunities to observe participants' behaviors compared to VRP program staff whose observations may be more limited to within formal treatment sessions. Thus, both program and nonprogram staff who have meaningful contact with VRP participants have important roles to play to support VRP program objectives—an extension of the multidisciplinary team concept to include all staff with client contact. Such an approach can also help to engender a supportive change-oriented ethos, thereby fostering an overall positive working environment for all concerned. While the 24/7 treatment approach is not a new concept, few treatment programs have applied it in a custodial setting.

Assessing Treatment Change in Custodial Settings

While changes observed in formal treatment sessions or assessed with self-report questionnaires are important, behavioral observations in participants' everyday living environment can help to determine the veracity of their behavioral changes. For example, offense-related behaviors easily observable in the community, such as overt aggression, may be *repackaged* as verbal intimidation or covert bullying behaviors because of close monitoring and severe consequences in prison environments. The prevalence of these repackaged *offense analogue behaviors* (OABs) is often an indication that the root problems underpinning past antisocial acts have not changed. For each treatment target identified by the VRS, there should be a corresponding and idiosyncratic set of OABs. Change should be evidenced by reduction in OABs across situations with a corresponding increase in appropriate prosocial behaviors or

offense reduction behaviors (ORBs) that can be used to successfully manage past problem areas. For example, verbal intimidations and bullying (OABs) should be reduced and replaced by assertive conflict resolution or problem-solving approaches, which are the corresponding ORBs, to deal with real-life challenges.

Assessing the prevalence of OABs and ORBs is critical in determining the presence and consistency of positive (risk reduction) changes in a controlled environment. The VRP's 24/7 model of treatment provides staff with many opportunities to observe and collect behavioral evidence in support of assessments of change or lack thereof based on the offender's OABs and ORBs—an evidence-based approach to evaluate treatment progress.

Progress and Treatment Outcome Evaluation

Progress through the VRP is assessed with rating tools provided in the VRP manual for sessions, modules, and for each of the three phases. Progress is based on the participant's understanding of program material and applying the learning to relevant situations including reducing OABs and increasing ORBs. At the end of treatment or, if necessary, at certain points during treatment, the VRS can be used to assess overall risk changes based on the participant's progress through the stages of change rubric detailed within the VRS. The overall objective of the VRP is to reduce reoffending in the institution and the community. Treatment progress should lead to overall recidivism reduction, but the latter can only be observed by actual reduction of recidivism in the community and, to some extent, by the reduction of misconduct in the institution.

Treatment outcome results have been examined in a number of studies using different offender groups and research designs. The studies were based either on the VRP or an earlier, but similar, version of the program, the Aggressive Behavioral Control (ABC) program developed in Canada in the mid-1990s. Outcome evaluations of the ABC program allow for much longer follow-up time than VRP-specific studies.

Risk-reduction treatment is sometimes used to reintegrate offenders housed in a very high-security (e.g., super-maximum security) settings to

regular high-security settings. Individuals are usually placed in these settings after committing extreme violent acts while incarcerated and their preparation for release to the community often is not the primary objective for intervention. Reported in 2005, 30 offenders from a super-maximum prison in Canada were transferred to the ABC program for treatment in preparation for potential downgrade in security and transfer to a regular high-security prison. The majority (90.3%) were diagnosed with antisocial personality disorder and 80.6% with substance-related disorder. They spent a mean of 6.9 months in treatment. Twenty-five (25) or 83.3% of them were successfully reintegrated into a lower security facility posttreatment without returning to the prison they came from within a 21.3-month follow-up period. Posttreatment institutional offense rates were also lower than pretreatment rates.

In some settings, treatment can be useful to assist extremely disruptive offenders with severe history of violence to better regulate their own behaviors such that they can be managed in the same setting with less restrictive procedures, for example, without the routine use of personal restraints in their movements or the need for constant intensive supervision. Between 2004 and 2006, four prisoners who fit this description, who had committed murder while incarcerated, held in isolation in the highest security prison in England and characterized as extremely difficult to manage, participated as a group in the VRP. In 2006, an independent evaluation of the treatment outcome indicated that participation in the VRP has produced a marked improvement in prisoners' conduct. Violence-related behaviors had decreased, and interpersonal skills had improved. The authors indicated that, in part, change was due to much improved communications and interpersonal interactions between prisoners and staff thus enabling staff to proactively diffuse high-risk situations prisoners found themselves in. As well, prisoners were better able to manage their emotionally charged reactions. Some limited follow-up information indicated that skills developed during the VRP have since been maintained in less supportive new locations for these prisoners. The qualitative results are consistent with other findings showing violence reduction and behavioral improvement after participation in the VRP,

although no firm conclusions could be drawn based on such a small sample size.

Members of various organized gangs, such as motorcycle gangs, and less organized street gangs are particularly challenging for prison authorities to manage and rehabilitate because of their gang affiliation, proneness to peer group pressures, and habitual reliance on violent behaviors. Risk-reduction treatment is an option to reduce their risk of violence but few programs have undertaken systematic evaluation of program efficacy for violence reduction among gang members. Reported in 2006, a group of 40 male treated gang members was compared to 40 untreated or less treated male match controls with a similar demographic profile, including age and race, type of gang affiliation, criminal history, and reoffending risk to ensure that the groups were comparable. Over 78% of the treated group completed the ABC program, the rest attended other CBT risk-focused programs; all were treated for about 7.5 months. In a 2-year follow-up after release to the community, the treated group had significantly fewer and less serious violent and nonviolent recidivism than the controls. After treatment but before release to the community, the treated group also was involved in fewer incidents of major institutional misconduct than the control group. The results suggest that risk-reduction treatment, such as that in the ABC program, is effective in violence reduction even for gang-affiliated male offenders.

Offenders with significant psychopathic personality features are often considered difficult to engage in treatment and are even deemed untreatable by some. As such, risk-reduction treatment of violence-prone offenders with many psychopathic personality features presents major challenges to most treatment programs. In two studies reported in 2012 and 2013, a sample of 150 medium- to high-risk offenders with significant psychopathic features (assessed with the Psychopathy Checklist-Revised) were treated in the ABC program for about 8 months. They were assessed with the VRS to determine their pre- and posttreatment risk levels and to assess changes in risk. The assessments were based on careful reviews of case file information, a well-established and accepted way of data collection for this type of research design. There was a significant reduction in post- compared to pretreatment risk level. In a 5-year

follow-up, the risk reduction was found to be linked to the reduction in violent recidivism in the community even after accounting for potential confounds such as level of risk, length of incarceration between treatment termination and community release, and most importantly, the level of psychopathy. The results suggest that risk changes are possible even among high-risk psychopathic offenders. The reduction in risk and recidivism in this offender sample was very likely but not definitively attributable to the effects of treatment, as there was no control group included in this research design.

Another study examined the efficacy of treating high-risk and psychopathic offenders with serious violent criminal histories in the ABC program using a case-matched control group design. Reported in 2012, 32 treated male offenders were matched with 32 male offenders who were either untreated or received some standard routine treatment (treatment-as-usual) within the prison regime. They were matched on violent and nonviolent criminal histories, age, Psychopathy Checklist-Revised scores, and VRS scores and followed up for 7.4 years in the community to determine their recidivism. There were consistent trends of lower violent and nonviolent recidivism in the treated group, but the differences were not statistically significant, probably related to low statistical power due to the small sample sizes. When the seriousness of recidivism was assessed using sentence length as a proxy measure, the treated group showed large, consistent, and statistically significant reduction of offense severity compared to the controls. The results suggest that treatment of a group of high-risk and psychopathic offenders can lead to the reduction of the seriousness of reoffending—a harm reduction effect. The program duration of 8 months for these offenders was likely insufficient to produce an optimal outcome. Despite the less than optimal *treatment dosage* and having only 32 treated offenders in the group, participation in risk reduction-focused programs, such as the ABC, can reduce reoffending severity. Human costs aside, the offense severity or sentence length reduction alone translated into the equivalent of a net savings of Can\$6.2 (approximately US\$4.9) million reduction in incarceration costs, as the treated group served significantly shorter sentences than the controls even after factoring in the programming cost. Replications of

the study with larger offender samples in different criminal justice settings are essential to provide further support of the present findings.

Final Thoughts

Despite the lack of precision in the definition of violence, the need for reducing violent reoffending, however defined, is universally acknowledged. The VRP, based on Risk-Need-Responsivity principles and CBT approaches, is an empirically tested treatment program designed to reduce violent recidivism and institutional misconduct in forensic clients. Careful program evaluation studies have demonstrated the efficacy of the VRP in the treatment of offenders with psychopathy, housed in super-maximum institutions, and offenders with gang affiliations. That the VRP is effective in reducing reoffending, even in these very challenging offender populations, provides support that the VRP is robust in its design and model of treatment delivery. However, no randomized controlled trial, the gold standard to assess treatment efficacy, has been undertaken on the VRP. The generalization of the evaluation results is limited by the small sample sizes of these outcome studies and by the possible contributions of various moderator variables. More evaluation studies are called for in future research with the VRP.

Stephen C. P. Wong and Audrey Gordon

See also Risk-Need-Responsivity, Principles of; Violence Against Children; Violence Risk Scale (VRS); Violence Risk Scale–Sexual Offender Version (VRS-SO); Violence Risk Scale–Youth Version (VRS-YV); Violent Offenders, Categories of; Violent Offenders: Treatment Approaches; Violent Offenders: Treatment Outcome Research

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--- **VIOLENT OFFENDERS, CATEGORIES OF** ---

Aggression is generally defined as behavior directed toward another individual, which is carried out with the immediate intent to cause him or her harm. Violence is considered to be a more severe form of aggression in which harm is intentionally inflicted, ranging from a physical assault in a domestic setting to an aggravated assault, robbery with a firearm, sexual assault, or the most severe in outcome: homicide. Absent from the literature is a description of the point at which an aggressive act is considered a violent act. There are behaviors that are clearly violent (e.g., murder, physical assault), but there are other cases (e.g., uttering threats to cause harm, attempted robbery) whereby the distinction is less clear and classification is more challenging. Interpersonal aggression and violence have been studied from various theoretical perspectives and are understood to be influenced by numerous environmental, social, neurobiological, and cultural features. The classification and validation of violent offender categories not only can assist the theoretical understanding and knowledge of violence but also can inform the development and advancement of correctional treatment programs aimed at decreasing violence and aggression. This entry provides an overview of the two principal types of

violent behavior and their characteristics and then examines arguments against violent offender categories.

Heterogeneity of Violence

Numerous attempts have been made to distinguish subtypes of violent behavior in offender and nonoffender samples. However, the basis of differentiating subtypes has varied considerably among studies, with the most common distinctions based on differences in the form or function of the aggression.

In terms of the form of aggression, classifying aggressive subtypes has been based on whether the behavior is physical versus nonphysical, active (hitting another person) versus passive, direct versus indirect, overt versus covert, and relational versus social. Violent offender categories based on the function of aggression examine the reasons for the violent act or the motivation underlying the behavior. For example, violent behavior is defined differently in a situation where one is defending oneself from a perceived attack versus using violence to obtain money or enact revenge.

Although varied in nomenclature, two overarching, multifaceted typologies emerge in terms of classifying violence based on function. The first category is *affective-impulsive-hostile-reactive violence* and is described as an emotionally driven, impulsive form of aggression in response to a perceived provocation. It is most commonly referred to as *reactive aggression* and is characterized by affective instability, disinhibition, and high levels of arousal. The second category, *premeditated-instrumental-predatory-proactive violence*, is an unprovoked aggressive act designed to meet a predefined goal or objective (i.e., the goal, such as finances, power, drugs, or sex, is indirectly related to the violent action). Most commonly referred to as *instrumental aggression*, it is characterized as a violent act initiated by the individual as a means to achieve a specific goal.

Importantly, there are a number of key elements that differentiate between these two categories of violent offenders. What follows is a description of the elements of each, in an attempt to aid in conceptualizing categories of violent offenders.

Premeditation or Planning

A key factor differentiating the two subtypes of violence is the degree of planning/premeditation of the aggressive act. Instrumental aggression typically involves some degree of planning or premeditation related to the incident (e.g., purchasing a weapon and clothing for a robbery). This is in contrast to a reactive aggressive incident, which typically occurs impulsively with little to no degree of planning or forethought.

Perceived Provocation

Another distinguishing factor is the presence or absence of a perceived provocation and the presence or absence of negative affect (e.g., hostility, anger). Specifically, for reactive violent offenders, the perception of a threat (physical or verbal) to them is the precipitating factor for aggression. This is in contrast to *instrumental violent offenders*, whereby the primary objective is goal-driven and not based on the perception of provocation.

Goal Directedness

The presence or absence of a goal external to the aggressive act is another key element. This difference is described in terms of the primary versus secondary goal of the incident. In a hostile aggressive incident whereby someone is provoked (e.g., bumping into someone in a crowded bar), the primary goal is to defend oneself against the antagonist. Conversely, in an instrumentally aggressive incident, the primary goal is not to defend but rather to meet an objective (e.g., obtain money or desired objects), and aggression or violence is the *means to obtain this objective* (e.g., violent robbery).

Anger or Arousal Level

Finally, an individual's level of emotional arousal is another common distinction in violent subtypes. The presence of anger or hostility, often as a result of interpersonal conflict, is a differentiating characteristic of reactive versus instrumental aggression. Reactive aggression is also referred to as *hot-blooded* aggression. This

is in contrast to instrumental aggression, which is *motivated by goals, not emotions* and is consequently referred to as *cold-blooded* aggression.

Arguments Against Violent Offender Categories

Despite the fact that the previously mentioned characteristics (e.g., degree of planning, underlying motivation) are commonly reported upon in criminal proceedings and psychological assessments, discrepancies exist in the classification of violent subtypes. Specifically, the greatest debate is whether subtypes should be placed into precise dichotomous categories or fall on a continuum. Brad Bushman and Craig Anderson argue against the classification of violent offender categories, contending that the two subtypes of violence are an unrealistic depiction of violence, as real-world events are seldom purely instrumental or purely reactive. They point to the fact that numerous factors are involved in each violent incident, and given the multitude of events, factors, and characteristics that influence the outcomes of a given violent act, a bimodal classification system is unreliable because the boundaries for each subtype are not distinct.

Michael Woodworth and Stephen Porter have been more restrained in their perspective but have also argued that violent behavior is not purely bimodal. They have conceptualized that it falls on a continuum ranging from purely reactive to purely instrumental, with a mixed-motive dimension falling in the middle of the continuum.

Future Research

Although differentiating criteria have consistently characterized reactive aggression as an impulsive, emotionally charged response to a perceived threat type, whereas instrumental violence is depicted as a controlled, unemotional, goal-oriented, and often planned act of physical violence, few studies to date have attempted to validate these violent offender subtypes. Moreover, even fewer studies have attempted to substantiate the arguments for a bimodal classification of violent offenders or classification of

violence on a continuum. Consequently, violent offender categories based on motivations underlying the violence merit further consideration.

Dena M. Derkzen and Ralph C. Serin

See also Behavioral Theory of Crime; Genetic and Environmental Influences on Violence and Aggression; Violent Offenders; Violent Offenders: Treatment Approaches; Violent Offenders: Treatment Outcome Research; Criminal Risk Assessment, Violence

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VIOLENT OFFENDERS: TREATMENT APPROACHES

Successful approaches to the treatment of violent offenders reduce the risk of future violent and nonviolent reconviction by remediating changeable characteristics of offenders and their environments that are empirically linked to criminal risk. Remediation often requires (a) supporting offenders to reconceptualize how they understand or view themselves, their lives, and other people and (b) teaching them skills that develop their capacity

to live more positive, constructive, and prosocial lives, as an alternative to crime. Increasingly, treatment approaches also recognize the importance of concrete preparations for reentry into the community and the development of a supportive environment for the offender, during and after treatment. Together these components have been demonstrated to reduce the likelihood of conviction and enhance desistance for violent offenders.

Violence is a diverse class of offenses including minor to severe physical assaults, violent sexual assaults, armed robberies, and homicides, thus varying widely in severity and victim injury. Some people will only commit a single violent offense in their lifetime, and a small minority of violent offenders specializes in some way (e.g., committing offenses only against their adult intimate partner). But when treatment is intended to reduce the risk posed by offenders to the community, the focus is not on people who commit offenses only occasionally. Instead it is on repeat violent offenders. Treatment approaches take as their starting point the *what works* research literature for rehabilitating offenders and the Risk-Need-Responsivity (RNR) model. Most research on treatment has been conducted with adult male offenders with recent convictions for violent offenses, so they will be the main focus of this entry, which addresses treatment-relevant characteristics of violent offenders and outlines a general treatment approach.

Treatment-Relevant Characteristics

A well-established criminological finding is that a very small proportion of people—often around 5%—commit half or more of the offenses occurring in a community. Those who repeatedly commit violent offenses are also high-frequency, versatile general offenders; most of their offending is nonviolent. Furthermore, they are people whose difficult characteristics may have begun at conception; who are exposed to significant family-based adversity—poverty, unemployment, criminal modeling, abuse, and neglect; and whose problematic behavior can be detected and documented empirically soon after birth. By late childhood or early adolescence, they are typically achieving a number of antisocial milestones such as lying, stealing, fighting, bullying others, truanting from school,

low school achievement, and alcohol and drug misuse. Their first convictions for crime occur early, and unlike most people with criminal convictions, they persist, often well into their fourth decade. As adults, alongside their prolific, diverse, and intermittently violent offending, other signs of personal and social dysfunctions interact reciprocally with their criminal lifestyles. They tend to father more children than others; are less likely to support them and more likely to hit both children and partners; spend more time unemployed or supported by illegal income; spend more time dealing with significant psychiatric disabilities—including antisocial personality disorder, drug and alcohol abuse, schizophreniform disorder, anxiety and depression, post-traumatic stress disorder, and suicide attempts; and have low levels of educational attainment and poor financial management skills. Finally, they have poorer indices of physical health even in their early 30s and often fail to attain stability of accommodation, relationships, and employment until late middle age. Because of the extent of their difficulties, the negative impact of their behavior on others, and the demands they place on social service systems extending well beyond their involvement with the criminal justice system, risk-reducing treatment with violent offenders is likely to be much more effective if it is integrated with other forms of assistance and support for them and their families. The co-occurrence of diverse criminality and violence and correspondingly overlapping dynamic risk factors mean treatment is best oriented toward the offender's overall criminal propensity, not toward violent offending specifically.

When assessed for treatment, many high-risk, persistent, and violent offenders score highly on psychopathy—based on one of the Psychopathy Checklist scales, which don't eliminate people with high levels of negative emotionality if they otherwise meet the criteria—alongside other difficult personality disorders. They may give the impression of being suspicious, irritable, and unfriendly and unmotivated to engage in personal change. They are easily stressed, leading to emotional lability and anger, readily develop feelings of victimization, are hostile and suspicious of others' motives, antagonistic, disagreeable and mean, aggressive, untrustworthy, egocentric, and noncompliant.

The most successful treatment programs are cognitive behavioral; they require offenders to reflect on their internal psychological world and to master new skills that will enable them to live more satisfying prosocial lives. But high-risk, persistently criminal, and violent offenders lack self-reflection and self-control. They give up readily when they find tasks hard, and changing behavior is difficult for most people. Deficient verbal abilities and a range of other neuropsychological impairments, a history of failing at school, negative attitudes to new learning, and a low personal agency all contribute obstacles to effective treatment.

General Treatment Approach

All of these treatment population characteristics need to be taken into account in developing a treatment approach. The treatment of violent offenders has mainly occurred in correctional settings, with the exception of the perpetrators of family violence, where community-based organizations have had a more prominent role in intervention development and delivery. Historically programs were relatively brief and probably not effective. They often targeted one or two relevant changeable psychological characteristics (e.g., patriarchal attitudes, poor anger control). Since the promulgation of the RNR model and the development of more sophisticated methods of assessing treatment needs, using assessor-rated tools based on dynamic risk factors, it has become clearer what is needed to provide effective treatment.

Utilizing the RNR Model

All 15 principles comprising the RNR model are relevant, with the RNR principles being the most important. The *Risk* principle states that intervention resources should be reserved for higher risk offenders because changing their propensities for crime will have the most impact. But with these offenders' high levels of need and challenge, programs need to be intensive to have an impact. The *Need* principle emphasizes that treatment time should mostly be spent working on changing factors that are predictive of recidivism (i.e., criminogenic needs, also called *dynamic risk factors*), and the *Responsivity* principle states that treatments will work better when based on the most effective methods of change (i.e., typically

cognitive, behavioral, social learning) and when responsive to those offender-based obstacles to engaging in and benefiting from the program.

The RNR model is best thought of as scaffolding that can support the development of myriad diverse interventions; it is not a template per se. In principle, the design of a specific intervention for violent offenders integrates aspects of etiological and rehabilitation theories with empirical research into how programs change risk. Etiological theories inform *what* a program should address: the criminogenic factors relevant to persistent and violent offenders. Rehabilitation theories inform *how* changes are to be effected: the processes of treatment. For violent offenders, comprehensive rehabilitation theories are still to be proposed, although the growing provision of intensive programs suggests implicitly a slowly evolving theoretical framework.

Value of Group Treatment

Group treatment is the preferred modality, with individual interventions used as needed. Group treatment enables offenders to spend far more time in treatment, and because many risk factors involve interpersonal processes, groups provide a context in which to work practically on relevant issues. Furthermore, offenders may be more influenced by feedback from each other than from therapists; so if a prosocial group climate is created, it is likely to be more influential than the therapists alone.

Readying Offenders for Change

Commonly, treatment is structured into three phases. First, efforts are directed toward readying offenders for change. Typically, violent offenders do not volunteer for treatment and do not present for assessment motivated to change. So the first phase is spent developing working alliances with therapists, socializing offenders to the treatment process, developing trust among group members, completing the therapists' understanding of the relevant assessment information (e.g., current lifestyle, offense triggers and processes, schemas supporting violence), and establishing priorities for change. The phase is complete when the offenders are ready to engage in cognitive and behavioral change related to their dynamic risk factors. Some offenders may need individual therapy prior to joining a group, if their therapy-disrupting behavior is too severe for group participation.

Building Offenders' Capacities

The second phase is the core: working on stable dynamic risk factors by building offenders' personal and interpersonal capacities. The aim is to improve offenders' abilities to construct more satisfying and socially competent lifestyles so that they can move away and, more important, stay away from the criminal justice system (e.g., by developing relationship, communication and problem-solving skills, alternative means for managing stress and distress, strategies for reducing drug use and by finding meaningful ways to occupy time).

Supporting Continuing Growth and Reintegration

However, high-risk and violent criminals, even if they do well in treatment, will finish in a preliminary stage of change. To remain in the next facility or the community long enough to consolidate these changes, they need (a) some *emergency* self-control strategies for managing acute triggers for crime and violence (e.g., provocation to fight) in the release community and (b) a transition environment that minimizes contact with destabilizing influences (e.g., alcohol, drugs, criminal peers, loss of accommodation) and maximizes prosocial resources. So in the third treatment phase, therapists support the offender in developing strategies for managing acute risk factors (i.e., *relapse prevention*) and reintegration planning: working out the next steps for generalizing change into the community or into a less structured environment. Release planning is important; in the absence of systems that provide structured, formal postrelease support, an individual plan that includes accommodation, prosocial emotional and practical support, adequate financial resources, and meaningful time occupation has been shown to predict longer community survival in men who otherwise tend to return to prison quickly.

Even though most treatment is delivered in a group, it should still be matched to each individual within that group, an approach that is most easily achieved with high-quality assessment information about that offender, keeping a close eye on his progress, and by using a rolling group format, where a new member enters the group when another member graduates. Closed cohort

groups—in which about 10 men progress through a fixed sequence of modules together, starting and ending on the same dates—are more common and easier to administer but cannot be as tailored and cannot easily give variable dosages (i.e., time in treatment) depending on need.

State-of-the-art programs provide the group treatment within a dedicated residential environment: usually in a prison. These units are often run by both therapy and security staff; although their roles are distinct, all staff and all residents share values and practices that promote prosocial behavioral change in residents. These program communities provide invaluable opportunities for prosocial socialization and for practicing new skills and therefore are likely to extend and enhance the effects of group therapy as well as provide more opportunities to observe behavioral change (or its absence).

High-Intensity Treatment Programs

In some parts of the world, sentencing requirements mean that very high-risk violent offenders spend very little time outside of custodial environments. But in countries such as the United Kingdom, Canada, Australia, and New Zealand, high-risk offenders may have eligibility for parole. Two decades ago, these offenders may have been regarded as untreatable, but in several parts of the world, increasingly sophisticated and intensive treatment approaches are developing, comprising a minimum of 300 hr or more, with breadth and variety in both their treatment targets and methods of engendering change. Approaches to treatment from other domains have been integrated into the treatment of these violent offenders, including motivational interviewing, dialectical behavior therapy, and transdiagnostic integrated approaches to the treatment of personality disorder. Although not many of these newer programs have yet been fully evaluated, they offer the promise of further improving outcomes in an offender cohort that continues to push the boundaries of who and what can be treated successfully.

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See also Cognitive Behavioral Therapy and Social Learning Theory; Correctional Rehabilitation Services, Best Practices for; Criminogenic Needs,

Targeting; Psychology of Criminal Conduct; Psychopathy; Reentry, Best Practices for; Rehabilitation; Responsivity Principle; Risk Principle; Risk-Need-Responsivity, Principles of

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Violent Offenders: Treatment Outcome Research

Most treatments for violent offenders are intended to reduce the frequency and severity of violent behavior, but this can be a difficult outcome to measure directly, unless the treated person can be

monitored closely (e.g., in an institution). More often recidivism is used as a proxy for criminal behavior; in correctional settings, recidivism outcome evaluations are essential to convincing policy makers of an intervention's effectiveness. Furthermore, because those violent offenders who are the highest priority for interventions are usually prolific and diverse in their criminal activity, treatment of violent offenders arguably should also aim to reduce their other criminal behavior, and effects on other forms of recidivism should also be investigated.

Treatments should be guided by theory, and a crucial component of treatment theories concerns the putative mechanisms associated with the occurrence of violent behavior. Changes in the strength of these mechanisms (e.g., drug and alcohol misuse, violence schemas) and/or how they function are desired treatment outcomes. With the exception of family-violent offenders, treatment outcome research for violent offenders is sparse and often poor in quality. This entry examines whether treatment works with regard to violent offenders and explores how effective treatments work.

Does Treatment Work?

Designing Recidivism Outcome Evaluations

The definitive evaluation design for answering this question compares people who took part in the treatment (i.e., treatment group) with people who did not but were otherwise identical in all important respects (i.e., comparison group). But myriad factors that may themselves be related to outcome can affect those who take part in treatment, so it is preferable methodologically to randomly allocate people to treatment or comparison groups. For various ethical and practical reasons, random allocation is almost never used in violent offender treatment outcome research. But even if it is feasible to randomly allocate only half of those needing or wanting treatment to the treatment, still the two groups may be nonequivalent in important ways that require later statistical controls to be employed to manage the impact of the observed differences.

An additional problem is that treatments should have an attrition rate; that is, not everyone should

complete treatment simply because they started it. Participants ethically must be able to change their minds and withdraw from treatment if they wish; even if as a consequence, they are then resentenced or experience some other negative outcome. Furthermore, treatment providers must be able to deny an offender's ongoing access to treatment services if no progress is made or the service provider or other participants are otherwise at risk of harm from the offender. Many group treatment programs lose up to one third of those who start, mainly as a result of voluntary and imposed *dropping out*.

The problem then becomes that those who complete treatment and those who do not also tend to differ when it comes to important characteristics that also predict recidivism outcome. For example, program dropouts are often higher risk, higher need offenders. This phenomenon explains why treatment outcome research should never rely on treatment noncompleters to serve as the comparison group when determining if treatment was effective for those who did finish it; the recidivism for these noncompleters would be expected to be higher, even if both groups actually stopped treatment at the same point. Because of the problem of accounting for the selective effects of attrition on outcome, even after random allocation to treatment, the most rigorous methodological standard compares outcomes for all those who were *allocated* to treatment with all of those who were not, even though a number of those in the treatment group therefore were only exposed to partial treatment.

Finally, random allocation designs require that the evaluation be planned prior to the treatment being carried out. That is, the design is prospective. Most often with violent offenders, no evaluation was planned at the time the treatment commenced. Consequently, the best achievable design for a study asking the question "Does treatment work?" is a retrospective quasi-experimental design, in which a sample of treatment starters is matched to a comparison sample some time after the treatment was provided. In some cases, the comparison sample has also been exposed to some form of intervention. In those studies, the absolute intervention impact is not being evaluated. Rather, two interventions are being compared with each other, which means the

results are only able to be interpreted if the expected effect size of one of the interventions is also known.

Most commonly, the proportion of those rearrested or reconvicted at least once for violent or other offenses over the time since treatment (or since release from custody for custodial treatments) is the outcome variable. The difference in these proportions for the two groups is the intervention's effect size. Other outcomes can also be used. Occasionally, self-report or the reports of others (e.g., partners) are used to determine program reoffending outcomes, rather than official records only of those offenses that received official sanctions.

Survival time to reconviction is another outcome that is sometimes used. The length of follow-up after treatment or in the community often varies within each sample; perhaps it averages

2 years for each sample, but the range is between 60 days for those most recently released and 3.8 years for those who have been followed up the longest. In this case, time to reconviction can be examined alongside the proportion of those reconvicted. A treatment program may be considered successful if it reduces the speed at which people are reconvicted as well as the proportion who remain conviction free at the time the outcome data are extracted (referred to as *censored* in survival designs).

For example, Figure 1 shows a survival curve for violent reconviction, based on a comparison of a sample of treatment completers with a comparison sample. In this case, the average follow-up time was around 2 years (range 363–1055 days), and in that average time, 38% of the treatment sample and 58% of the comparisons were reconvicted for violence. The figure shows that

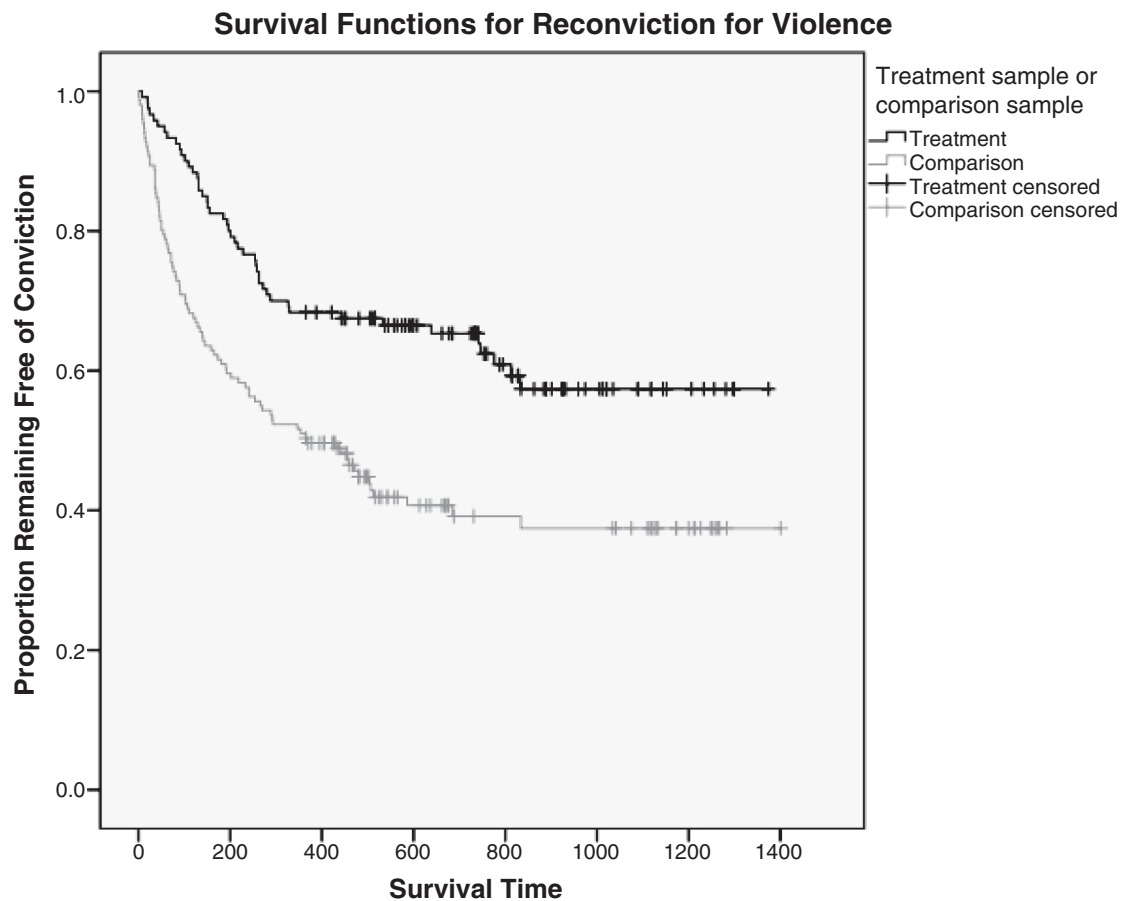


Figure 1 Reconviction for violence survival functions for treatment and comparison groups

throughout the follow-up interval, a higher proportion of the treatment group avoided reconviction.

Recidivism Outcome Evaluations

At least three quasi-experimental studies have demonstrated that completing between 150 and 300 hr of group cognitive behavioral treatment that targeted at the needs of high-risk violent offenders was associated with a lower likelihood of reconviction than for an untreated comparison group who were otherwise as similar as possible to the treated group. Several of these programs have included a significant proportion of indigenous offenders who have achieved equivalent benefits from the program as offenders of Western European origins. For example, in one New Zealand prison program, although 62% of program completers were convicted for new violent offenses over 3.5 years of follow-up, the corresponding figure for matched untreated prisoners was 72%. This result suggests that for every 100 men who completed the program, 10 who would have gone on to be reconvicted for violence were not. This size of effect compares favorably with a wide range of other socially important and well-supported interventions. Because this study case matched each prisoner who entered treatment with one who did not—based on age, ethnicity, estimated risk of reimprisonment, and date of release—it was possible to avoid a common but erroneous conclusion that treatment has harmed those who drop out. This conclusion is based on the common observation that noncompleters, who often were at greater risk of reconviction before they entered the treatment program, later were reconvicted at a higher rate than the rate for the whole comparison sample. When each man entering treatment is case matched with a similar man, the effect of treatment on those who did not finish it can be compared with the reconviction rate of a case-matched man who did not attend the treatment. Both are likely to have been at greater risk of recidivism without treatment than the men who completed treatment and *their* matched comparisons. So in this same study, 71% of those who did not complete treatment were reconvicted for violence, along with 75% of the comparison men they were linked to. There is no evidence that starting but not completing treatment

somehow increased the risk for those who dropped out. They did not do as well as those who finished, but they were a little more likely to survive without reconviction than those they were matched to who did not even start the treatment.

There is no absolutely fool-proof way to be sure that the treatment group is identical to the sample of men not treated. There always remains the possibility that the two groups differ not just on treatment attendance but on other variables related to recidivism that was not measured. Further, outcome evaluations are a kind of evidence proof: They show that certain types of treatment *can* be effective. But beyond that, they provide little useful information on *how* to effectively treat violent offenders.

How Does Treatment Work?

How can it be determined whether treatment worked for a particular individual? The answer to this question is often vital for criminal justice decision-making (e.g., release on parole). Recidivism outcome evaluations do not answer it and also do not help to identify what went wrong if a program is shown not to be effective or if there is a desire to increase the impact of a program. For those designing programs and making decisions about how much progress a particular individual has made during treatment, different types of measurement are needed.

The logic of treatment for violent offenders is that particular changeable characteristics contribute to ongoing violent and criminal behavior or, at least, are precursors to it. These are referred to as *criminogenic needs* or *dynamic risk factors*. If offenders with a number of these characteristics are selected for treatment and the treatment focuses on changing these characteristics through, for example, the use of cognitive and behavioral techniques, then the programs should reduce recidivism later. The characteristics selected for treatment at least should be established empirical correlates of recidivism outcomes. Ideally, they would be validated mechanisms for increasing or decreasing recidivism risk, as specified in etiological theories. Examples of variables that may meet both these criteria are criminal and violence-supportive beliefs, alcohol and drug use, and poor emotional regulation. It follows therefore that if these variables are measured

before and after treatment, or at regular intervals during treatment, and an individual demonstrates positive change on a number of them, that individual will be less likely to be reconvicted later compared to someone who makes little or no change.

Despite the logic that if these intermediate change variables are empirically linked to recidivism, then changing them should change recidivism; there have been very few demonstrations of this change hypothesis. Instead, programs are more likely to have evaluated their effects by simply measuring such constructs as anger and hostility before and after treatment and not attempting to examine long-term links to recidivism. Furthermore, the most common form of measurement is offender's self-report. Offenders are more reliable informants than one might expect, but self-report in any population has limitations, especially when one is rating one's own behavior. The relatively poor psychometric properties of the instruments being used, the limited range of needs measured, and a lack of clarity about how a particular amount of change translates into changes in behavior all likely contribute to limited evidence of treatment effects for violent offenders, based on offender self-report.

One well-designed study used the Violence Risk Scale, a 26-item staff-rated scale, which is based on information from observation, file records, and offender interviews. It measures change by documenting progress on an offender's engagement in behavioral change on each item, over the course of treatment. This study showed that those who made the most change on their treatment needs—criminal attitudes, aggressiveness, association with criminal peers, impulsivity, unstable intimate relationship, and poor community support—were the least likely to be reconvicted for violence. An important methodological feature of this type of study is that higher risk cases have more room for improvement because of their initially higher scores. This study dealt with that problem by controlling for pretreatment scores before examining whether changes were predictive of recidivism outcome.

Final Thoughts

There are few outcome studies for violent offender treatment, which meet even modest methodological standards, with no randomized controlled

trials yet having been published for a general violent offender sample. The current research suggests that violent offender treatment can reduce recidivism and probably does so by reducing the strength of dynamic risk factors. The very small volume of research prevents any stronger conclusions from being reached.

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See also Criminogenic Needs, Targeting; Offender Treatment Attrition; Offender Treatment Attrition and Retention, Responsivity Issues; Treatment Dosage and Treatment Effectiveness; Treatment or Program Outcome Evaluations; Violent Offenders: Treatment Approaches

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VOCATIONAL EDUCATION

Vocational education is education and training to prepare individuals for work. Most incarcerated offenders will reenter society. Employment and education are considered important protective factors in reentry, as they are often associated with decreased criminal behavior. Therefore, vocational

education is an important component for public safety. This entry provides the history of vocational education for offenders, provides a definition of terms, discusses the vocational needs of offenders, discusses effectiveness and costs of vocational education, and concludes with proposed areas of further development.

History

The idea of educating offenders is not new and, according to the Correctional Education Association, has existed in the United States even as early as the 1700s. However, providing education for inmates has sometimes been a controversial issue. In the late 20th century, rehabilitation programs were reported as ineffective, although such assertions have since been refuted by numerous research studies. The development and progress of education for offenders has been slow, however, with inmates in the late 20th century and early 21st century still leaving prisons with low levels of education obtainment, placing them at risk of reoffending.

In the early 21st century, it appears that at least some governmental leaders are noticing the rising costs of incarceration and recidivism. Thus, rehabilitation programs, such as vocational education, are getting some attention as an important component of effective reentry. Yet more efforts are needed for more quality vocational educational opportunities for offenders. Specifically, there is a need for more vocational education programs for offenders that follow the principles of effectiveness, developed by Don Andrews and James Bonta, such as targeting multiple risk factors and tailoring programs to the individual needs of the offender.

What Is Vocational Education?

The U.S. Department of Education, using the 1990 Perkins Act, defines vocational education as education that prepares individuals for jobs as well as increases their knowledge in a subject matter area, outside of a bachelor's degree. These can include not only academic courses but also skills in solving problems, skills and technical training in specific occupations, and the development of positive attitudes toward work.

Types of Vocational Education

The U.S. Department of Education divides vocational education into two types: secondary and postsecondary. Secondary vocational education is the more common of the two, ranging from career counseling and employment readiness as well as skills for specific occupations. Postsecondary vocational education is less common and consists of advanced education, which prepares individuals for specific careers, through training in institutions such as community college or other technical schools.

Correctional education appears to be a type of vocational education for offenders, often inside prisons. A common type of vocational education for offenders offered in prisons is the General Education Development (GED), with several states strongly encouraging offenders to complete before leaving prison. Many offenders have not graduated from high school, so the GED is critical, as completion of a GED or graduating high school is often required to obtain postsecondary training. Prisons, such as those in several states, offer technical training in areas such as welding, heating and air conditioning, and autobody repair, which train the offenders in specific skills. Furthermore, prisons sometimes grow their own crops, thus training in agriculture can also take place. Sometimes inmates have opportunities to work in the prison as barbers, cooks, or janitors, for example, and might learn different skills in this way. Pay is often minimal for prison jobs.

Vocational Education Needs of Offenders

Many offenders come to prison without any legal employment history, poor social skills, low social and financial capital, and low education obtainment. Offenders will often leave prison with an institutional mentality, little social and financial capital, and few opportunities and support in the community. In prison, where criminal peers surround them, they may have sharpened their attitudes and behaviors consistent with reoffending.

When seeking employment, offenders face many barriers, most strongly bias from employers concerning their criminal record. However, some offenders either have never been employed or have little work experience and are thus unprepared and unqualified for the world of work. Along with

obtaining employment, keeping employment is also important. Years in the prison environment may have taught offenders how to live in an institution with other inmates and less on how to live in a society with nonoffender populations. Specifically, offenders need to learn soft skills such as anger management, social mores, communication skills, and responsible living skills (e.g., money management and showing up to work on time without abusing substances). Other barriers include transportation, discrimination based on appearance or race, and poor attitudes toward work such as unwillingness to work, hostility toward employers and peers, and a lack of positive work ethic. Furthermore, the history of illegal behavior can often draw the released offender back into the network of antisocial peers that might provide illegal work. One way to increase offenders' eligibility for employment is to provide skills that increase their qualifications and employability in the job market. Therefore, relevant vocational education is one way to overcome at least some of these challenges.

Many states and federal prisons have some form of vocational education, particularly GED programs or courses at the high school level. Advanced education, though, is typically not as readily accessible in prisons across the country. This can be limiting, as a growing body of jobs in the 21st century requires advanced knowledge, particularly in technical fields. Furthermore, even in facilities in which vocational education appears available, many inmates who lack educational qualifications are not participating. Among the least available offerings for inmates is career counseling, which may be important in motivating offenders toward education and helping them identify their specific work interests and skills as well as helping them develop supports and attitudes to overcome work barriers.

Another barrier for offender vocational education is public policy that historically has had a punitive approach toward offenders and less of a rehabilitative one. This punitive approach makes the education of criminals a controversial issue at times. Perhaps it is also a reason why the focus has traditionally been on longer sentences and less on rehabilitation. Yet offenders with few skills and training upon release are less likely to find jobs and thus may return to criminal behavior, costing states in regard to tax dollars and public safety.

Effectiveness

Numerous studies indicate the overall effectiveness of vocational education, with several indicating that it is effective in reducing recidivism. There are limitations to these studies, however, as the majority of these studies lack the most rigorous methodology. Specifically, there is a need for more research on vocational education utilizing randomized control group designs. Furthermore, while most published studies on vocational education effectiveness examine recidivism, there has been much less investigation on employment outcomes. Current research also lacks an understanding of the changes within the offender, such as attitudes most associated with career or criminal outcomes. Investigations that study these factors may provide further evidence of the internal factors within the offender, which lead to successful outcomes.

Despite these limitations, it is clear from the published literature that as an aggregate, at least for those who self-select into vocational education programs, there does appear to be a reduction in criminal behavior. This may indicate that those already motivated to join vocational education programs are the most likely to benefit. Such findings suggest that vocational programs could benefit when combined with psychological interventions such as career counseling to encourage offenders to complete the programs. Such career counseling could also help offenders with their work-related interests and skills. Incorporating interdisciplinary research, such as from the field of vocational psychology, could lead to the development of more theory-based education programs that incorporate effective principles of career intervention.

Costs

In 2018, the costs of incarcerating one adult offender can range from approximately US\$30,000 to US\$40,000 per inmate per year, depending on the state in which the offender is incarcerated. When considering the millions of inmates in the United States, the total costs of incarceration are estimated at tens of billions of dollars and are among the most expensive state expenditures. Thus, even the most premium vocational education programs would be considered inexpensive compared to the costs of incarceration. Furthermore, ex-offenders who are gainfully employed

are less likely to be on welfare or some other form of public assistance and would be able to contribute to society through tax dollars. Therefore, if vocational education can be used to reduce the risk of recidivism and increase employment, cost savings provide an additional reason to encourage such programs.

Areas of Further Development

Considering that unemployment and low education are risk factors for a return to criminal behavior, vocational education is one way to overcome this risk. Thus, more opportunities for vocational education for offenders as well as ways to motivate offenders to take part in these opportunities (e.g., through career counseling) are needed.

Quality vocational education that incorporates the principles of effective intervention is an area of further development, particularly utilizing the principles of effective intervention advanced by Andrews and Bonta. These principles suggest that programs need to be responsive to the specific individual differences of offenders. For example, African American offenders are overrepresented in prisons, thus culturally relevant interventions for African American inmates could be valuable. Along these lines, the population of women in prisons is growing; therefore, more vocational programs that are tailored to the interests and needs of women are needed.

In addition, multiple risk factors could be targeted in vocational education, such as poor attitudes toward work or unwillingness to work. This might encourage offenders to obtain and keep jobs upon release. Finally, public policy might include funding for increased prison-based vocational education as well as increased career counseling for offenders so that offenders can reenter society with less difficulty.

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See also Academic Programs for Prisoners; Reentry; Reentry, Best Practices for

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VOLUNTARY INTOXICATION

Approximately 60–80% of persons arrested for a crime in the United States test positive for illicit drugs or alcohol shortly after arrest and more than 40% report having been under the influence of drugs or alcohol at the time of their offense. Courts and forensic experts are frequently called upon to consider whether intoxication at the time of an offense might lessen or increase a defendant's criminal culpability and whether the person would be amenable to substance use disorder treatment in lieu of a more punitive sentence. Resolving these matters depends largely on whether the defendant became intoxicated voluntarily, whether the degree of intoxication was foreseeable, and whether the individual has a clinically significant substance use disorder or associated mental health disorder that requires treatment.

Clinical criteria govern the definition of intoxication and the determination of whether a defendant needs treatment, whereas legal criteria govern the elements of voluntariness and foreseeability. Intoxication is defined clinically to include problematic cognitive, emotional, or behavioral

changes that are caused by the recent ingestion of a psychoactive substance and that are usually reversible upon cessation of usage. Common physiological effects include belligerence, mood lability, and disturbances in judgment, impulse control, memory, attention, perception, or psychomotor coordination.

Legal criteria define intoxication as voluntary if it resulted from the intentional or willful ingestion of a substance that is known to have intoxicating properties. Voluntary intoxication is distinguished in law from involuntary intoxication and pathological intoxication. Involuntary intoxication is defined as intoxication that was induced by coercion, duress, or an innocent mistake of fact (i.e., a reasonable belief that the drug was a nonintoxicating lawful substance). Pathological intoxication is defined as intoxication that is grossly excessive in degree given the amount and type of substance that was ingested.

Pathological intoxication requires an additional element of nonforeseeability. The defendant must lack actual knowledge about the potential effects of the substance on his or her behavior and must not have reason to know about such effects. If a defendant had experienced an unusual reaction to a substance in the past, or if the effects of the substance are generally well known, the law will typically view the intoxication as voluntary. Courts are generally reluctant to label intoxication as pathological if it was induced by an unanticipated reaction to illicit drugs or alcohol because these substances are widely known to have intoxicating properties. Pathological intoxication is more likely to be recognized in cases involving an idiosyncratic reaction to prescribed medication. However, courts are likely to view intoxication as voluntary if a defendant mixes prescribed medication with illicit drugs or alcohol because such combinations can foreseeably lead to intoxication.

Diminished Capacity

To be found guilty of most crimes, a defendant must not only commit the criminal act (*actus reus*) but must also have the requisite mental state to have committed that act (*mens rea*). Only a narrow category of mostly nonserious crimes, referred to as *strict liability* crimes, does not require a *mens rea*.

Some crimes are predicated on a *mens rea* of recklessness or gross negligence, such as reckless endangerment or negligent vehicular homicide. To be guilty of such a crime, the defendant must have ignored a substantial likelihood of causing harm, even if the harm was not intended. Courts typically view voluntary intoxication as evidence of gross negligence or recklessness because it is generally foreseeable that intoxication can lead to unintended harms.

The matter is more complicated for crimes requiring intent. There are two types of intentional crimes: general intent crimes and specific intent crimes. General intent refers to any intention to commit an unlawful act regardless of whether the person intended to violate the law. Specific intent requires a further degree of deliberation or premeditation to violate the law. For example, if a person knowingly enters a house without lawful permission, then he or she may be guilty of the general intent crime of trespassing or breaking and entering, even if there was no intention to commit a crime on the premises. If, however, the person entered the house with the deliberate purpose of committing a theft or robbery therein, then he or she may be guilty of the more serious specific intent crime of burglary.

In many states, defendants can argue that intoxication prevented them from forming the requisite intent to commit certain intentional crimes. This defense is referred to as *diminished capacity*. Where a diminished capacity defense is available, it is of little consequence that the defendant voluntarily chose to become intoxicated. The controlling question is whether the defendant had the additional intent to commit a criminal act. In such cases, the effect of intoxication may be to reduce criminal culpability to a lesser included offense. For example, the specific intent crime of burglary might be reduced to the general intent crime of criminal trespassing, or trespassing might be reduced to a crime predicated on recklessness, such as disorderly conduct. Because this defense is viewed by some constituencies, such as victims' rights groups, as being too lenient on crime, a handful of states have passed legislation barring voluntary intoxication from forming the basis of a diminished capacity or other criminal defense.

A national survey conducted in 1999 found that approximately one third of U.S. states and

territories permitted evidence of voluntary intoxication to negate the mens rea element of either general intent or specific intent crimes, approximately 40% only permitted such evidence to negate mens rea for specific intent crimes, and a small percentage (about 6%) limited such evidence to first-degree murder cases. Nearly one quarter of jurisdictions barred such evidence in all criminal defense cases.

Insanity Defense

If all of the elements of a crime have been established, including intent, in relatively rare cases, some defendants may nevertheless be found not guilty by reason of insanity. The crime must have been the product of a serious mental disease or defect, such as a severe psychotic disorder or organic brain syndrome. In addition, there are other tests or *prongs* that must be satisfied for an insanity defense to be successful, and different jurisdictions apply different prongs or combinations of prongs.

In all states, a defendant may be found not guilty by reason of insanity if he or she failed to appreciate the nature or quality of the act. For example, if a defendant strangled his wife believing (e.g., as a result of a drug-induced psychotic delusion) that he was squeezing a lemon, then he did not appreciate the nature or quality of what he was doing. Alternatively, many states will also allow an insanity defense if the defendant failed to appreciate the wrongfulness of the act. For example, if a defendant strangled his wife believing she was really the devil and he was saving the world, then he knew what he was doing but did not realize it was morally or legally wrong. Finally, some states may allow an insanity defense if the defendant had an irresistible impulse to commit the crime or could not conform his or her conduct to the requirements of the law. For example, if a defendant strangled his wife knowing that it was wrong but couldn't resist the voices in his head telling him to do so, then he understood the nature and wrongfulness of his act but could not stop himself.

In virtually all states, voluntary intoxication, by itself, cannot form the basis of an insanity defense. Regardless of which insanity tests a jurisdiction applies, the cognitive or volitional impairment

must be the product of a mental disease or defect. Mere intoxication, without more, does not satisfy the legal definition of a mental disease or defect. However, a substantial minority of jurisdictions will permit an insanity defense if the chronic use of drugs or alcohol resulted in a *settled insanity*. As a result of long-term or serious usage, the defendant must have an independent psychiatric syndrome, such as substance-induced psychosis or dementia, that predates and continues beyond the incident of intoxication that is linked to the crime. The traditional rule required the substance-induced insanity to be permanent; however, some cases have held that a mental defect may be sufficiently *fixed* to satisfy the permanence requirement if it is present for a substantial period of time before and after the instance of intoxication in question, even if it eventually resolves.

Establishing a fixed or settled mental disease or defect is not sufficient. The defendant must also prove that the condition prevented him or her from understanding the nature or wrongfulness of the crime or from conforming his or her conduct to the requirements of the law.

An insanity defense is easier to establish in cases involving involuntary intoxication or pathological intoxication. The law views defendants as less criminally culpable if their intoxication was unforeseeable or unintentional; therefore, such defendants are more likely to avoid a finding of guilt. Again, establishing involuntary or pathological intoxication alone is not sufficient. The defendant must also prove that, as a result of the intoxication, he or she did not understand the nature or wrongfulness of the crime or was unable to conform his or her conduct to the requirements of the law.

Automatism Defense

In rare instances, extreme intoxication or extreme idiosyncratic reactions to a substance may cause symptoms of delirium or dissociation, in which the person is largely unaware of his or her actions or surroundings. Under such circumstances, the individual might be considered, in essence, to be unconscious of his or her actions. In these so-called automatism cases, the law may view the individual as not having engaged in the actus reus (requisite act) of the offense. Similar to the

diminished capacity defense, the automatism defense is unavailable if the defendant knew, or had reason to know, about his or her hypersensitivity to the substance.

As a practical matter, the automatism defense is almost never raised successfully in the United States because of the rare fact patterns that would justify its application. In the absence of a severe dementia, delirium, or dissociative state, it is difficult to imagine a scenario that would support an automatism defense.

Substance-Induced Amnesia

Studies indicate that substance-induced amnesia, commonly referred to as *blackouts*, is reported by between 20% and 80% of criminal defendants. Many defendants are surprised to learn that the presence of a blackout is irrelevant to their criminal culpability. The dispositive question is whether the defendant intended to commit the crime. There is no requirement that the defendant also remembers the crime.

The presence of a confirmed blackout is also largely irrelevant to the question of whether a defendant was capable of forming criminal intent. Studies reveal that substance-induced amnesia reflects focal deficits in the ability to transfer information from short- to long-term memory and has negligible collateral impacts on consciousness, attention, planning, self-awareness, or social skills.

Amnesia may, however, be viewed as one factor for a court to consider in deciding whether a defendant is competent to stand trial. If defense counsel cannot reasonably reconstruct the events surrounding an alleged crime from extrinsic sources such as eyewitnesses or physical evidence, a court might find in rare instances that the defendant is unable to mount a fair defense.

Sentencing Mitigation

Evidence of voluntary intoxication is always admissible in capital sentencing cases to mitigate against the death penalty. Defendants are constitutionally entitled to present any relevant evidence which might support a sentence less than death.

In noncapital cases, some states exclude or limit consideration of voluntary intoxication in sentencing. Many states, however, will allow such

evidence pursuant to sentencing provisions that contain insanity-like language. For example, a defendant may be permitted to argue that intoxication *significantly reduced* his or her ability to appreciate the wrongfulness of the conduct or to conform to the law. This mitigation standard is less stringent than the comparable insanity prong, which requires the defendant to have been *unable* or *substantially unable* to appreciate the wrongfulness of the conduct or to conform to the law. Intoxication evidence may also be admissible pursuant to a sentencing provision that allows for mitigation if the defendant acted under extreme emotional disturbance or pursuant to a *catch-all* provision that allows any evidence that may reduce a defendant's culpability or increase the likelihood of rehabilitation.

Mitigation is most likely to be successful if the court can impose an effective rehabilitative disposition in lieu of incarceration. In light of the high costs, disappointing outcomes, and racial and ethnic disparities engendered by the mandatory sentencing provisions of the War on Drugs, increasing numbers of jurisdictions are developing treatment alternatives to incarceration. In exchange for completing treatment and satisfying other obligations, participants can avoid a criminal record or receive a substantially reduced community disposition instead of jail or prison.

However, many diversion programs are not effective or evidence based, leading to high drop-out and termination rates. Effective programs deliver proven cognitive behavioral interventions that are documented in treatment manuals; monitor participants continually for substance use, treatment compliance, and other behaviors; and apply certain, swift, and gradually escalating sanctions for infractions and rewards for achievements. The best results are achieved when treatment and supervision services are matched to participants' assessed clinical needs and risk of recidivism. Providing too much, too little, or the wrong kind of services can make outcomes worse by wasting resources, interfering with participants' involvement in productive activities like work or school, and exposing low-risk persons to antisocial peers and values.

Research indicates that participants who have a serious substance use disorder and a high likelihood of criminal recidivism achieve significantly

improved outcomes in programs that merge intensive treatment with supervision, such as drug courts. However, not all defendants require these intensive services. Participants who do not have a serious substance use disorder or high likelihood of recidivism perform just as well or better in less intensive and less costly programs, such as pretrial diversion, standard probation, or a simple referral to treatment. Administering standardized risk and need assessment tools is critical for tailoring effective and cost-effective programs for drug- and alcohol-involved offenders and in doing so contribute to public health and public safety.

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See also Drug Possession; Mens Rea; Mitigation; Substance Abuse and Crime, Linkages Between; Substance-Abusing Offenders; Treatment of Criminal Behavior: Substance Abuse Counseling

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VOYEURISM

Voyeurism is the act of watching or filming another person, without his or her knowledge, engaging in a private act (e.g., undressing, having sex, toileting) to gain sexual pleasure. It is considered to be a criminal offense in many Western countries. Currently, the prevalence of voyeurism is considered to be underestimated since it is difficult both to detect and to successfully prosecute. Because voyeurism is considered to be a sexual offense, the consequences of conviction may have serious implications for offenders. This entry addresses the legal and psychological (clinical) elements of voyeurism.

Legal

Voyeurism is considered to be a criminal offense in most Western countries. All U.S. states have laws against voyeurism; however, it only became a criminal offense in the United Kingdom in 2004. The penalties range from a fine to imprisonment for up to 3 years. Sentencing judgments are made based on the level of culpability and the degree of harm involved in the offense. Culpability factors include the level of planning, whether the perpetrator exploited a position of trust, and whether

the victim was recorded. Raised harm indications include recordings being made available to others and the victim being observed in his or her own home. As well as fines or imprisonment, sentencing could result in an offender being placed on a sexual offenders' registry or being excluded from taking certain jobs.

Prevalence

The official record of voyeurism incidence is considered to be underestimated because voyeurism can be difficult to detect and convict. A key element of the offense is that it is done for the sake of sexual pleasure, and this can be hard to prove. For example, in cases in which someone has filmed others going to the bathroom in a public place, a sexual motivation for the offense can be difficult to ascertain, unless the suspected offender admits it. In the absence of this, a more appropriate conviction might be a public order offense (e.g., gross indecency). In this situation involving filming in a public bathroom, the degree to which the person was engaging in a *private act* may also be uncertain, given that it occurred in public place. Most Western countries take the view that it is private if the person may have a *reasonable expectation* of privacy. Another reason that voyeurism may be underreported is that people will not always be aware that they are the victims of crime because the offenders generally aim to conceal themselves from the victims in order to watch unnoticed. Unlike many other sexual offenses, voyeurism tends to be perpetrated against strangers, which can also hinder the detection and conviction process as identification is more difficult. Therefore, looking at official records of voyeurism is not a reliable way to measure prevalence.

Other means of measuring prevalence are to ask people in the general population how often they engage in voyeurism and to ask people convicted of other sexual offenses if they have engaged in voyeurism. Using these sources of data, voyeurism is estimated to be a common sexual offense. Different subgroups of the general population have reported varied prevalence rates for voyeurism; for example, a 1991 study of the U.S. male student population recorded voyeurism at 42%, a 2006 study of the Swedish general

population has recorded it at 8%, and a 2016 study of the Canadian population recorded 50.3% for men and 21.2% for women. The lifetime prevalence of voyeurism is considered to be at 12% for men and 4% for women. As a result of the difficulties with measuring, detecting, and convicting voyeurism offenses, very little has been established about the reoffending rate. However, samples of convicted offenders self-report incredibly high incidence rates, with victims numbering into the hundreds, suggesting that it is a highly repetitive behavior for some offenders.

Nature of the Offense

Voyeurism is considered to be a noncontact sexual offense because the perpetrator does not have any physical contact with the victim. Because of this, it is sometimes considered to be a nuisance offense. However, voyeurism is known to co-occur with other sexual offenses, particularly exhibitionism (i.e., exposing genitals to nonconsenting others). The effects on the victims of voyeurism offenses should not be underestimated simply because they are noncontact offenses. Most victims of voyeurism are adult women; many fear that the perpetrator is stalking them and may eventually attempt physical contact.

Psychological

Voyeurism is treated as a clinical disorder in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* and is referred to as *voyeuristic disorder*. It belongs to a group of sexual disorders known as *paraphilias*, which refers to a persistent sexual interest with an atypical focus, either on an activity (e.g., rape), a type of person (e.g., a child), or an object (e.g., rubber), or a combination of these. Voyeuristic disorder is diagnosed where the interest has been present in the last 6 months, and the interest has resulted in significant impairment to the person, or the person has acted on the urges with a nonconsenting person. However, if a person has an atypical interest but is not impaired by this and acts on this interest with a consenting other, a diagnosis is not made. In these cases, the behavior may be considered a paraphilia, rather than a paraphilic disorder, recognizing that atypical sexual interests are

not disordered in themselves. People under the age of 18 years are excluded from diagnosis, in recognition that early sexual experimentation and curiosity may not be pathological but a function of development.

Most people who meet the diagnostic criteria for voyeuristic disorder are males. Very few women are diagnosed with a paraphilic disorder, and while there is uncertainty about exactly why this is, it is probable that societal views about women's sexual behavior reduce the likelihood of reporting and conviction in some cases. Voyeurism has been more commonly observed in the case histories of men who are convicted of raping adult women and less common in those who have offended against children, which suggests that while voyeurism can co-occur or lead to contact sexual offending, it does not have a notable relationship to pedophilia (i.e., a sexual interest in children).

In convicted samples, the behavior is commonly observed as beginning before the age of 15 years and continuing into adulthood, suggesting that in those that do offend, it is a persistent problem. As a result, noncontact sexual offending is considered to be a marker of raised risk of reoffending and features in the sexual offending risk assessment tool, Risk Matrix 2000.

Theories

Compared to other paraphilias, voyeurism has received little research attention, and as such, the understanding of its etiology (i.e., causes) is limited. There are several theories that attempt to explain its development and maintenance, although these need more empirical attention to test their utility. A key theory sees voyeurism as a courtship disorder. This theory proposes that there are four stages to the courtship process: looking for a partner, pretactile interaction, tactile interaction, and sexual intercourse. It suggests that perpetrators of voyeurism are unable to progress through the usual stages of courtship and instead are stuck in the first phase: looking. The premise of this theory is that perpetrators want a relationship but do not have the skills to be able to initiate it appropriately. Research showing that voyeurs characteristically lack intimate relationships, trust in others, and the social skills to approach

partners lends some support to courtship disorder as an explanation of voyeurism. What is not explained by this theory is why voyeurs fail to develop the skills to move through the courtship process; it does not explain those who do not want contact with victims and do not appear to be seeking a relationship.

Another theoretical explanation of voyeurism sees it as a conditioned response, resulting from a pairing, usually accidental, of a sexual response to watching another person. In case studies, voyeurs have reported early salient life experiences (e.g., seeing another person using the bathroom) that hold interest for them and which is subsequently reinforced through ejaculation and masturbation. Because voyeuristic behavior is likely to be secret and thus unlikely to be detected, the strength of the association builds in the absence of punishment. To compound this, voyeurism will not always be rewarding for the perpetrator, resulting in a cycle of intermittent reinforcement, which is known to be one of the most powerful reinforcers. This may account for why voyeurs often describe the behavior as compulsive, or addictive, and why they often engage in hundreds of acts of voyeurism.

The compulsive urges which have been reported by many voyeurs have led some to hypothesize that voyeurism is a form of obsessive-compulsive disorder. Scientific research shows that sexual offending samples have the same deficit in the neurotransmitter serotonin as obsessive-compulsive disorder samples. Serotonin is thought to be responsible for inhibiting moods and arousal and thus urges. This theory has some support from the observation that voyeurs respond positively to drug treatment, which raises serotonin levels.

Treatment

The two key treatment approaches for voyeurism are psychological and pharmacological. Psychological treatments most commonly used are cognitive behavior therapy and behavioral reconditioning techniques. Cognitive behavior therapy aims to help perpetrators recognize and restructure unhelpful beliefs that support the behavior and to recognize and manage deficits in emotional management, coping, and

attachment. There is an emphasis on behavioral change by practicing new skills and behaviors. While there are relatively positive outcomes studies for the use of cognitive behavior therapy with people convicted of sexual offenses generally, these do not report the outcomes for voyeurs specifically, although there is no reason to suspect that their responses would be significantly different from those of other types of sexual offenders. Behavioral reconditioning seeks to reduce sexual arousal to voyeuristic interests and increase arousal to healthy sexual interests. This is usually achieved through masturbatory reconditioning (i.e., the person is encouraged to masturbate only to healthy fantasies) and through some types of aversion therapy (e.g., sniffing ammonia in response to voyeuristic thoughts). Several published case studies related to voyeurs show a positive response to behavior reconditioning.

Pharmacological treatments can act in two ways. One way is to reduce serotonin levels; thus, selective serotonin reuptake inhibitors are administered. These drugs are typically used to treat anxiety and depression but have shown good utility for people with offense-related sexual interests, including voyeurs, who report an increased ability to manage sexual thoughts following medication. The second way is to reduce testosterone and thus sexual drive. Drugs which do this are called antiandrogen, and they are given in tablet or injection form. Due to the action of reducing testosterone to prepubescent levels, these have more severe side effects than selective serotonin

reuptake inhibitors, but those taking them commonly report benefit in reduced sexual urges.

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See also Cognitive Behavioral Therapy and Social Learning Theory; Sexual Offenders: Treatment Approaches; Exhibitionism; Noncontact Sexual Offenders; Noncontact Sexual Offending, Theories of; Risk Matrix 2000; Sexual Offenders

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W

WAR CRIMES

War crimes are violations of the laws of war (or international humanitarian law) committed by military personnel (individually or collectively), which incur criminal responsibility. Only when considered in the complex realities of war and the modern world does the definition become problematic. What are the accepted laws of war and do they vary by conflict, by nation-states, and by participants? What are military personnel? In today's environment of international terrorism are nonstate actors such as al-Queda (Khorosan Group) and the Islamic State of Iraq and the Levant (ISIS) military or quasi-military actors and are their acts war crimes? As nation-states vary, so do criminal codes of law. Not all war crimes are comparable or of equal severity. By definition, and by conventions and protocols, war crimes are divided into *grave breaches* and *nongrave breaches*. Nor have war crimes remained constant throughout history (with a few exceptions, such as murder). Not all states sign conventions and protocols recognizing war crimes, and even if they do, not all abide by them.

Development, Conventions, and Protocols

Virtually, since the beginning of recorded warfare, states and armies have been cognizant of the issue of crimes committed during warfare. Nations and militaries have recognized that as brutal as it may be, war needs strictures and structure regarding its

conduct. In one of the earliest treatises on warfare, Sun Tzu warned against harming prisoners of war (POWs), not killing or mistreating civilians and killing only in furtherance of military objectives. The Hindu Code of Manu (Laws of Manu or *Manava Dharma Shastra*; ca. 200 BCE) discussed the illegality of war crimes. The Greeks and Romans mandated regulations for war and provided punishments for violators. For example, truces and cease-fires were part of warfare (for clearing battlefields of wounded and dead), some weapons were prohibited, and treatment of civilians was addressed. Sir William Wallace of Scotland was tried and beheaded in 1305 for war crimes (against English civilians) by King Edward I of England. In the 13th–14th century, the Medieval Code of Chivalry prohibited pillaging and murder and placed restrictions on the weapons of war. Charles VII of Orleans enacted a law in 1439 that held officers responsible for the abuses and ills of their men, and if the officer did not punish the offender, that officer would be punished as the offender. As early as 1625, a full treatment of war crimes was given by Hugo Grotius in his *On the Law of War and Peace* in which he established three rules to govern the conduct of war. Grotius argued that states should establish rules for war that all should obey and that violations should be punished.

In 1863, the Union Army published the Lieber Code (after Francis Lieber, a law professor and survivor of the Napoleonic Wars) as *Instructions for the Government of Armies of the United States in the Field* (General Order #100, Adjunct

General's Office, reprinted 1898), which contained regulations for military behavior; respect for human life; treatment of civilians and POWs; treatment of deserters, hostages, and spies; and murder, among other acts that could be construed as crimes. This manual was also used by European nations for the conduct of war. In the United States, in 1865, Heinrich Hartmann Wirz, Confederate commander of Camp Sumter (Andersonville), was tried and executed for conspiracy and murder over his mistreatment of Union POWs in the camp.

The Hague Conventions of 1899 and 1907 were the first international treaties that codified crimes of war and were heavily influenced by the Lieber Code. The conventions outlined rules for the conduct of international warfare and identified an extensive list of war crimes, including protection of hospital ships, outlawing the use of poisons and balloon bombing, prohibition against expanding bullets, treatment of POWs (land and sea), and the treatment of civilians, among others.

The Geneva Conventions are a series of four conventions and three protocols (1977, 1977, and 2005), all dealing with the conduct of war and war crimes. The First Convention was ratified in 1864 and focused on medical facilities and civilians aiding wounded soldiers. The Red Cross was also recognized as a neutral organization. In 1882, the Second Convention was enacted and applied the First Convention to those wounded at sea and shipwrecked sailors. The Third Convention of 1929 addressed POWs, their protection, and treatment. The Fourth Convention reaffirmed the first three conventions and provided civilian protection during wartime. It also provided rules for treating those sick and injured in the field and at sea. In 1980 and 1981, the United Nations (UN) convened additional conferences in Geneva to add protocols for limiting or outlawing certain weapons, explosive devices (such as land mines), and incendiaries.

In 1925, the Geneva Gas Protocol was adopted, preventing the use of poison gas and biological weapons in warfare.

The UN has taken the lead on war crime issues, attempting to codify war. It passed the Genocide Convention in 1948, nuclear weapon ban in 1961, human rights resolutions and protection of

civilians in a war zone in 1968, and in 1977, under guidance from the Red Cross, Geneva Convention (1949) protocols for national liberation revolutions, protection of civilians and additional treatment standards for POWs. In 1997, the UN led the way for the passage of the Landmine Treaty (Oslo Treaty) that banned landmine and antipersonnel mines.

In 1977, the Geneva Convention was revised and expanded (Protocols I and II) to include crimes committed during *internal wars*. According to the convention, these are crimes committed by a military under sponsorship of their state against citizens or dissident military factions of the same state. Essentially, governments and militaries who wage war against their own population can be tried under war crime statutes. Acts committed during political conflicts such as those in Argentina and Chile, guerrilla wars like that in Nicaragua, and the civil wars in Lebanon, Rwanda, and Sudan would be subject to war crime conventions. The provisions of Protocol II were upheld by the International Criminal Tribunal for Yugoslavia. The International Criminal Tribunal for Yugoslavia also ruled that technical requirements for international war do not need to be present. In 2005, Protocol III was passed protecting the Red Crystal as a Red Cross symbol and prohibiting its use by any state.

Greatly expanding war crime coverage, in 1998, the UN Diplomatic Conference, meeting in Rome, passed a charter establishing the International Criminal Court (ICC) as a judicial body that could try war crimes and other violations of international law. Not only did the Rome Charter establish the ICC, it also defined the court's jurisdiction and crimes it could try. Under this statute, the ICC can try war crimes, crimes of aggression, genocide, and crimes against humanity. The last, crimes against humanity, expands the concept of war crimes to include criminal acts similar in nature to war crimes but committed during times other than during war. For example, the killing of Jews and Gypsies by the Nazis prior to 1939 would be considered crimes against humanity and could be tried by the ICC. Acts of genocide such as those in Bosnia and Rwanda in the 1990s are likewise subject to ICC jurisdiction. Acts of mass disappearance of civilians by a government (i.e., Chile and Nicaragua), even though

not genocide, are also covered. Under the Rome Charter (and the later Genocide Convention passed by the UN General Assembly), war crimes can also be tried as crimes against humanity, if the crime is committed by a military against a civilian population of another country and if the crime is committed during a time of war.

Grave Breaches

In addition to the separation of grave and non-grave breaches being based upon the severity of war crimes, the two categories are separated by the responsibility of states to arrest, extradite, and prosecute war criminals. For grave breaches, states have the responsibility to arrest and prosecute or turn over accused to other states or international tribunals. For nongrave breaches, only the violating state is responsible for arresting and prosecuting. While nongrave breaches may not technically be war crimes, they are still violations of civil law.

The 1945 Charter of the International Military Tribunal at Nuremberg and the Geneva Conventions have defined grave breaches. From the various conventions defining war crimes, the grave breaches include (a) apartheid; (b) certain medical experimentation; (c) deportation of civilians or in occupied territory for slave labor (including servitude in a military); (d) depriving a POW or protected civilian a fair and regular trial; (e) enlisting and/or conscripting children under the age of 15 into a military or using them in hostilities; (f) ill treatment of POWs for persons on the seas; (g) ill treatment of combatants or civilians in general; (h) intentionally directing attacks against the civilian population not in support of military objectives; (i) intentionally directing attacks against buildings dedicated to art, charitable purposes, education, historical monuments, or hospitals; (j) murder; (k) mutilation, cruel treatment, and torture; (l) pillaging and plundering of public or private property; (m) sexual violence of any type, including rape, forced pregnancy, and sexual slavery; (n) taking hostages (including killing hostages) and to include unlawful confinement of protected civilians; (o) torture or inhumane treatment; (p) wanton destruction of cities, towns, or villages or other devastation of same not justified by military necessity; (q) unjustified delays in

the return of POWs; and (r) using the emblems and symbols of the Red Cross or Red Crescent to deceive or in the conduct of war.

For an act to be charged as a grave breach, certain elements of culpability must be established. The act must have been committed primarily by military personnel; it must be an act of violence against civilians, POWs, or enemy soldiers in the field or at sea; it must be an act that involves weapons or methods of unusual cruelty or destruction; it must not be a military necessity; and it must be a violation of the laws and customs of war. Military commanders can be held liable for the actions of those serving under them.

Terrorism and War Crimes

The 21st century has brought unique challenges to the concept of war crimes and crimes against humanity. While most states may adhere, in varying degrees, to the protocols, conventions, and practices of warfare, the first two decades of the 21st century have demonstrated that some developing countries and international terrorist groups have no such constraints and propriety. Groups such as al Qaeda, Boko Haram, and ISIS have routinely and with impunity targeted civilian populations. They have kidnapped and taken young children and teenagers as hostages. ISIS, in particular, has posted online videos showing young children beheading and killing hostages, brutal execution of hostages (and mass executions), beheadings, drowning in cages, and other depictions of brutality, with the executioners hiding their faces behind balaclavas. They openly recruit young teenagers, especially females, over the Internet. Those females who are lured by ISIS are often sexually abused and murdered.

Boko Haram attacks schools and takes young female hostages, secreting them in the jungles of Nigeria and Somalia. In February 2016, Boko Haram terrorists attacked the small farming villages of Kachifa and Yakshari, Damboa, Nigeria, slaughtering villagers by slitting their throats and then stealing the villager's food supplies. They have bombed schools and religious structures, assassinated civilians, and kidnapped women and children. They deliberately target defenseless civilian populations and act in open defiance of protocols and conventions outlining war crimes.

When members of such groups are caught and charged, questions arise about whether they can be tried for war crimes and crimes against humanity and who can do it. The United States has tried terrorists both under war crime statutes (Military Commission Act of 2006) and in civilian courts. In 2008, the U.S. Supreme Court, in *Boumediene v. Bush* ruled that terrorists at Guantanamo Bay are under the protection of the U.S. Constitution and have the right of habeas corpus. Without war crime provisions, terrorists caught and charged under the applicable conventions and protocols may escape justice.

Wayman C. Mullins

See also Extremism and Terrorism, Middle Eastern;
Terrorism: International Perspectives

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WEAPONS TRAFFICKING

Illegal weapons trafficking accounts for only a small percentage of the billion plus dollar annual worldwide arms trade, but it plays a significant role in crime, terrorism, insurgency, drug trafficking, and other illegal activities. Transnational criminal organizations deal almost exclusively in illegal weapons. Individuals and organizations have used the illegal weapons trade to harm and intimidate unarmed civilian populations and to

expand their criminal enterprises. Illegal weapons trafficking has had a significant impact on the spread of international drug trafficking organizations (DTOs) and has even had an impact in the human trafficking industry. Many of those directly affected by the resulting violence of the illegal arms trade are innocent civilians. The majority of the illegal arms trade involves weapons considered to be *small arms* and *light weapons*. This entry provides an overview of illegal weapons, the individuals and organizations that buy them, and the response by governments to the illegal weapons trade.

Defining Illegal Weapons

In 1997, in the most comprehensive report to date, and a report that is still used as the benchmark by law enforcement, military, governments, and other civilian agencies, the United Nations issued a comprehensive report that classified weapons commonly involved in illegal trafficking. The 1997 report *General and Complete Disarmament: Small Arms. Report of the Panel of Governmental Experts on Small Arms* defined *illegal arms* as small arms and light weapons used by “all armed forces and internal security forces as weapons for self-protection or self-defense, close or short-range combat, direct or indirect fire, and against tanks or aircraft at relatively short distances.” *Small arms* were defined as those used by one person for personal use and light weapons as those used by several persons serving as a crew. Small arms include (1) revolvers and self-loading pistols, (2) rifles and carbines, (3) submachine guns, (4) assault rifles, and (5) light machine guns. *Light weapons* include (1) heavy machine guns, (2) handheld underbarrel and mounted grenade launchers, (3) portable antiaircraft guns, (4) portable anti-tank guns/recoilless rifles, (5) portable launchers of anti-tank missile and rocket systems, (6) portable launchers of antiaircraft missile systems, and (7) mortars of 100 mm or less. Light weapons 3, 4, and 5 can be either handheld or mounted. The United Nations also included ammunition and explosives as part of the illegal arms trade as well as (1) cartridge rounds for small arms, (2) shells and missiles for light weapons, (3) loaded mobile containers for antiaircraft and anti-tank systems (single action), (4) hand

grenades (antipersonnel or anti-tank), (5) landmines, and (6) explosives.

Small arms and small light weapons can all be carried and used by one or two people. Light weapons can be carried by persons, pack animals, and/or light vehicles such as pickup trucks. All are highly mobile (i.e., they can be easily packed and moved, even while in use) and can be adapted for use in a variety of climates, terrains, and conditions. An operator can assemble a light weapon, fire it, and move it to a new position before being identified and targeted by a military or law enforcement source. Light weapons can cause mass casualties in short order or can be used in sustained operations against military armament such as tanks and aircraft. They can also be used against civilian vehicles and civilian aircraft. In November 2002, al-Qaeda-supported terrorists attempted to use light weapons (i.e., antiaircraft weapons) against an El Al airliner carrying Israeli tourists evacuating Mombasa, Kenya, following a hotel bombing which killed 15. Luckily, one missile failed to achieve lock and the operator forgot to disengage the safety mechanism on the other.

These weapons are less complex and require less training for the operators. Most, in fact, can be operated with no training whatsoever. Small arms and light weapons are easy to conceal, which means operators can transport them with little risk of attracting the attention of the authorities.

One of the most significant advantages to the criminal, insurgent, or terrorist is that small arms and light weapons are durable, almost maintenance free, and easily repaired. For example, there used to be a saying that to fix a *knock-off* AK-47 (i.e., one produced in Asia from stamped metal), all one needed was a soft drink can and set of tin snips. Since they are durable, these weapons can operate for an extended period without logistical support.

The Buyers

Globally, the illegal weapons trade involves governments supplying weapons to insurgents, terrorists, cartels, and groups involved in civil wars. Governments can use sympathetic criminal groups to advance government interests in a region and destabilize other governments without world condemnation. It is likely that most weapons being

used by insurgents, Islamic State of Iraq and Syria, ISIS, and other terrorists in Syria, Iraq, Yemen, and other countries in the region are part of the world of illegal weapons trafficking. In fact, there is a positive correlation between illicit market prices for illegal weapon sales in Libya and fatalities in Syria. As prices go up, fatalities increase. A similar correlation holds for ammunition prices in the Middle East and civilian casualties.

In some parts of the world, such as Africa, South America, and parts of Asia, animal poachers obtain weapons via illegal trafficking and sales. Animal poachers routinely use small arms in their trade, thwarting legal efforts to control poaching. Not only have thousands of animals fallen prey to poachers, but numerous game wardens and other law enforcement officials have been killed by illegal small arms.

The *ant trade* in Europe is the major supplier of illegal weapons on the continent and British Isles. The ant trade consists of small operators carrying a few weapons at a time to sell to criminals and terrorists. There are thousands of ants, making it virtually impossible for authorities to stop trafficking or the weapons dealing. Many illegal guns on the mainland of Europe cross through the Schengen Zone between the Eastern Bloc countries into Western Europe.

The ant trade also deals in light weapons. For example, in 2013, in Manchester, England, two police officers were killed with a hand grenade thrown by Manchester gangster Dale Cregan. In 2012, Mohammed Merah killed seven people in Toulouse, France, using weapons purchased through the ant trade. Included in Merah's arsenal were an AK-47 and Uzi machine gun. AK-47s have routinely been used in drug and gang killings in Marseille, France, all obtained via the ant trade. In January 2015, the Charlie Hebdo terrorists used automatic weapons brought to France from Slovakia in their terror attacks that left 12 dead in and around Paris.

In the Americas, DTOs (or cartels) are heavily involved in illegal arms trafficking. Most of their illegal light weapons come from Europe and Eastern Europe. Some larger light weapons (e.g., the rocket-propelled grenade launchers) come from the Middle East and Asia. In the United States, small arms are frequently obtained using straw purchasers (i.e., persons paid by the DTOs because

they can pass the U.S. background checks required to purchase a gun). They come into the United States (or live in the United States), purchase a quantity of small arms, and transport them across the border. Between purchases on the international black market and straw purchasers, the DTOs have amassed millions of illegal weapons. Stories of large weapon caches being discovered by authorities are frequently reported. Almost always, these raids discover large quantities of light weapons. For example, in 2010, in one of the largest discoveries ever made, military and law enforcement authorities found a cache near Higuera, Mexico (only 100 miles from the Texas border), which included over 200 semiautomatic and automatic assault rifles, rocket-propelled grenade launchers and grenades, Barrett .50 caliber sniper rifles with armor-piercing rounds, boxes of grenades, thousands of rounds of ammunition, communication equipment, and *up-armored* trucks and SUVs (i.e., vehicles that have been fortified with armor plating and bulletproof glass).

In the United States, illegal weapons proliferate and make their way into the hands of criminals, terrorists, and gangs via a variety of *iron pipelines*, major highways running from the borders and between states into interior cities. In 2013, New York Mayor Michael Bloomberg estimated that over 90% of the weapons used to commit crimes in New York City were illegal weapons purchased in other states and transported for sale to the city. In 2011, over 320 weapons confiscated or found by law enforcement in New York came from Virginia. Weapons from Florida, Georgia, Ohio, the Carolinas, and Pennsylvania have been trafficked in New York. In all of these *supply* states, there is no limit on the purchase of guns, and background checks are minimal. Guns can be purchased from dealers, gun shows, or other criminals. Iron pipelines operate throughout the country, including in Los Angeles, the Pacific Northwest, and Chicago. Chicago allows no handgun sales in the city and has some of the toughest gun control laws in the country, but many of the illegal guns that end up in the hands of criminals and gang members in Chicago come primarily from Illinois, Indiana, Wisconsin, and southern states (e.g., Mississippi). Many of these are bought on behalf of criminals and gangs by straw purchasers.

The Response

The efforts by governments and law enforcement have failed to stop or even slow illegal arms trafficking. For every law passed, for every measure enacted, and for every proactive program started, weapons dealers find ways to circumvent those efforts. Tougher laws do not seem to work. In the United States, for example, laws that require more complete background checks and mandate tougher penalties for illegal gun sales have had little impact on the flow of weapons in the iron pipeline or across borders. Increased intelligence gathering efforts have had minimal impact on intercepting illegal weapons. Harsher penalties for those caught and convicted have seemingly not deterred the traffickers. Further, some have argued that the penalties are not near tough enough. In the United States, the average prison time for someone caught trafficking weapons is 21 months.

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See also Drug Trafficking; Human Trafficking; Law Enforcement Agencies; Organized Crime Activities

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WITHIN TREATMENT OR PROGRAM CHANGE

Treatment and rehabilitation programs for offenders are widely employed in correctional and forensic mental health settings. Usually these interventions aim to reduce criminal risk, improve mental health and institutional adjustment, or some combination of both. Assessing within treatment or program change becomes important for establishing whether the purpose of the referral for treatment has been met. The majority of programs are aimed at reducing recidivism risk, leading to improved community outcomes. Less often, but equally important, are programs or treatments that are aimed at supporting offenders so that they are easier to manage safely (e.g., they are able to be placed in a lower security environment) or, relatedly, increasing their specific responsiveness (i.e., offenders' ability for, or commitment to, undergoing personal change, and to engaging with the services that are available to help reduce their criminal propensity). For example, someone currently experiencing paranoid delusions may struggle to develop a bond to therapists that would allow full participation. Treatment may be focused on remediating these issues, to enable access to other interventions for which the offender is not yet ready. While treatment change is also important for the myriad psychologists working to provide treatment for mental illness in correctional systems, change in programs or treatments that are intended to reduce criminal risk is the most distinctive aspect of the topic in a criminal justice setting. Parole boards and boards that review the legal status of patients held under forensic mental health legislation frequently want information about how much a particular treatment client has changed, what has changed, what effects the changes may have on recidivism risk, and what the implications of change are for the next steps in the management of that person. This

entry focuses on identifying targets of change, methods for measuring change in treatment (i.e., self-report and clinical observation), and the disadvantages of current measurement methods.

Identifying What Should Change

Treatment theories and program logic models that sit under the umbrella of the Risk-Need-Responsivity model posit that to reduce criminal risk—and therefore future recidivism—the targets for change are correlates of recidivism, which are indeed changeable: *dynamic risk factors*. The simplest way to measure risk-relevant change therefore is to measure change on these factors. For example, is there evidence for a reduction in criminal thinking or association with criminal peers in the offender's current living environment?

Another less direct approach is based on how the treatment is theorized to reduce dynamic risk factors. Treatment programs have logic models that describe generically how the program is expected to change those who take part. For example, in one program, the dynamic risk factor for alcohol abuse may be treated through teaching controlled drinking techniques. Therefore, the change measured could be the extent to which the person has learned these techniques and can demonstrate familiarity with them: an examination of specific mastery.

In individual treatment and advanced forms of group treatment programs, the treatment plan is based on an individual case formulation: an idiographic theory of the psychological factors that underpin client's level of criminal risk and how they work together. So, in that situation, a therapist may have theorized that this client's drinking is partly a function of poor emotional regulation: Drinking excessively is a common response to triggers for anger and emotional distress. If so, progress on emotional regulation skills might be the focus of change measurement in treatment.

A third basis for change measurement comes from theorizing about the functions served by criminal behavior. Criminal activity can be understood to be the distal outcome of a sequence of interactions between the person and his or her environment, as it is in offense process models. In this way of thinking, change in risk can be measured by looking for changes in precursors to

offending or in analog behaviors that are theorized to serve the same function as an offense, for that individual (e.g., when instead of assaulting someone, a patient kicks a chair).

Methods of Measurement

Two main methods have been used to measure change: offender self-report and therapist ratings, based on observations of offender behavior. In programs designed to reduce criminal risk, theoretical models (e.g., the Risk-Need-Responsivity model) postulate that change during treatment on risk-related targets leads to a reduction in recidivism. However, few studies have shown in-treatment change to predict recidivism. Reasons for the paucity of support for these links include measurement issues and a lack of stability of change between program completion and recidivism measurement. Finally, institutional environments in particular can make it hard to judge whether changes have occurred because they differ in important ways from postrelease environments.

The best clinical approach to measure treatment change is to use a combination of information sources including offender report, observations of staff or key informants in the offender's life, and the therapist's own observations. In research studies, offender self-report is the most common approach used. A second approach is based on a review of observations, records, or notes made by the treating staff.

Offender Self-Report

Offender self-report is often viewed with a degree of skepticism because of concerns about malingering and lying. The research evidence is somewhat against this view: Studies of the predictive validity of psychometric questionnaires used to predict risk have reported no significant difference in the accuracy of these measures and other forms of risk assessment, assuming that what is measured is itself a correlate of recidivism. Offender self-report scales often show significant amounts of change when scores are compared before and after treatment. Often the pretreatment score itself may be predictive of subsequent recidivism, but the amount of change does not add to predictive accuracy.

According to theory, reductions in dynamic risk factors should lead to lower risk, and therefore, those who make more change should be less likely to be rearrested. But most research does not find a significant relationship between the amount of change and rearrest.

In response to these unexpected findings, some researchers have sought to improve the quality of the research by focusing on psychometric measurement issues. Pretreatment/posttreatment comparisons contain measurement error that varies according to the scale's reliability. Consequently, in determining whether the change made is statistically significant, corrections have been made for the test's reliability. Second, researchers have examined whether the change an offender has made has moved him or her from a problematic or clinically concerning score to a normal-range score on the instrument, based on established norms. This type of shift is referred to as *clinically significant change*. In this approach, changes of this type are considered more valid than changes that leave the client's score in the dysfunctional range or where the client makes progress but was already in the nonoffender range before treatment. Despite these increases in sophistication, for the most part, these advances have not yet yielded evidence linking change to recidivism.

A more pragmatic line of thinking is to question the assumption that a failure to link in-treatment change to a distal outcome like recidivism is really a good test of the theory in the first place. For in-treatment change to be linked to recidivism, progress made in treatment either must lead to a proportionate amount of change during the follow-up or be maintained after treatment (i.e., no relapses). In other words, there should be no notable changes for the person after treatment, which differ from the pattern established in treatment (e.g., people who made no change in treatment should also not change after treatment). Almost no research has examined whether change during treatment is related to change after treatment, whether changes made in treatment are actually maintained, or whether, following treatment, the offender may have been exposed to other forms of support or intervention that also were effective.

Typically, in clinical research, the client attribute that is to be treated (e.g., level of depression)

is measured before and after treatment and sometimes at a third point, say, 6–12 months later. Treatment effectiveness is judged by whether or not there is change and whether that change is maintained. If the patient relapses into depression a year later or commits suicide 2 years later, the response is not to argue that the treatment was therefore ineffective. But this is the logic used to evaluate the validity of treatment change measures in the offender program literature.

Another problem in this research is that often only a handful of dynamic risk factors are measured using psychometric scales, and the analyses often are conducted on each scale independently of the others. It is unlikely that an offender's change on a single dynamic risk factor will be enough to predict recidivism.

Behavioral Observation

Change measurement can be based on observations made by therapists and custodial or care staff over the course of treatment. These types of records can be very systematic, such as when behavioral observation techniques are used to carefully sample and record observations over fixed periods, as is the case in applied behavior analysis research. That is not the method described here. More often in forensic settings, naturally occurring observations are used to update ratings on some form of clinician-rated instrument. Custodial and care staff (e.g., nurses) are in a particularly good position to make such observations as they tend to spend the most time observing patients or offenders. The records analyzed in this method consist of notes made by staff during the course of treatment or observations gathered intermittently by a therapist interviewing other staff as part of a change assessment. Notes on client behavior are most useful when staff are trained in what to look for, records are updated each day, and recording is at least partially structured around behavior that is targeted for change.

Most clinician-rated instruments document change by repeating the scoring of items before and after treatment. A different method is used in the Violence Risk Scale that has 20 dynamic items that are rated before treatment for how strongly present they are. At the same time for all items whose presence has been rated as strong enough

to warrant intervention, a second rating is made on a modified scale based on the extent of engagement in change (i.e., precontemplation, contemplation, preparation, action, maintenance) demonstrated in observations of recent behavior. This change rating is then repeated at the end of treatment, and the difference in the change ratings is then summed across all treatment targets to form an overall change score. Changes on the Violence Risk Scale have been shown to predict recidivism, in support of dynamic risk factor theory.

A third method involves clinical ratings of progress on treatment components. For example, clinicians may rate the extent to which the client at the end of treatment shows an improvement in offense-supportive thinking, shows an understanding of their release plan, or can articulate how better to manage his or her impulsive behavior. However, when these types of ratings are used, they are rarely well-developed psychometrically. Their interrater reliability may not have been established, and the constructs measured may not themselves be predictive of recidivism. Furthermore, there is often no meaningful pre-treatment rating, so it is unclear the extent to which the measured concept may have been contributing to reoffending risk in the first place.

Disadvantages of Custodial Environment Measurement

Most change measurement research has been based in custodial settings. These environments offer greater possibilities for offenders to demonstrate change and have it observed by therapy and custodial staff. But there are two substantial disadvantages to evaluating change in prisons and other restricted residential settings.

First, these residences differ from the environment into which offenders are released in some notable ways. These differences shape the behavior of residents. For example, there may be limited opportunities for a prisoner to demonstrate positive or negative intimate relationship behavior while in prison. Change in child-sex offenders in treatment can be particularly hard to detect in an environment that is typically child-free. These limitations have led to the development of guidelines for evaluating whether behaviors with the

same functions are instead observable. In negative terms, behavior that serves the same function as previous offending can be termed *offense-paralleling* or *offense analog behavior*. For example, it may be possible to discern from how a male offender interacts with female staff whether his behavior toward women remains problematic in a way that suggests that further offending is still likely. On the other side, positive analog behavior, sometimes termed *offense replacement behavior*, may also be observable. An offender who has previously been heavily influenced by criminal peers may be observed spending more time with the most positive members of the residential community or with staff.

The other major problem with evaluating change in a custodial environment is that often the change is being noted during the program. By definition, the environment may therefore be more supportive of change than will be the case later. The challenge then is to evaluate whether the behavior is likely to persist in a less supportive environment.

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See also Correctional Rehabilitation Programs; Evaluation of; Criminogenic Needs, Targeting; Forensic Measures for Assessing Offenders; Rehabilitation; Self-Reports and Questionnaires; Treatment of Criminal Behavior: Group Psychotherapy

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WITNESS PROTECTION PROGRAMS

Since 1971, the U.S. Witness Security Program (colloquially known as *Witsec* or the *Witness Protection Program*) has relocated individuals whose cooperation with the Department of Justice puts them in mortal danger. Established by the Organized Crime Control Act of 1970 and amended by the Comprehensive Crime Control Act of 1984, the Witness Security Program emerged to protect witnesses and their authorized family members prior to and following testimony. This entry discusses U.S. witness protection programs and their challenges as well as their international influence on popular culture.

Twenty-four-hour protection is provided to witnesses in a high-threat environment (such as pretrial conferences, trial testimony, and other court appearances). Other security measures are extended to mitigate life-threatening situations on an ongoing basis. Cases typically involve racketeering, drug trafficking, murder, and other serious crimes. At present, there are no data indicating whether or not the Witness Security Program has been utilized for terrorism-related crimes; however, it can pertain in such cases.

The program's premise is that the associates of accused or convicted perpetrators are capable of finding any witness anywhere. By providing new identity credentials, however, individuals can be relocated within the United States and hide *in plain sight* without bodyguards. As of 2015, the U.S. Marshals Service continued to report the same figures cited since the early 20th century: Over 8,500 witnesses and 9,900 of their family members had entered the program, with three or four new cases entering the system each week. As of 2018, no more recent data have been released. The Witness Security Program presents a novel sociological model with specific challenges for identity formation and presentation. As such, it has important—though little studied—implications for psychological study.

The Witness Security Program involves two types of witnesses: cooperating defendants in protected custody awaiting trial or serving sentences in prisons-within-prisons (in 2000, the Bureau of Prisons reported 475 protected witnesses within its facilities) and nonincarcerated innocent victim witnesses living among the general population undetected in undisclosed locations. The Federal Bureau of Investigation prepares both kinds of witnesses to testify in criminal trials, provides them with new identity documents, and then hands them off to federal marshals who keep them as safe as possible from retribution. Some participants are relocated only until they give testimony, after which time they resume their former lives and identities. Some retain their original identities until trial and then emerge with new identities after testifying. Others have the new identities concurrent with trial preparation and retain them indefinitely. It is likely that the first category is the most common.

Challenges of the Pretense

Initially, other than providing essential identity documents, the program provided no assistance in preparing witnesses or their participating family members to construct new personae. The program has evolved so that when individuals prepare to enter Witness Protection, the Federal Bureau of Investigation initiates a process they call *acting class*, wherein participants construct and rehearse their basic backstory while living in an interim location. The new birth certificate; social security card; driver's license; and a selection of school records, diplomas, professional degrees, or licenses; military discharge papers; marriage or divorce papers; and credit references that the Federal Bureau of Investigation supplies are scaffolding for this story and the new identity it will sustain.

This differs from identity theft in that the new identity is completely sanctioned and newly generated. This differs from a legal name change, in which the connection between the old and new names is officially linked. Nothing—not bank accounts, credit ratings, addresses, or other means to verify identity—should be connected to the protected witness's new constructed identity. This protocol also differs from a death, which brings one identity to legal closure. Instead, the initial identity simply ceases to generate a trail while the new identity is fabricated so that it presents a credible history that can be built upon indefinitely, as long as the new identity is maintained. The implications for digital identity circulation are not addressed in the published literature, and further particulars are not disclosed by the Department of Justice. It stands to reason, however, that social networking or anything that could link identities through web searching or trawling, such as photographs or biometric registration, would be counterindicated.

The premise of the Witness Security Program is that no person could wholly succeed in suppressing the recognition of the old identity if they were to encounter someone from their original milieu. Upon entering the program, witnesses' former familial, social, and business connections must be severed, but in exchange, their civil liberties are largely intact. In cases where a parent enters the program but their juvenile dependents do not, visits have been arranged by the marshals. These

situations are handled as much as possible like intercity transfers to court; however, there is the potential for the child to be followed and then the parent discovered. It is safest if witnesses commence new lives based on their state-authorized and state-manufactured identities, completely unlinked from their former associates. This is the strongest guarantee that they will be untraceable by anyone who would endanger them. Being accepted by their new neighbors in no way presents a comparable challenge to being unlinked from their old associates. Witness Security puts the onus on the relocated individuals to maintain the pretense in their new locale, but this is almost always manageable. The marshals report that when witnesses obey guidelines, the program never fails. If a chance encounter with an old associate or another protected witness occurs, the marshals will start the identity reassignment and relocation process over again.

Popular culture's fascination with the Witness Protection apparatus, which has no other direct sociological parallels and is a genuine invention of late 20th-century culture, stems from the challenges of how to manage consistent identity presentation. Witness Security Program participants select a standardized lifestyle (e.g., soccer mom, salesman, or business person) and conform to its identity norms. A protected witness in the general population must trust that their identity scaffold, backstory, and ensuing behaviors will suffice to create persuasive performances. No official attempts are made to alter witnesses' recognizability, either physically or vocally. One witness reported that as long as he kept a low profile, it sufficed for him to utilize a hat or sunglasses in order to feel safe. For the vast majority of participants, the scale of maintaining the pretense is manageable. Whether witnesses are innocent bystanders pulled into the vortex of giving testimony or career criminals accustomed to lying, they generally find that they are able to handle the transformation and presentational processes that their new roles entail. Common sense adjustments or substitutions to realign subcultural affiliations, whether ethnic, leisure, or vocational, evolve. This form of cultural relocation resembles the concept of passing in that as something unnoticed the individual subverts reality through a bluff that makes the witness's original cultural locale and matrix imperceptible.

The ongoing pressures of understaffing strain the marshals, and the consequences for protected witnesses can be acute. Marshals' responsibility is for witnesses' safety, not for social or psychological welfare. A protected witness who testified in a 1978 case and then reentered the program a second time in the 1990s commented that nothing else short of incarceration could be so difficult. The sociologist Fred Montanino found that the higher their level of education, the more difficulty participants had in adjusting to the Witness Protection Program. Witnesses who relocate with another adult generally report less distress over an identity change than solitary relocators. Thus, maintaining a spousal or other familial or close personal relationship makes adjustment easier. Nevertheless, some nonwitness participants in the program report that their role is extremely challenging. Not having been involved in criminal activity could exacerbate this because they are unaccustomed to lying or consciously shielding aspects of their lives from others.

International Influence

The U.S. Witness Protection Program has been enormously influential abroad. Comparable programs were established in 24 other countries by 1989. Austria, the Bahamas, Bosnia, Chile, Colombia, Guatemala, Israel, Italy, Kosovo, Mexico, Panama, Russia, Serbia, South Africa, Thailand, and Turkey are among the nations that have subsequently implemented programs on the U.S. model. The scope of witness protection continues to expand. The International Court at The Hague has utilized witness protection measures in prosecutions originating from the former Yugoslavia. In addition to other capital crimes, Canada extends witness protection to survivors of domestic abuse. The United Kingdom operates on a different model. In 1892, the British parliament passed a bill protecting witnesses to Royal Commissions or committees of parliament (though not courts of justice). Britain continues to operate with an informal system of protection for witnesses to capital crimes.

Popular Culture

Prominent protected witnesses featured in news sources and biographies include Nicky Barnes

(a drug dealer) and Frank Salemme, Salvatore Polisi, and Henry Hill (all mobsters). Popular film treatments are numerous. The first was the 1980 *Hide in Plain Sight*, directed by James Caan. For many, Martin Scorsese's 1990 *Goodfellas* endures as the most memorable. Since then, other films and television series have explored the theme in serious and comic modes. These include *Witness Protection* (1999, directed by Richard Pearce), *Witless Protection* (2008, directed by Charles Robert Carner), *Fire With Fire* (2012, directed by David Barrett), *Madea's Witness Protection* (2012, directed by Tyler Perry), and *The Family* (2013, directed by Luc Benson). Television series include Showtime's *Meadowlands* in 2007 (initially released as *Cape Wrath*), USA Network's *In Plain Sight* (from 2008 through 2012), Adult Swim's *Delocated* (from 2009 through 2013), and NRK1 Norway and Netflix's *Lilyhammer* (from 2012 through 2014). *Lilyhammer* focuses on the highly unlikely scenario of a mobster relocated to a small Norwegian city, where his instincts for problem-solving are patently at odds with others in his new community.

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See also Criminal Courts; Identity Theft; Prisons; Segregation in Prisons; Trials, Criminal

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WORKPLACE BULLYING

Workplace bullying is a sublethal, nonphysical form of workplace violence experienced by more than one quarter of the U.S. workforce. Perpetrators may verbally abuse, humiliate, threaten, intimidate, or sabotage coworkers on the job. Individuals targeted for the abusive conduct may not recognize what is being done to them, exacerbating the harm they experience. When abusive behavior is recognized, some employers are reluctant to intervene. This entry provides an overview of workplace bullying in the United States, including its characteristics, harmful effects, and causes, then examines why workplace bullying is seldom reported, and finally considers some solution options.

Overview

The Workplace Bullying Institute defines bullying as a repeated health-harming mistreatment of an employee by one or more employees involving abusive conduct that takes the form of verbal abuse, threats, intimidation, humiliation, work interference, or some combination of these. Bullying is not defined by a single emotional outburst by a coworker; rather, bullying involves a chronic pattern and practice of continual or intermittent terrorizing of specifically targeted coworkers (targets).

Psychologist Heinz Leymann first described adult bullying in the workplace as *mobbing*, connoting situations in which there were multiple perpetrators. Although bullying may initially be hatched as a plan by a single instigator, other coworkers may eventually join in and sometimes the institution even lines up against the target. Workplace bullying has also been referred to as psychological violence, emotional abuse at work, workplace aggression, lateral or horizontal violence (primarily a nursing profession term), and abusive conduct.

National scientific studies conducted since 2007 estimate the prevalence of workplace bullying to be between 19% and 37% and include those who are currently or who have ever been bullied. Another one-fifth of workers have witnessed the bullying of others. When extrapolated

to include the entire U.S. workforce, targets and witnesses comprise a group that represents over 65 million people.

According to organizational rank, most bullying is done by a boss who targets a subordinate, but one-third of bullies are coworkers. Some subordinates select targets with more titular power.

Contrasting Characteristics

Some forms of workplace misconduct, such as sexual harassment and racial discrimination, are illegal because the target is a member of a protected status group. However, workplace bullying is considered a *status-blind* form of harassment because its victims are not afforded the same legal protections as victims of status-based harassment.

Moreover, bullying is not merely a workplace *conflict* that can be resolved by conflict resolution techniques (e.g., mediation). It is a zero-sum interaction, not the simple differing on intellectual positions between which middle ground can be found. In general, the two parties, the perpetrator and the target, do not have equal power, and the perpetrator is able to control the fate of his or her target.

Abusive conduct is not a best practice used by competent managers but often the distorted exercise of managerial prerogative. Abusive managers rely on surprises, shock, inconsistencies across staff, and the fostering of internecine battles among staff.

Types of Harm Experienced

Health

Workplace bullying was recognized in Scandinavia in the late 1980s because of its adverse effect on targets' health. Early studies described the trauma resulting from mobbing/bullying. The growing scientific literature documents the extensive range of stress-related diseases traceable to being directly bullied or even from witnessing it. Damage from distress depends on the frequency of weekly incidents and the duration of exposure—typically one to two incidents weekly for at least 6 months, according to

academicians who utilize the Leymann criteria. Cardiovascular (hypertension, ischemia, stroke, cardiac arrest), gastrointestinal (colitis, ulcers), and immunological systems are sensitive to inescapable exposure to bullying. Neuroscience studies reveal that severe stress atrophies regions of the brain responsible for memory, emotional regulation, and decision-making.

Emotional injuries begin with debilitating anxiety and panic attacks. With prolonged exposure, nearly half of bullied targets experience clinical depression for the first time in their lives. For one third of targets, post-traumatic stress disorder is diagnosed. In addition, bullied targets face twice the risk of suicidal ideation as those not bullied, even up to 5 years after the bullying incidents cease.

Social Costs

There are also social costs for individuals who have been targeted by workplace bullies. Targets often are not believed by those responsible for investigating complaints of misconduct or may even be accused of precipitating or inviting the assaults. Even though research indicates that family and friends of the target are sources of support, there is a stigma attached to having been targeted.

Within the work team, targets may face ostracism. Isolation of targets by coworkers, whether physical or psychological, can falsely convince coworkers that they are safe from attacks from the bully. Losing social support of coworkers can compound the targets' distress.

Economic Displacement

Another type of harm wreaked by workplace bullying is economic displacement. Many targets lose their jobs: They may quit, be terminated, or be constructively discharged (i.e., resign due to the hostile environment). Their original income level is lost by 65% of targets. This resulting strain on families can lead to separations, divorces, and vicariously stressed children.

Workplace bullying also harms employers. Tangible costs include, but are not limited to, undesirable turnover (with attendant replacement expenses); absenteeism (by targets and witnesses

suffering emotionally); higher health-care utilization; litigation (defense, settlement, and trial expenses); and lost productivity.

Why Bullying Happens

In the United States, a common explanation for workplace bullying is the perpetrator's personality. The most extreme portrait of a bully is an individual who has *antisocial personality disorder*, characterized as lacking empathy, remorse, or concern for the well-being of others. A less drastic, and more likely, portrait of a perpetrator is a combination of *dark traits* that does not require a personality disorder diagnosis. That is, he or she possesses negative, but subclinical, traits that may include Machiavellianism (i.e., willingness to exploit others to accomplish personal goals); antisocial traits (e.g., meanness, cruelty); narcissism (i.e., an inflated sense of self, superiority); and sadism (i.e., deriving pleasure from inflicting pain on others). There is also evidence that perpetrators bully to compensate for personal, technical, or social deficiencies.

The personality profile of targets has also been studied. Contrary to popular expectations, targets are typically high achievement, ethical, and honest workers whose technical and people skills threaten their perpetrators' self-image. The focus on work that is characteristic of targets precludes their paying attention to organizational politics, the realm dominated by workplace bullies, rendering targets vulnerable.

Targets tend to be people who cannot defend themselves when faced with an unexpected barrage of personalized abusive conduct. Research shows that targets often confront their assailants, but they do so much later than the original incident and generally are not effective in stopping the bullying.

Although common belief is that personality is the major predictor of bullying, studies in which the unit of analysis is organizations suggest that managerial skill and philosophies can explain bullying. Organizations that permit frontline supervisors to be abusive foster a bullying-prone workplace. There need be only a small set of abusers employed and assigned to mid- to high-level positions to affect hundreds, if not thousands, of workers or potential targets. Certainly, bullying occurs when the bullying-prone culture hires

perpetrators and targets who comport with the personality profiles previously described.

Target, Coworker, and Employer Response

Many people wonder why such a widespread, harmful phenomenon is met with so little action by rational actors within organizations. The simplest answer is fear.

Most targets cannot stop workplace bullying, or they would have done so immediately. The target of abuse likely feels personal shame, which is exactly the perpetrator's intention; he or she wants to make the target feel a sense of worthlessness. Shame triggers a dissonance between the knowledge of one's talents and the false message from the abuser. Targets may also experience guilt about not having defended themselves. Coworkers ask why they could not repel the bully.

Research on coworkers' failure to intervene can be traced to studies of the *bystander effect* in the social psychological literature. Even when witnessing a murder, witnesses are often reluctant to intervene. So, it is not surprising that many witnesses to bullying are loathe to intervene on behalf of a colleague. Witnesses may fear becoming the next target. They also may fear saying or doing the wrong thing if they help, so they do not help. They may fear getting involved in an investigation and officially siding against the perhaps more powerful perpetrator. They can also resent the emotional burden associated with compassion and empathy. By socially excluding targets from their circle of allies, coworkers believe that they can have an uninterrupted work life.

In the United States, employer reluctance to address workplace bullying may be explained by the maxim that no policy need exists until mandated by a law. Since bullying is status-blind harassment and no law yet exists, no policy needs to be crafted. Therefore, only early-adopting organizations take the proactive steps of creating policies and holding employees accountable to a nonabuse behavioral standard. According to one Workplace Bullying Institute national study, U.S. employers deny the existence of workplace bullying, discount its impact, rationalize its use as a necessity, and ignore employee requests for relief from such bullying.

Employer reluctance can also be explained from the perspective of a defensive executive. Most

internal complaints are filed and settled at the human resources level. When the bully is a higher level manager or the complaint is filed in a court of law, the executives are notified. When executives perceive their managers as indispensable or valuable to the company, reports of misconduct countering that perception may not be considered credible. As a result, targets seeking relief from abusive managers are considered the bearers of undesirable news about the management team. The complainants are typically branded troublemakers and terminated or constructively discharged. When no behavioral standard exists, manager-bullies are not compelled to change, and bullying is sustained.

Solution Options

Targets

Individuals generally lack the financial resources, organizational credibility, and political network required to stop perpetrators by themselves. This explains the research finding that seven of 10 bullied targets lose their jobs once they have been targeted for bullying, despite there being no rational reason for the onset of bullying. Although employers are becoming aware of the need for psychological safety for workers, research shows that few restore it for workers who are bullied. Nevertheless, individuals who explicitly make their employers aware of the bullying they have endured and the adverse fiscal impact on their employer are better able to adjust to postbullying life.

Unions

Unions are ideal advocates to stop workplace bullying, but unions have two shortcomings. First, the private sector U.S. unionization rate is under 7%, and it is only 11% when government workers are included. So, many workers do not have unions upon which to rely. Second, unions are most effective when their bargained contracts with employers include antiabuse provisions, but employers zealously fight the inclusion of such provisions as threats to managerial prerogative.

Employers

Leaders of organizations have the ability to end workplace bullying. They have the authority to

mandate new codes of acceptable behavior and sanction all unacceptable conduct by means of threatened termination or demotions.

Public Policy

Although employers hold the key to mitigating bullying in the workplace, many are waiting for a legal mandate. The legislatures in over half of the states have introduced an anti-workplace bullying bill (i.e., the Healthy Workplace Bill). The bill holds employers liable for sustaining abusive conduct, subject to civil penalties. If employers were to proactively take steps to prevent and correct abuse, they would be immune from liability. As of February 2018, no state or the federal government has prohibited abusive conduct in U.S. workplaces outside of nondiscrimination laws.

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See also Bullying; Corporate Psychopaths; Personality Pathology; Psychopathy; Trauma-Informed Treatment

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WRONGFUL CONVICTIONS

Wrongful convictions are cases in which a defendant is legally and/or factually innocent, but due to one or more errors made by the legal system, the

defendant is found guilty of the offense in question. When a defendant's conviction is overturned because it is discovered that the state violated the individual's constitutional rights (due to procedural error), this is referred to as *legal innocence*; however, the person may not be factually innocent. Factual innocence means that someone other than the defendant committed the crime (i.e., actual innocence). When a wrongful conviction is overturned or a pardon occurs, the innocent individual is said to have been exonerated. Most of the scholarly inquiry on wrongful convictions focuses on factual innocence. Thus, this entry discusses various aspects of wrongful convictions in the United States, including incidence, consequences, and causes, as well as barriers to and methods for correcting.

Incidence and Demographics

While the actual number of wrongful convictions is not known, it is estimated that between 3% and 5% of convictions may have been made in error. According to the National Registry of Exonerations, of the 2,245 exonerees who have been identified between 1989 and July 2018, 46% were African American; 91% were male; 75% were convicted by juries and 18% pled guilty; 21% were exonerated, in part, by DNA evidence; 39% were falsely convicted of homicide and 14% of sexual assault; and 57% were imprisoned for 5 years (with 9 years being the average number of years spent imprisoned prior to exoneration).

Consequences of Wrongful Convictions

The harms of wrongful convictions include the following:

- As long as the true perpetrator is still in the community, there is a potential risk to public safety.
- Taxpayer money is used to investigate, try, convict, and imprison persons for crimes they did not commit.
- The public may lose trust in a criminal justice system that fails to correct systematic and procedural errors, intentional or otherwise, which contribute to erroneous convictions.
- Many victims report feelings of revictimization, anger, fear, and guilt (especially when they

provided eyewitness identification) upon discovering that a wrongful conviction occurred.

- Innocent defendants' freedom, employment, finances, and relationships can be affected by wrongful imprisonment. In addition, they may experience significant psychiatric and adjustment difficulties as a result of imprisonment.
- It is difficult for innocent individuals, who are still imprisoned, to maintain their innocence while also trying to convince a parole board that they are rehabilitated, have accepted responsibility for their transgressions, and should be released.
- Even if their convictions are overturned, exonerees may have limited housing and employment opportunities, have trouble reconnecting with family and friends, experience social stigma and rejection, and may experience psychological problems.
- Thirty states and the District of Columbia have compensation systems designed to provide assistance (e.g., finances; medical, dental, and mental health care; workforce skills, legal services); however, these systems typically have restrictive approval processes. Of those who do meet the high standards, the actual dollar amount in some jurisdictions (e.g., Louisiana, New Hampshire, Wisconsin) is capped at a low level. In some jurisdictions (e.g., California, Iowa, Mississippi), exonerees who confessed or accepted a plea are ineligible for any compensation.

Causes of Wrongful Convictions

There are several primary factors that contribute to wrongful convictions. The first is eyewitness misidentification, which occurs for a variety of reasons. Witnesses may have been shown a biased live lineup or photo spread, wherein the suspect looks very different from the fillers (i.e., the non-suspects), making it highly unlikely that the eyewitness will pick out the suspect. For example, the suspect may be over 6 ft tall, while the fillers are a few inches shorter; or the photo of the suspect may be in color, whereas those of the fillers are in black and white. In addition, witnesses may feel pressured to pick someone in the identification procedure, due to investigators' suggestive

statements, facial expressions, or body language. Witnesses may also feel guilty if they do not make a selection, which leads to internal pressure to make an identification. Once the identification is made, investigators may inflate witnesses' confidence in their incorrect identifications by making postidentification statements that confirm the identification (e.g., *good job* or *thank you for confirming our suspicion*). Jurors tend to place high importance on this type of evidence when determining guilt or innocence. Of the 2,245 exonerations that have been identified between 1989 and July 2018, eyewitness misidentification was a factor in 29% of wrongful convictions.

A second factor that contributes to wrongful convictions is faulty forensic science. Questions about the accuracy of fingerprint, hair comparison, shoe print, and serology analyses have been raised. In addition, information about these analyses can be incorrectly conveyed during trials. However, juries still tend to believe in the veracity of these analytical methods. In contrast, DNA analysis has been shown to be highly accurate, but only 5–10% of crime scenes contain biological evidence sufficient for DNA analysis. Therefore, police officers have to rely on other, less accurate forms of forensic evidence. Of the 2,245 exonerations that have been identified between 1989 and July 2018, faulty forensic science was a factor in 24% of wrongful convictions.

A third factor that contributes to wrongful convictions is false confessions. These occur when law enforcement officials coerce an innocent person into falsely confessing to a crime. Typically involving psychological coercion and deception, some investigators utilize a set of accusatory and confrontational methods in order to break down suspects' denials. This weakens suspects, causing them to believe the only way to escape the isolative custodial environment is to confess and provide a postconfession narrative. This narrative is shaped and influenced by police behavior (e.g., showing evidence to suspects, correcting errors made by suspects). Some individuals are more susceptible to providing an incorrect, coerced confession, particularly those who are developmentally disabled, cognitively impaired, mentally ill, and young. Of the 2,245 exonerations that have been identified between 1989 and July 2018, false confession was a factor in 12% of wrongful convictions.

Another factor that contributes to wrongful convictions is incentivized informants. These individuals lie for personal gain. For example, they might tell police officers that a factually innocent defendant admitted guilt to them or that they witnessed the crime. Rewards for doing so may include prison sentence reductions or financial compensation. Of the 2,245 exonerations that have been identified between 1989 and July 2018, incentivized informants was a factor in 7% of wrongful convictions.

A fifth factor that contributes to wrongful convictions is inadequate defense representation. It is the charge of the defense attorney to zealously defend his or her client, to protect the defendant from the errors of others involved in the case, and to bring such errors to the attention of the trial judge. However, insufficient defense representation does occur, typically because of scarce funding, lack of motivation, and the absence of quality control. Attorneys may communicate in a rushed or callous manner or may fail to communicate at all with their client. They may fail to prepare sufficiently for trial, not obtain necessary evidence from opposing counsel, carry out superficial investigations, neglect to obtain necessary experts or test forensic evidence, fail to attend hearings, conduct inadequate trial advocacy, or engage in shallow questioning of opposing counsel's witnesses. Of the 2,245 exonerations that have been identified between 1989 and July 2018, inadequate defense representation was a factor in 25% of wrongful convictions.

The final factor that contributes to wrongful convictions is government misconduct. While most prosecutors and law enforcement officials behave ethically, some may not. Incendiary closing arguments, suggestive witness coaching, and intentionally destroying or withholding exculpatory evidence from the defense are examples of prosecutorial misconduct. Police officers may, at times, intentionally fail to provide prosecutors with evidence that may assist in the defense's case and mislead jurors about their observations of the defendant. Both investigators and prosecutors can become susceptible to tunnel vision, whereby their attention becomes focused on evidence that supports a case against a suspect, while ignoring information that endorses an alternative scenario. Of the 2,245 exonerations that have been

identified between 1989 and July 2018, government misconduct was a factor in 52% of wrongful convictions.

Barriers to Correcting Wrongful Convictions

Once found guilty of a crime, individuals typically find it extremely difficult to convince the legal system of their innocence. There are several reasons for this. Judges may need to be persuaded to order a new trial. They are often hesitant to do so because this would mean that they accept the notion that the jury (or judge in a bench trial) was incorrect in its original decision to convict. In addition, some jurisdictions require that defendants file a motion for a new trial, based on exculpatory evidence, within a short time frame following the conviction order. Furthermore, some prosecutor's offices create and maintain an environment that resists postconviction claims because they believe that it creates an image that these offices are soft on crime. The media also plays a role in creating an environment in which the public demands that suspects, particularly those who commit such heinous crimes as rape, murder, and offenses against children, are caught and punished as quickly and as punitively as possible.

Methods to Reduce the Occurrence of Wrongful Confessions

To reduce the likelihood of eyewitness misidentification, criminal justice experts have recommended five guidelines for police lineups. First, the individual who conducts the lineup (i.e., the administrator) should not be involved in the investigation so that he or she cannot influence the outcome of the lineup identification. Second, the witness should be instructed that the administrator does not know who the suspect is in the lineup, if the suspect is present. This instruction should reduce the potential for witnesses to feel guilty if they cannot identify someone and reduce their propensity to rely on the administrator for confirmation. Third, the suspect and the fillers should match the witness's description. If there are features of the suspect that may make him or her stand out among the fillers, an attempt should be made to match the fillers to these. Fourth, to avoid inflation

of the witness's confidence in his or her selection, administrators should not provide any feedback to the witness until after he or she has indicated how confident he or she is in the identification. Fifth, administrators should conduct the procedure in a sequential manner (viewing one lineup member at a time) as opposed to the traditional simultaneous method (viewing all lineup members at once). By doing so, decisions based on relative judgments (picking the lineup member who looks most like the image in the witness's mind) will decrease, whereby decisions based on absolute judgments (picking the lineup member who resembles the image in the witness's mind) will increase.

To reduce the likelihood of false confessions, criminal justice experts suggest that agencies require investigators to record interrogations in their entirety. In addition to focusing a camera on the suspect, it is recommended that one camera should focus on the investigator and another on the entire interrogation room. By utilizing this three-camera strategy, it is anticipated that interrogators will be less likely to engage in potentially coercive tactics to elicit a confession and manipulate a postadmission narrative. Furthermore, juries will be able to review these recordings during trial and ascertain if any coercion, intentional or otherwise, may have occurred. As of July 2018, over 20 states (e.g., North Carolina, Massachusetts, Illinois) required the recording of interrogations and over 1,000 localities voluntarily recorded interrogations.

To limit the occurrence of incentivized informants, experts advise that video recordings of law enforcement conversations with witnesses, as well as witness conversations with suspects, be required. In addition, they advocate for the strict enforcement of discovery rules, including the disclosure of incentives for informant cooperation. Furthermore, they recommend pretrial hearings to assess the reliability and corroborate the content of informant testimony.

To quell the occurrence of government misconduct, creating criminal justice reform commissions (or conviction review units) has been recommended. The goal of these commissions is to investigate cases of wrongful convictions and staunchly advocate for comprehensive reforms in the criminal justice system (including not only government misconduct but also other issues that contribute to wrongful convictions). These

commissions should include members from all aspects of the legal systems with various perspectives and experiences, including victims, concerned members of the public, attorneys, and law enforcement officials. As of July 2018, at least 11 states have established such commissions (e.g., North Carolina, Pennsylvania, California, Connecticut).

While the media, indirectly, can play a role in the creation of a wrongful conviction, it can play a productive role, as well. Publicizing cases of wrongful convictions, including through podcasts and television series, can produce a record of a problem that necessitates attention. This record then can be, and often is, referenced and used in the establishment of effective policy formation and implementation to reduce the occurrence of and identify existing wrongful convictions.

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See also Coerced Confessions; Eyewitness Testimony; Forensic Applications in the Criminal Justice System; Media: Influence on Crime; Police Interrogations; Police Lineups, Psychology of; Police Misconduct and Corruption; Trials, Criminal

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YOUTH LEVEL OF SERVICE/CASE MANAGEMENT INVENTORY 2.0 (YLS/CMI 2.0)

The YLS/CMI 2.0 is a standardized instrument designed to help professionals assess risk and treatment needs in juvenile offenders. The instrument is primarily used to assist in developing intervention and treatment plans in probation and custody settings, but it is also useful in making decisions regarding pretrial diversion and levels of security and supervision in institutional and community settings. The measure has also proved useful in case planning and management with high-risk students in school settings. The instrument is appropriate for use by probation officers, youth workers, court workers, psychologists, and other professionals working in juvenile justice and other social service, mental health, and educational settings. This entry presents the history, format, and scoring of the YLS/CMI 2.0, as well as examines its validity and offers user cautions.

History

The instrument was developed as the youth version of the Level of Service Inventory, an established and widely used risk/need instrument designed for assessing adult offenders. The original version of the instrument was published in 2002, and the revision, YLS/CMI 2.0, was published in 2010. The risk/needs assessment sections

of the two instruments are identical, insuring that earlier psychometric research is relevant to the later version.

YLS/CMI 2.0 is based on the Risk-Need-Responsivity model, a well-researched model designed to guide interventions in judicial and correctional systems. It is relevant to the treatment of those involved in the systems and those at risk of entering those systems. One principle of that model is that interventions with the offender should be guided by standardized and structured assessments of Risk-Need-Responsivity factors and conditions. Risk factors constitute conditions that place the youth at risk of initiating criminal activity or continuing criminal activity (e.g., a history of conduct disorder, drug addiction, criminal associates). Need factors are dynamic risk factors that can be changed and, if changed, reduce the chances of antisocial behaviors. Drug use and criminal associates are examples of risk factors that can be altered and, if so, may reduce risk level. Responsivity factors are characteristics of the youth or his or her circumstances that, while not directly related to criminal activity, represent factors that should be taken into account in case planning and management (e.g., mental illness in a parent, depression in the youth, economic problems in the family). Responsivity factors also include strength or protective factors important in case planning (e.g., a positive and cooperative parent or teacher, high level of maturity in the youth, an interest in sports and other recreational activities).

Format

The YLS/CMI 2.0 is composed of six parts:

Part I: Assessment of Risk and Needs is comprised of 42 items. These items are drawn from the empirical literature on factors associated with youthful criminal activity. Items are divided into eight categories: Prior and Current Offenses/Dispositions, Family Circumstances/Parenting, Education/Employment, Peer Relations, Substance Abuse, Leisure/Recreation, Personality/Behavior, and Attitudes/Orientation. The section is in the form of a checklist where the assessor indicates the presence or absence of the factor. Seven of the eight categories also include an opportunity to indicate strength in the area. The assessor can, for example, indicate the presence of particular strength in the family (e.g., cooperative and helpful father). Similarly, it would be possible to indicate strength under the Attitudes/Orientation section (e.g., strong prosocial attitudes and values).

Part II: Summary of Risk and Needs provides an opportunity to develop a profile of the youth's level of risk/needs within the eight categories and a total risk/need score. Risk/needs ranges are then provided for the total score. Four ranges are identified: low, moderate, high, and very high. Separate ranges are provided for male and female youth and for community and custodial samples. These actuarial scores are based on empirical data.

Part III: Assessment of Other Needs and Special Considerations provides an opportunity to note responsivity and other considerations that might be relevant to case planning. Two groups of factors are included: The first comprises aspects relating to the family (e.g., chronic history of offending in the family, marital conflict between parents, cultural/ethnic issues). The second group includes conditions relating to the youth (e.g., anxiety, depression, health problems, learning disability). Again, the items represent conditions normally not directly related to the criminal activity (although there are circumstances where they may be related), but factors that should be taken into account in case planning.

Part IV: Final Risk/Need Level and Professional Override represents an opportunity for the assessor to override the risk/needs level indicated by the total score in Part IV. The assessor might indicate, for example, that the moderate risk/needs level is too low and raise the estimate to high, or, on the other

hand, the assessor might indicate that the high rating is too high and lower the estimate to moderate or low. The revision should be based on the assessor's perception that factors not represented in Part I may have a bearing on the youth's risk/needs level. The assessor is asked to provide the reasons for the override. This provision is included to ensure that the final decisions about the youth rest with the responsible professional.

Part V: Program/Placement Decision provides the assessor an opportunity to suggest the appropriate level of security or supervision given a particular level of risk/needs. Separate indications are provided for custodial and community services. Categories range from Administrative/Paper to Maximum Supervision provisions.

Part VI: Case Management Plan includes a format that allows the assessor to develop a case plan reflecting the risk/needs factors identified. The format reflects a number of principles of the Risk-Need-Responsivity model. These include the importance of basing case plans on structured assessments, basing decisions about the intensity of service on the level of risk, focusing on specific criminogenic needs of the youth, and considering responsivity factors (including strengths) in the case plan. Other principles guiding the format include an emphasis on the use of evidence-based interventions and the use of multidimensional interventions to recognize the relations among risk and need factors. The format asks the assessor to identify a set of criminogenic needs that should reflect the major need factors identified in Part I (e.g., association with antisocial peers). Then, a specific goal should be identified (e.g., reduce time spent with antisocial peers after school), followed by a specific intervention (e.g., enroll in afterschool athletic program and work with parent to enforce evening curfew) and a time frame indicating the proposed duration of the intervention. A separate section then allows for the development of case plans for the noncriminogenic needs identified in Part III (e.g., addressing the youth's depression and anxiety issues).

Scoring

The YLS/CMI 2.0 is designed for use by probation officers, court workers, youth workers, psychologists, and other professionals working in systems and agencies dealing with juvenile offenders or

those at risk of offending. Assessors should have some experience working with antisocial youth, while some academic background in child development is also desirable. Assessors using the measure should also be exposed to a formal training program in the use of the measure.

Completion of the YLS/CMI 2.0 is fairly straightforward, but the validity of the scores depends very directly on the collection of information on which the assessment is based. The assessment will normally involve an interview with the offender; a structured interview schedule to assist that interview is available. Interviews with parents or other guardians are important, while information from sources such as teachers, principals, and probation officers is also valuable. File information in the form of police reports, prior criminal record, and prior probation reports should be used where available. It must be noted, however, that access to these sources of information may be limited by ethical guidelines.

Construct Reliability

Considerable reliability and validity research has now been conducted with the YLS/CMI 2.0. (Since Part I of the original version and YLS/CMI 2.0 are identical, research with Part I of the original version can be considered relevant to the revision.) Support for reliability comes through satisfactory levels of coefficient alpha and inter-rater agreement. The latter research shows that satisfactory levels of agreement across trained raters can be achieved.

A variety of validity research has been conducted with the measure. Construct validity research has shown significant correlations between risk/need scores from YLS/CMI 2.0 and parallel scores from other established measures, including the Psychopathy Checklist–Youth Version, Child Behavior Checklist, and Disruptive Behavior Disorders Rating Scales. Overall scores from those measures are not parallel with total scores from YLS/CMI 2.0, but subscales are comparable and were used in the evaluations.

Predictive and Dynamic Reliability

Predictive validity is of particular importance, reflecting the extent to which scores from the

measure actually predict future antisocial behavior. Considerable predictive validity research has been conducted with a variety of outcome measures and in a wide variety of settings. This research has generally yielded results supporting the predictive validity of YLS/CMI 2.0.

Outcome variables used in the predictive validity research include police contacts, arrests, and convictions. This research has focused on both general and violent offending. Other outcome measures include institutional infractions, compliance with probation conditions, and postinstitutional adjustment. Validity has been established for boys and girls, various minority groups, and a wide range of national settings, including the United States, Canada, Australia, Ireland, Singapore, Croatia, Spain, and Scotland.

Dynamic validity has been supported in a number of studies. This research demonstrates that increases in the YLS/CMI 2.0 score over time are associated with increased levels of reoffending, while decreases in those scores are associated with decreased levels of reoffending. This demonstrates that YLS/CMI 2.0 is truly a dynamic instrument.

Because of its demonstrated validity, YLS/CMI 2.0 has been adopted in a wide variety of agencies and across a wide range of countries. It has generally been well accepted in those settings and regarded by professionals as a useful tool in their case planning and management activities.

Cautions

Several cautions should be observed when using an instrument such as the YLS/CMI 2.0. First, the instrument should only be used by professionals with training in scoring, interpreting, and applying the measure. Second, the instrument should not be used in a rigid way. For example, an overall score from the measure should not be used as the sole basis for a decision about placement on probation or custody. The scores are designed to aid the professional in making a decision, not to dictate a decision. This is one reason for including the professional override section. Third, care should be used to ensure that the measure does not result in unjustified net

widening. This would occur where a more serious disposition would be provided because a high number of needs are identified in the assessment without regard to other considerations (e.g., severity of the offense). This highlights the importance of developing policies regarding the role of the risk/needs assessment in the judicial process.

Robert D. Hoge

See also Juvenile Delinquents, Mental Health Needs of; Juvenile Offenders; Juvenile Offenders: Developmental Treatment Considerations; Juvenile Offenders: Treatment Models and Approaches; Psychopathy Checklist: Youth Version (PCL:YV); Violence Risk Scale–Youth Version (VRS-YV)

Further Readings

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Appendix

Resource Guide

All contributors provided a list of additional resources to aid readers wishing to delve even deeper into a topic. These resources include articles and reports, books and book chapters, and websites and other Internet-based documents. For reader convenience seminal works are organized to correspond with the Reader's Guide and by type of resource (e.g., journal articles, books and book chapters, and Internet-based resources). Consistent with the Reader's Guide, resources are categorized into one of the following 13 categories: Biases in Crime Policy and Prevention; Crime Policies; Criminal Justice Legal Processes; International Perspectives; Offender Assessment; Offender-Crime Theories and Typologies; Preparing for a Criminal Justice Career; Prisons and Prisoners; Prison Services and Treatment; Rehabilitation and Reentry; Research in Criminal Psychology; State, Federal, and Private Criminal Justice Agencies; Theories of Crime. It is intended that this resource guide will provide you, the reader, with easily accessible and essential resources in an easy to follow organizational scheme to help you pursue even more information on a topic of your interest.

Biases in Crime Policy and Prevention

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